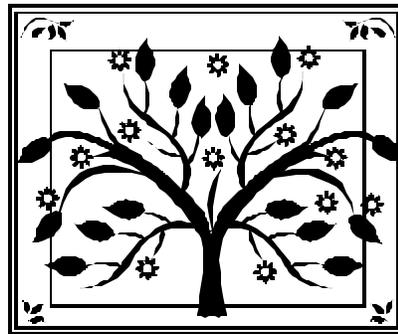


# ANNUAL REPORT

## 2001

### DIVISION OF DEVELOPMENTAL SERVICES



DIVISION OF DEVELOPMENTAL SERVICES  
DEPARTMENT OF DEVELOPMENTAL AND  
MENTAL HEALTH SERVICES  
AGENCY OF HUMAN SERVICES  
STATE OF VERMONT

JANUARY 2001

# **Annual Report 2001**

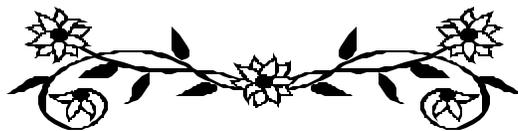
## **Division of Developmental Services**

**Division of Developmental Services  
Department of Developmental and Mental Health Services  
Agency of Human Services  
State of Vermont**

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**January 2001**

**The Division of Developmental Services  
would like to acknowledge the efforts of the  
developmental service providers who supplied  
much of the necessary information for this report.**



# TABLE OF CONTENTS

## RECOGNITION

## INTRODUCTION

## PART I - FOCUS ON OUTCOMES

<b>QUALITY &amp; VALUE</b> .....	1
<i>Supporting Individuals &amp; Families</i> .....	2
<i>Community Services are Effective</i> .....	7
<i>Satisfaction with Services</i> .....	11
<b>COST ANALYSIS</b> .....	14
<i>Emphasizing Cost Effective Models</i> .....	19
<i>Comparison with Other States</i> .....	24

## PART II - SUPPORTS & SERVICES

<b>SYSTEM SUPPORT</b> .....	29
<i>Principles of Developmental Services</i> .....	29
<i>Division of Developmental Services</i> .....	31
<i>The Structure of the Service System</i> .....	34
<b>STATUS OF SERVICES</b> .....	39
<i>Developmental Service Providers</i> .....	39
<i>Supported Living</i> .....	41
<i>Family Supports</i> .....	44
<i>Supports for Children</i> .....	45
<i>Peer Support</i> .....	46
<i>Self-Determination Project</i> .....	48
<i>Supported Employment</i> .....	50
<i>Clinical &amp; Crisis Support</i> .....	51
<i>Guardianship Services</i> .....	52
<i>Training</i> .....	53
<i>Quality Assurance</i> .....	54
<i>Nursing Home Reform</i> .....	55
<i>Consumer Survey</i> .....	56
<i>Family Satisfaction Survey</i> .....	57
<b>CURRENT PRESSURES ON COMMUNITY SERVICES</b> .....	58
<i>Caseload Pressures</i> .....	58
<i>New Caseload Funding - FY 2000</i> .....	59
<i>Children with Pervasive Developmental Disorders</i> .....	60
<i>Offenders with Developmental Disabilities</i> .....	61
<b>FUTURE DIRECTIONS</b> .....	64

## ATTACHMENTS

- A. *Division of Developmental Services FY 2000 Budget*
- B. *Division of Developmental Services: Acronyms*
- C. *Division of Developmental Services*
- D. *Developmental Services State Standing Committee Members*
- E. *Vermont Developmental Service Providers*
- F. *Green Mountain Self-Advocates*
- G. *Contributions of the Vermont Self-Determination Project*
- H. *Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities*
- I. *Executive Summary of the Report to the Legislature on Offenders with Developmental Disabilities*
- J. *Programmatic Needs of Offenders with Developmental Disabilities in FY 2002*

# FIGURES AND TABLES

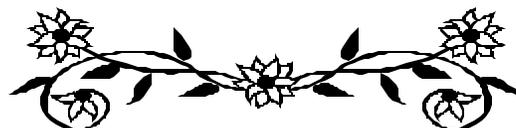
## Figures

Percentage of People in Residential Settings of 1-3 People - US Comparison: June 30, 1999.....	2
Number of Residences by Size of Residential Setting: FY '00.....	3
Household Composition of People Served: FY '00 .....	3
Family Support to People Living at Home: FY '00.....	4
People with Developmental Disabilities Receiving Supported Employment Services to Work: FY '94 – FY '00.....	5
Comparison of People Accessing New Caseload Funding and People on Waiting Lists: FY '91 - FY '00.....	6
People with MR/DD in Nursing Facilities as a Percent of All People with MR/DD Receiving Residential Supports - US Comparison: June 30, 1999 .....	7
Vermont State Hospital Utilization by People with Mental Retardation: FY '87 - FY '00.....	8
People with MR/DD as a Percentage of all People Who Reside in Nursing Facilities: 1990 - 2000 .....	9
Percent of Incarcerated Offenders with MR/DD in Vermont: 1998 .....	10
Satisfaction with Services – Percent Who Like Their Jobs & Percent Who Want to Work More Hours: 1999 .....	11
Family Satisfaction with Developmental Services – Statewide Results: 1999.....	12
Family Satisfaction with Developmental Services – National Comparison: 1999 .....	13
Average Waiver Cost per Person: 1992 - 2000 .....	15
Average Cost per Person - All Services: Year End FY '92 - FY '00 .....	16
Agency Total Administration Costs: FY '93 - FY '00.....	17
Per Person Service Costs of Individuals Served: FY '00 .....	18
Cost per Person by Type of Home Compared to Numbers Served: FY '00.....	19
Unified Service System – Estimated Cumulative Savings from BTS Closure: FY '93 & FY '00 .....	20
Average Cost Per Person by Type of Home - Waiver and ICF/MR: June 30, 2000 .....	21
Residential Population Change – 5-Year Comparison: Year End FY '95 - FY '00.....	22
Percentage of Funding and People by DS Funding Type: FY '00.....	23
Percent of State MR/DD Budget Paid by State Funds - US Comparison: 1998 .....	24
MR/DD State Spending per Capita: FY '98 .....	25
State Fiscal Effort - Total MR/DD Spending per \$1,000 in Personal Income: FY '98 .....	25
Percent of State MR/DD Budget Paid by State Funds: FY '98.....	26
Number of People in MR/DD Residential Services per 100,000 Population: FY '98.....	26
Family Support Fiscal Effort - Total Spending per \$100,000 Personal Income: FY '98.....	27
Family Support Spending as Percent of Total MR/DD Budget: FY '98.....	27
Total Number of People Supported by Agency: June 30, 2000 .....	39
Vermont Developmental Service Providers .....	40
People Supported by Type of Living Arrangement: June 30, 2000.....	41
Introductory Training Attendance: 2000.....	53
People with MR/DD Who Reside in Nursing Facilities: 1991 - 2000 .....	55

Family Survey Results: 1999 .....	57
New Caseload Funding: FY 2000 .....	59
Children with Pervasive Developmental Disorders: FY '96 – FY '01.....	60
People on Act 248: FY '95 – FY '00 .....	63
Division of Developmental Services: Guardianship Services Offices .....	Attachment C
Division of Developmental Services: Red & Blue Teams .....	Attachment C

**Tables**

Total Number of People Receiving Family Support: FY '00.....	44
Total Number of Children Supported: FY '00.....	45
Supported Employment: FY '00 .....	50
Vermont Crisis Intervention Network FY '00.....	51
Total Number of People on Guardianship Services: FY '00 .....	52
Quality Service Reviews: 2000 .....	54
Children with PDD Funded with New Waivers .....	60
Act 248 – Number of Committed and Discharged: 1990 – 2000.....	63
Division of Developmental Services: Acronyms .....	Attachment B



## RECOGNITION

The Division of Developmental Services is pleased to recognize some special accomplishments that have been achieved and acknowledged in Vermont in FY 2000:

✦ *By almost any qualitative standard, Vermont is a national leader in the development of community services. [These achievements] show Vermont to be consistently among the 5 most community-oriented service systems in the U.S., and together make it the national leader.*

Lakin, K.Charlie, Research and Training Center on Community Living, Institute on Community Integration, University of Minnesota, Medicaid Home and Community-Based Services Program in Vermont: Observations from a site visit of August 21 – August 25, 2000. Health Care Financing Administration.

✦ *Vermont is ranked #1 in the country for provision of residential services based on percentage of individuals supported in home settings of one to six people.*

Prouty, R. & Lakin, K.C., Eds. Residential Services for Persons with Developmental Disabilities: Status and Trends through 1999. University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration, Report 54, May 2000.

✦ *Vermont is ranked third in the nation in cumulative rates of placement in supported employment since 1988. Vermont's rate of placement is about 4.8 times the national mean.*

Revell, G., Inge, K., Mank, D., and Wehman, P. (1999) The Impact of Supported Employment for People with Significant Disabilities. Virginia Commonwealth University.

✦ *...The [Vermont] Self-Determination Project has worked collaboratively with people with disabilities and families to promote statewide systems change both to increase opportunities for choice and control and to decrease barriers to choice and control.*

Walker, P., Harris, P., Hall M., Smith, V., Schoultz, B. (November 2000). Self-Determination in Vermont: Contributions of the Vermont Self-Determination Project. Center on Human Policy, Syracuse University.

## INTRODUCTION

*“All peoples have the right to self-determination; by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development...Inadequacy of political, economic, social or educational preparedness should never serve as a pretext for delaying independence.” (United Nations, 1961)*

The Vermont system of supports for people with developmental disabilities must be challenged to be as creative and free from barriers to individual independence as it possibly can. What is included in this annual report on the status of supports and services is a compilation of numbers, graphs, and information bits. They only show a small piece of the true fabric and richness of Vermont’s supports for people with developmental disabilities. The following story of Edwin Place puts a personal face on the kind of independence and interdependence the developmental service system and members of one’s own community can help a person achieve<sup>1</sup>.

Edwin lives in Randolph. He is best known for his kind and gentle ways. He is employed by the town and is the president of the local self-advocacy group. His story is a personal testament to the importance of speaking up for one’s self and staying true to what one believes in.

### The Story of Edwin Place

*I am 52. I was born in Newport. There were eight of us. My sister lives right here in Randolph...right across the hall from my apartment. We get along real good.*

*My father...liked his drink. It was his doing that broke us kids up. I must have been 13 or 14 when I was living in a foster home.*

*The first couple of weeks went beautiful. Then everything just started turning. I would do the work I was suppose to on the farm but he would come back to me and hit me with a belt for no reason saying, "You're not doing right." I let it go on until he really hit me. And I told him, "Forget it. I'm out of here."*

*I walked over 3 miles to my grandparent's home. When I got there my grandfather said, "Why don't you sit down and have coffee with us." My grandfather was always drinking coffee. I sat so I wouldn't have my back to the chair. He said, "Why don't you sit back?" I said, "I can't. It hurts." He said, "What hurts?" I got up and took my shirt off. He said, "Who the hell did that?" I told him who did it. My uncle said he was going to take me to the doctors. It took 5 or 6 weeks for it to heal.*

*I think I was about 15 when I ended up going to Brandon...I got out when I was 20 to go work with somebody. The people would pay me but until I was 21 they would send my check to Brandon.*

---

<sup>1</sup> All personal stories in this report have been edited to fit the space and for ease of reading.

*I had quite a time when I turned 21 to get my money from Brandon, quite the run around. So my boss and his wife helped me get it. They were just like family, the ones I worked and lived with in Weston on the farm.*

*We ended up going five different times back to Brandon. We got there [the last time] and the secretary said, "You can't see [the superintendent] without an appointment." I said, "Watch me." I walked right down the hall and wrapped on his door. There were six, seven people come into his office when I was there. I told every one of them, "I hope you don't feel alarmed by some of the stuff I'm going to say. It's not going to be very polite." But they all spoke right up, even the head one, "You got something to say. You come out and say it. Don't chew around the bush."*

*That was the trouble with a lot of them who lived at Brandon. They didn't dare to say something. I figured when I got to say something to somebody, I go talk to them face to face.*

*I stayed working on that farm milking and raising heifers for 30 some years. I was on the volunteer fire department down in Weston. They had a lot of bad fires.*

*I got my job in Randolph through Upper Valley Services. I work with the town. In the winter I shovel snow on the streets. And then in the summer I work down to the recreation field. I do everything, mow and pick up junk. I get along with the town crew good. It really encourages me at work.... They notice how I'm going.*

*You meet a lot of different people when you're working on the streets. They are real down-to-earth people. They stop and visit with me. A lot of times you have a chance to take them into a restaurant and have coffee with them.*

*I'm trying to get on the Randolph fire department. I got my name in. They helped me here at Upper Valley Services to fill out the application. I would love to volunteer.*

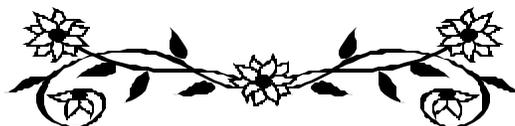
*At Upper Valley they help me with my ISA. It has questions. [They] read it to me. And all I had to do was answer each question. [Staff] try to help you if you are having troubles. They talk with you and try to encourage you to straighten it out yourself.*

*I enjoy the RAPS (Randolph Area Peer Support) group. You get to talk with different folks who are having troubles getting a job... and try to encourage them....*

*I think that other folks, if they want to speak up to someone they ought to go ahead and do it. Not chew around the bush. You got to speak up and let them know how you feel personally about it. Just go for it.*



Volunteer Helps Edwin Take Down Holiday Decorations





Self-Advocates and Allies March on the Capital

# ATTACHMENTS



State Standing Committee Members Meet Monthly



Drumming! at Voices & Choice Conference



Self-Advocates Meet with their Legislator

**DIVISION OF DEVELOPMENTAL SERVICES  
FY 2000 BUDGET**

The Division of Developmental Services' appropriated budget for FY 2000 is \$67,240,532 (combined state general fund and federal Medicaid funds). This is allocated as follows:

Existing Community Services	\$58,758,046
2% Cost of Living Increase for Community Services (Additional 2% reallocated from existing resources)	1,180,798
New Funding for Consumer Needs	
PDD Children (298,768 GF)	786,646
Emergency Caseload Increase (900,000 GF)	2,501,317
Replacement of VI-C Vocational Grants (50,000 GF)	131,648
Intermediary Service Organization (324,016 GF)	856,505
June Graduates (50,000 GF)	131,648
Division of Rate Setting	81,025
Salaries and Expenses for Guardianship Services and Division Administration	<u>2,812,899</u>
<b>TOTAL</b>	<b>\$67,240,532</b>

## DIVISION OF DEVELOPMENTAL SERVICES ACRONYMS

<b>AAMR</b>	American Association on Mental Retardation
<b>ACT 248</b>	Supervision of incompetent and mentally retarded individuals
<b>ADD</b>	Attention Deficit Disorder
<b>AFL</b>	Authorized Funding Limit
<b>AHS</b>	Agency of Human Services
<b>ANCOR</b>	American Network of Community Options & Resources
<b>APS</b>	Adult Protective Services
<b>APSE</b>	Association for Persons in Supported Employment
<b>ARC</b>	Advocacy, Resources and Community (formerly The Association of Retarded Citizens)
<b>ARIS</b>	Area Resources for Individualized Services
<b>AT</b>	Assistive Technology
<b>CA</b>	Community Associates (DS Program of CSAC)
<b>CAP</b>	Community Access Program (DS program of RMHS)
<b>CARC</b>	Champlain ARC – see ARC
<b>CAS</b>	Community Alternatives Specialist
<b>CDS</b>	Community Developmental Services (DS program of WCMHS)
<b>CIP</b>	Core Indicators Project
<b>CIR</b>	Critical Incident Report
<b>CP</b>	Cerebral palsy
<b>CP</b>	Certified Provider
<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 – see ARC
<b>CVS</b>	Champlain Vocational Services
<b>DA</b>	Designated Agency
<b>DAD</b>	Department of Aging and Disabilities
<b>DBT</b>	Dialectical Behavioral Therapy
<b>DD</b>	Developmental Disabilities or Developmentally Disabled
<b>DD ACT</b>	Developmental Disability Act of 1996
<b>DDC</b>	Developmental Disabilities Council
<b>DDL</b>	Developmental Disabilities Law Project – Obsolete, see DLP
<b>DDMHS</b>	Department of Developmental and Mental Health Services
<b>DDS</b>	Division of Developmental Services
<b>DH</b>	Developmental Homes – see also SLP
<b>DLP</b>	Disability Law Project – formerly DDL
<b>DMH</b>	Division of Mental Health
<b>DOE</b>	Department of Education
<b>DS</b>	Developmental Services
<b>DSM</b>	Diagnostic and Statistical Manual of Mental Disorders (most current edition)
<b>DSW</b>	Department of Social Welfare – Obsolete, see PATH
<b>DVR</b>	Division of Vocational Services – see also VR
<b>EDS</b>	Electronic Data Systems
<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>FARC</b>	Franklin ARC – see ARC
<b>F/GIMHS</b>	Franklin/Grand Isle Mental Health Services – Obsolete see NCSS
<b>FY</b>	Fiscal Year
<b>GF</b>	General Fund
<b>GH</b>	Group Home
<b>GMSA</b>	Green Mountain Self Advocates
<b>GS</b>	Guardianship Services
<b>GSS</b>	Guardianship Services Specialist
<b>HCBS</b>	Home and Community-based Services
<b>HCBW</b>	Home and Community-based Waiver
<b>HCFA</b>	Health Care Financing Administration
<b>HCHS</b>	Howard Center for Human Services
<b>HCRSSV</b>	Health Care and Rehabilitation Services of Southeastern Vermont
<b>HCS</b>	Howard Community Services (DS program of HCHS)
<b>HHS</b>	Health and Human Services
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HRD</b>	Human Resources Data
<b>ICF/MR</b>	Intermediate Care Facility for people with Mental Retardation.
<b>IEP</b>	Individualized Education Program
<b>IPP</b>	Individual Program Plan – Obsolete, see ISA
<b>ISA</b>	Individual Support Agreement
<b>ISO</b>	Intermediary Service Organization
<b>LCMH</b>	Lamoille County Mental Health
<b>LIT</b>	Local Interagency Team
<b>LSI</b>	Lincoln Street, Inc.
<b>MCIS</b>	Managed Care Information System
<b>MI</b>	Mentally Impaired/Ill
<b>MIS</b>	Management Information System
<b>MMPI</b>	Minnesota Multiphasic Personality Inventory
<b>MR</b>	Mental Retardation
<b>MSR</b>	Monthly Service Report – formerly QSR
<b>NASDDDS</b>	National Association of State Directors of Developmental Disabilities Services
<b>NCSS</b>	Northwest Counseling and Support Services (formerly F/GIMHS)
<b>NKHS</b>	Northeast Kingdom Human Services (formerly NEKMHS)
<b>NEKMHS</b>	Northeast Kingdom Mental Health Services – Obsolete, see NKHS
<b>OT</b>	Occupational Therapy or Occupational Therapist
<b>P &amp; A</b>	Protection and Advocacy – see VP&A
<b>PASARR</b>	Pre-admission Screening and Resident Review
<b>PATH</b>	Department of Prevention, Assistance, Transition and Health Access
<b>PDD</b>	Pervasive Developmental Disorder
<b>PMIS</b>	Provider Management Information System
<b>PT</b>	Physical Therapy or Physical Therapist
<b>QA</b>	Quality Assurance
<b>QDDP</b>	Qualified Developmental Disabilities Professional
<b>QI</b>	Quality Improvement
<b>QMRP</b>	Qualified Mental Retardation Professional – see QDDP

<b>QSR</b>	Quarterly Service Report – Obsolete, see MSR
<b>RACS</b>	Rutland Area Community Services – Obsolete, see RMHS
<b>RARC</b>	Rutland ARC – see ARC
<b>RCL</b>	Resources for Community Living – Obsolete
<b>RMHS</b>	Rutland Mental Health Services
<b>RWJ</b>	Robert Wood Johnson Foundation
<b>SAP</b>	Supervised Apartment Program
<b>SAS</b>	Sterling Area Services
<b>SCC</b>	Specialized Community Care
<b>SD</b>	Self-determination
<b>SDP</b>	Self-Determination Project
<b>SIT</b>	State Interagency Team
<b>SLP</b>	Shared living provider
<b>SLP</b>	Speech language pathologist
<b>SRS</b>	Department of Social and Rehabilitation Services
<b>SSA</b>	Social Security Administration
<b>SSA</b>	Specialized Service Agency
<b>SSDI</b>	Social Security Disability Insurance
<b>SSI</b>	Supplemental Security Insurance
<b>TASH</b>	The Association for Persons with Severe Handicaps
<b>TBI</b>	Traumatic Brain Injury
<b>TCM</b>	Targeted Case Management (Medicaid)
<b>T-II</b>	Transition II
<b>TXIX</b>	Title XIX of the Social Security Act (Medicaid)
<b>UAP</b>	University Affiliated Program
<b>UCS</b>	United Counseling Service of Bennington County
<b>UIC</b>	University of Illinois at Chicago
<b>UVS</b>	Upper Valley Services
<b>VARC</b>	ARC of Vermont– see ARC
<b>VCCMHS</b>	Vermont Council of Community Mental Health Services – Obsolete, see VCDMHS
<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>VP&amp;A</b>	Vermont Protection and Advocacy
<b>VPIC</b>	Vermont Parent Information Center
<b>VPSN</b>	Vermont Peer Support Network – Obsolete, see GMSA
<b>VR</b>	Vocational Rehabilitation – see also DVR
<b>VSH</b>	Vermont State Hospital
<b>VSL</b>	Vermont Supported Living
<b>UVM</b>	University of Vermont
<b>WAIS-R</b>	Wechsler Adult Intelligence Scale – Revised
<b>WCMH</b>	Washington County Mental Health
<b>WISC</b>	Wechsler Intelligence Scale for Children

**DIVISION OF DEVELOPMENTAL SERVICES**

January 2001

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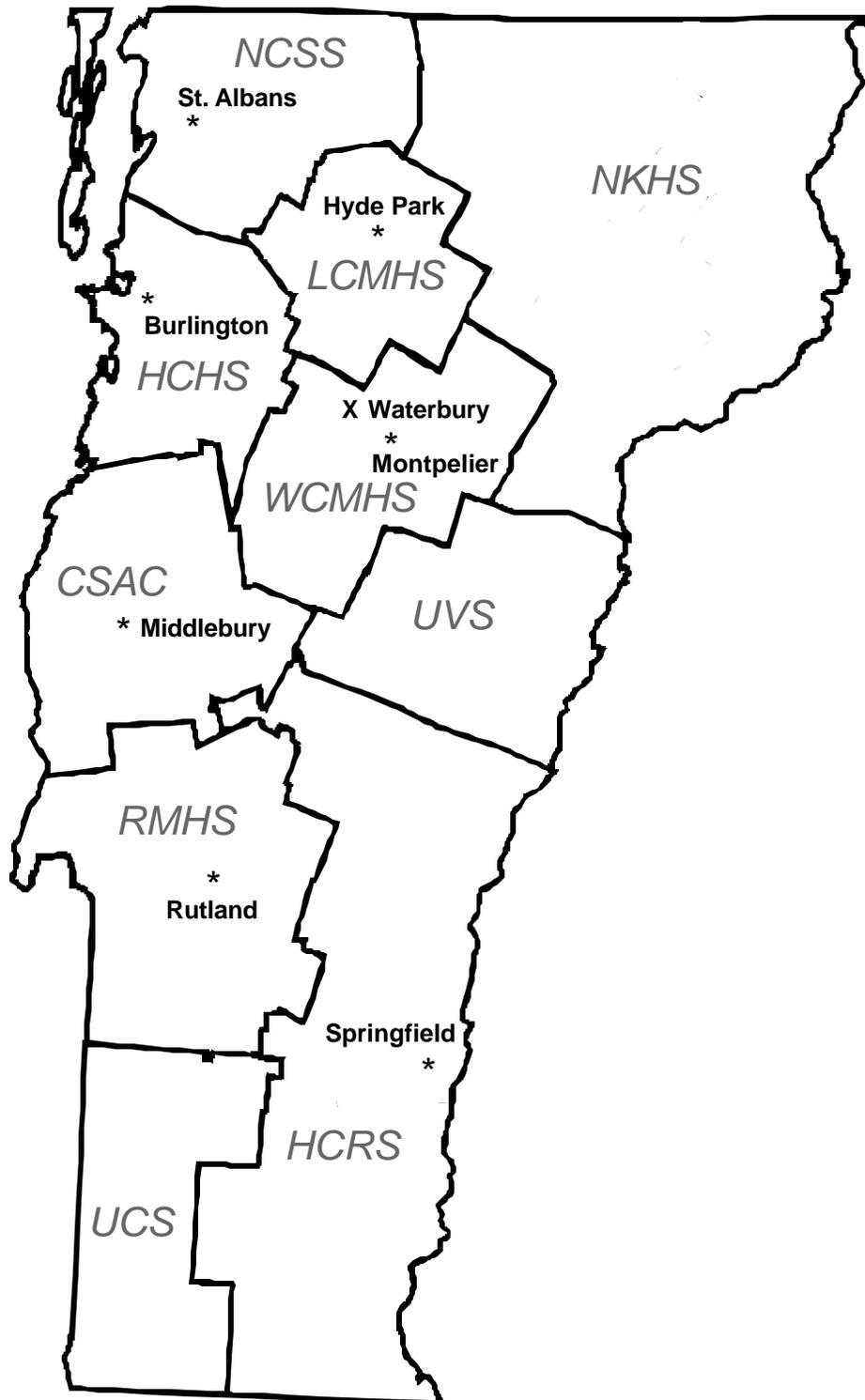
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<p><b>Middlebury Office</b> 700 Exchange Street, #204 Middlebury VT 05753 Fax: 388-4694</p>	<p>Lisa Lamoureux – GSS Dale Severy – GSS Joan Stephens – Senior GSS Linda Vondle – GSS</p>	<p>388-4691 388-4692 388-4693 388-5761</p>	<p>lamoureux@ddmhs.state.vt.us dsevery@ddmhs.state.vt.us jstephens@ddmhs.state.vt.us lvondle@ddmhs.state.vt.us</p>
<p><b>Montpelier Office</b> 155 Elm Street, Suite 2 Montpelier, VT 05602-2866</p>	<p>Nancy Collins-Zucca – GSS Becky Guyett – Senior GSS Leslie Pinkham – GSS Lisa Sipsey – GSS</p>	<p>828-3623 828-3622 828-3620 828-3621</p>	<p>nzucca@ddmhs.state.vt.us bguyett@ddmhs.state.vt.us lpinkham@ddmhs.state.vt.us lsipsey@ddmhs.state.vt.us</p>
<p><b>Rutland Office</b> One Scale Ave. Suite 109 Rutland, VT 05701-4460 Fax: 786-5055</p>	<p>Michael Fisher – GSS Rodger Goodrich – GSS Timothy Haley – GSS Karen Hawley – Senior GSS Rachel Longaway – Secretary Jan Sherman – GSS Vicky Wetmore – Community Financial Specialist</p>	<p>786-5042 786-5049 786-5040 786-5043 786-5840 786-5041 786-5045</p>	<p>mfisher@ddmhs.state.vt.us rgoodrich@ddmhs.state.vt.us thaley@ddmhs.state.vt.us khawley@ddmhs.state.vt.us rlongaway@ddmhs.state.vt.us jsherman@ddmhs.state.vt.us vwetmore@ddmhs.state.vt.us</p>
<p><b>St. Albans Office</b> 20 Houghton Street Room 207 St. Albans, VT 05478 Fax: 524-5592</p>	<p>Marybeth Blakeney – GSS Diane Morris – GSS</p>	<p>524-7991 524-7992</p>	<p>mblakeney@ddmhs.state.vt.us dmorris@ddmhs.state.vt.us</p>
<p><b>Springfield Office</b> 100 Mineral Street Suite 306 Springfield VT 05156</p>	<p>Jay Derderian – GSS Jon McGovern – GSS</p>	<p>885-4980 885-8893</p>	<p>jderderian@ddmhs.state.vt.us jmcgovern@ddmhs.state.vt.us</p>
<p><b>Waterbury Office</b> 103 South Main Street Waterbury, VT 05671-1601 Fax: 241-1129</p>	<p>Gail Falk – Director Jennifer Garabedian – Administrative Assistant</p>	<p>241-2616 241-2663</p>	<p>gfalk@ddmhs.state.vt.us jgarabedian@ddmhs.state.vt.us</p>

# Division of Developmental Services Guardianship Services Offices



**Division of Developmental Services  
Blue and Red Team Structure**

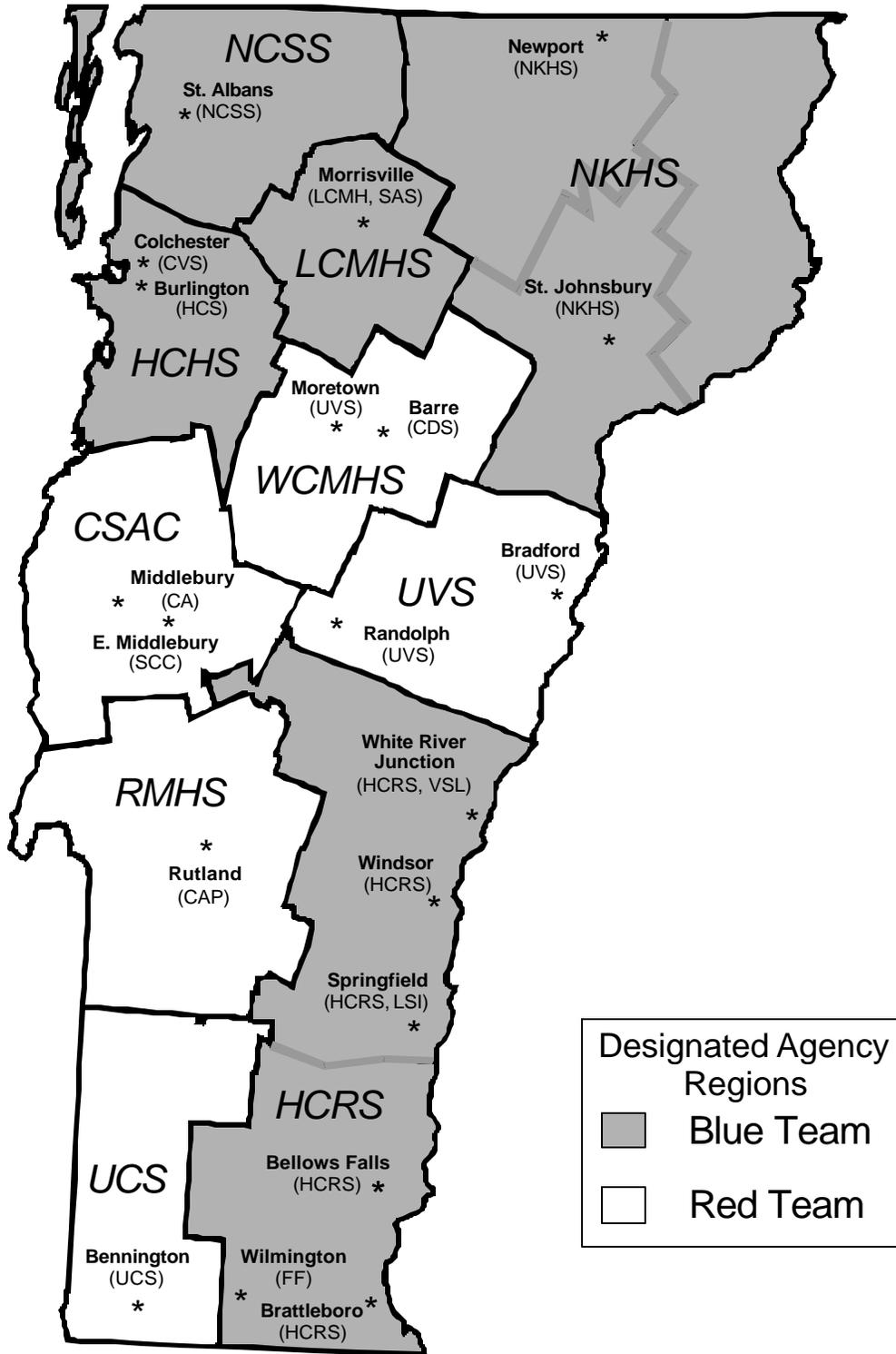
<b>Blue Team</b>		
<b>Role</b>	<b>Staff Name</b>	<b>Provider Contact</b>
DS Team Leader	Bob Turchin	HCRS, SCC
Generalist	Martin Morse	HCRS, NEK
Children Specialist	Clare McFadden	HCS
Employment Specialist	Chris O'Neill	CVS, FF
Housing Specialist	Jim Cameron <sup>2</sup>	---
Nursing Specialist	Maureen Rappeno	NCSS
Training Specialist	Avi Freund	LCMH
Program Services Clerk	Marie Goslant	---
Secretary	Erin Ward	---

<b>Red Team</b>		
<b>Role</b>	<b>Staff Name</b>	<b>Provider Contact</b>
DS Team Leader	Ellen Malone	CDS
Generalist	Amy Roth	CAP, LSI, SAS
Children Specialist	Janine Parker-Moulton	CA, VSL
Employment Specialist	Jennie Kennedy	UCS
Housing Specialist	Jim Cameron <sup>3</sup>	---
Nursing Specialist	Kate Spencer	---
Training Specialist	Jeff Coy	UVS
Program Services Clerk	Marie Goslant	---
Secretary	Erin Ward	--

<sup>2</sup> Contracted position shared between Red & Blue Teams.

<sup>3</sup> Contracted position shared between Red & Blue Teams.

# Division of Developmental Services Red & Blue Teams



**DEVELOPMENTAL SERVICES  
STATE STANDING COMMITTEE MEMBERS**

Name	Address, Phone & Fax	Represents	Term Expires (7/1)
<b>Aichroth, Susan</b>	104 Marsett Road Shelburne, VT 05482 Pager: 250-1714 Home Phone: 985-9035 e-mail: <a href="mailto:aichroths@aol.com">aichroths@aol.com</a>	People with Developmental Disabilities	2001
<b>Bakeman, Anne</b>	3 Bedford Green South Burlington, VT 05403 Phone: 658-3374 Fax: 658-8061 e-mail: <a href="mailto:abakeman@zoo.uvm.edu">abakeman@zoo.uvm.edu</a> fax: 658-8061	Family Members	2003
<b>Breiden, Nancy</b>	Disability Law Project 57 N. Main Street Rutland, VT 05701 Phone: 775-1122 e-mail: <a href="mailto:nbreiden@vtlegalaid.org">nbreiden@vtlegalaid.org</a> fax: 775-0022	Professionals/Advocates	2003
<b>Daley, Julie</b>	Developmental Disability Council 103 South Main Street Waterbury, VT 05671-0206 Phone: 241-2612 e-mail: <a href="mailto:julied@wpgate1.ahs.state.vt.us">julied@wpgate1.ahs.state.vt.us</a>	Professionals/Advocates	2001
<b>Daniels, Martin</b>	84 North Street Northfield, VT 05663 Phone: 485-8271	Family Members	2002
<b>Hathaway, Sarah</b>	6 Sabin Street Montpelier, VT 05602 Phone: 223-6480 e-mail: <a href="mailto:verelli@aol.com">verelli@aol.com</a>	People with Developmental Disabilities	2003
<b>Milizia, Betty</b>	The ARC of Vermont 187 St. Paul Street, Suite 3B Burlington, VT 05401 Phone: 658-7419 (h) 658-2221 (w) e-mail: <a href="mailto:miliziaarc@aol.com">miliziaarc@aol.com</a> fax: 658-1557	Professionals/Advocates	2001
<b>O'Riordan, Kevin</b>	Sterling Area Services, Inc. PO Box 1207 Morrisville, VT 05661 Phone: 888-7602 email: <a href="mailto:saskev@banet.net">saskev@banet.net</a> Fax: 888-1182	Professionals/Advocates	2001

Name	Address, Phone & Fax	Represents	Term Expires (7/1)
<b>Thresher, Tracy</b>	58 East State Street Montpelier, VT 05602 Phone: 479-2502 e-mail: <a href="mailto:jeffcoy@prodigy.net">jeffcoy@prodigy.net</a>	People with Developmental Disabilities	2002
<b>Woodberry, Connie</b>	103 Partridge Road East Dummerston, VT 05346 Phone: 257-0300 (h) 254-8611 (w) e-mail: <a href="mailto:conniewo@sover.net">conniewo@sover.net</a> fax: 254-8611	Family Members	2001
<b>Yuan, Susan</b>	Center on Disability & Community Inclusion The University Affiliated Program of Vermont 5 Burlington Square, Ste 450 Burlington, VT 05401-4439 Phone: 656-8166 (w) 899-2883 (h) e-mail: <a href="mailto:syuan@zoo.uvm.edu">syuan@zoo.uvm.edu</a> fax: 656-1857 899-2883	Family Members	2003
<b>Vacancy</b>	---	People with Developmental Disabilities	2002
<b>Vacancy</b>	---	Professional/Advocates	2002
<b>Vacancy</b>	---	Professional/Advocates	2002
<b>Vacancy</b>	---	Professional/Advocates	2003

**VERMONT DEVELOPMENTAL SERVICE PROVIDERS**

**January 2001**

**(CVS) CHAMPLAIN VOCATIONAL SERVICES, INC.**

77 Hegeman Ave., Fort Ethan Allen  
Colchester, VT 05446  
Phone 655-0511 FAX: 655-5207

Exec. Director: Stephen Maglione  
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: Jerry Bernard  
County: Rutland

**(CA) COMMUNITY ASSOCIATES**

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

Director: Gregg Mousley  
County: Addison

**(CDS) COMMUNITY DEVELOPMENTAL SERVICES**

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

Director: Juliet Martin  
County: Washington

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

118 Park Street  
Springfield, VT 05156  
Phone: 885-5171 FAX: 885-5173

Director: Maryann Willson  
Counties: Windsor & Windham

Regional Offices:

5 Fairview Street, Brattleboro, VT 05301  
Phone: 254-6028 FAX: 254-7501

77 Maple St., White River Jct., VT 05001  
Phone: 295-1705 FAX: 295-0826

PO Box 773, Bellows Falls, VT 05101  
Phone: 463-3962 FAX: 463-3961

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

**(HCS) HOWARD COMMUNITY SERVICES**

102 South Winooski Ave.  
Burlington, VT 05401-3832  
Phone: 658-1914 FAX: 860-2360

Director: Marie Zura  
County: Chittenden

**(FF) FAMILIES FIRST**

PO Box 939, Wilmington, VT 05363  
Phone: 464-9633 FAX: 295-9107

Director: Julie Cunningham  
County: Windham

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

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

Director: Brian Fagan  
County: Lamoille

**(LSI) LINCOLN STREET, INC.**

PO Box 678  
Springfield, VT 05156  
Phone: 885-9533 FAX: 885-9575

Executive Director: Cheryl Thrall  
County: Windsor

**(NCSS) NORTHWESTERN COUNSELING & SUPPORT SERVICES, INC**

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

Director: Jean Gilmond  
Counties: Franklin & Grand Isle

**(NKHS) NORTHEAST KINGDOM HUMAN SERVICES**

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

Director: Eric Grims  
Counties: Caledonia, Orleans & Essex

Regional Offices:

PO Box 368, 141 Railroad Street  
St. Johnsbury, VT 05819  
Phone: 748-3181 FAX: 747-7697

PO Box 249, 10 Main Street  
Hardwick, VT 05843  
Phone: 472-3622

**(SCC) SPECIALIZED COMMUNITY CARE**

PO Box 578, 16 Orchard Terrace Park  
East Middlebury, VT 05443  
Phone: 453-4175 FAX: 453-4809

Executive Director: Ray Hathaway  
Counties: Addison & Rutland

**(SAS) STERLING AREA SERVICES**

PO Box 1207  
Morrisville, VT 05661  
Phone: 888-7602 FAX: 888-1182

Executive Director: Kevin O’Riordan  
County: Lamoille

**(UCS) UNITED COUNSELING SERVICES**

PO Box 588, Ledge Hill Drive  
Bennington, VT 05201  
Phone: 442-5491 FAX: 442-3363

Director: Kathy Hamilton  
County: Bennington

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

RR1, Box 76  
Bradford, VT 05033  
Phone: 222-9235 FAX: 222-5864

Executive Director: William Ashe  
Counties: Orange & Washington

Regional Offices:

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

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

**(VSL) VERMONT SUPPORTED LIVING**

331 Olcott Drive, White River Jct. VT 05001  
Phone: 295-9100 FAX: 295-9107

Director: Robert Vaillencourt  
County: Windsor

# GREEN MOUNTAIN SELF-ADVOCATES

January 2001

**Green Mountain Self-Advocates (GMSA)**  
73 Main Street, Suite 401  
Montpelier, VT 05602  
802-229-2600  
**Contact: Dawn Arsenault & Kare n Topper**  
**Toll Free: 1-800-564-9990**



GMSA Meet Through Interactive Television

## LOCAL CHAPTERS:

### **Bellows Falls Support Group**

Health Care & Rehabilitation Svcs.  
PO Box 773, 12 Church Street  
Bellows Falls, VT 05101  
(802) 463-3962

### **Bennington Peer Support**

United Counseling Services  
PO Box 588  
Bennington, VT 05201  
(802) 442-5491 – Paula Colbert  
Board Rep: Frank Harwood

### **Bradford Peer Support**

Upper Valley Services  
RR 1, Box 76  
Bradford, VT 05033  
(802) 222-9235 – Lorraine Gaboriault

### **Brattleboro Peer Support**

Health Care & Rehabilitation Svcs.  
230 Main Street, Suite302  
Brattleboro, VT 05301  
(802) 254-5537 – Lori Greenburg

### **Burlington Peer Support**

Howard Community Services  
102 South Winooski Ave.  
Burlington, VT 05401  
(802) 658-1914 – Melissa Conners  
Board Rep: Catherine Jones

### **Central Vermont Peer Support**

Community Developmental Services  
50 Grandview Drive  
Barre, VT 05641  
(802) 479-2502 – Eileen Mulcahey  
Board Rep: Margaret Pearlstein

### **Champlain Voices**

Champlain Vocational Services  
77 Hedgeman Ave., Fort Ethan Allen  
Colchester, VT 05446  
(802) 655-0571 – Linda Chaisson  
Board Rep: Paul Nichols

### **Connections of Peer Support of White River Jct.**

PO Box 678,  
Springfield, VT 05156  
(802) 885-9533 – Karen Daley-Regan  
Board Rep: Paul Dunbar

### **HCRS Springfield Peer Support**

118 Park Street  
Springfield, VT 0515  
(802) 885-5171 – Melissa Mullen

### **Morrisville Peer Support**

PO Box 867  
Morrisville, VT 05661  
(802) 888-8407  
Board Rep: Patty Grassette

### **Next Step of St. Albans**

Lake Champlain Community Svcs.  
156 North Main Street  
St. Albans, VT 05478  
(802) 524-6561 – Connie Farrington  
Board Rep: Heather Hendrick

### **Our Drop In Center**

(802) 344-8378  
Board Rep: Tammy Crowe

### **Randolph Area Peer Support**

Upper Valley Services  
12 Prince Street, Suite #2  
Randolph, VT 05060  
(802) 728-4476 – Janeen Morse  
Board Rep: Edwin Place

### **St. Johnsbury Peer Support**

Northeast Kingdom Human Services  
PO Box 368  
St. Johnsbury, VT 05819  
(802) 748-3181 – Robin Burnash &  
Pam Burrington  
Board Rep: Carol Ziter

### **Self-Advocates Becoming Empowered of Rutland**

Rutland ARC  
Merchants Row  
Rutland, VT 05701  
(802) 775-1370 – Lisa Lynch  
Board Rep: Becky Hogdon

### **Self Advocates Meeting of Springfield**

PO Box 678  
Springfield, VT 05156  
(802) 885-9533 – Lori Jean Lintner  
Board Rep: Jean Martel

### **Wonderful Life of Middlebury**

(802) 388-7159  
Board Rep: Carol Warner

## **CONTRIBUTIONS OF THE VERMONT SELF-DETERMINATION PROJECT**

An independent evaluation of the accomplishments made by the Vermont Self-Determination Project was performed by the Center on Human Policy at Syracuse University in New York. According to this evaluation, the Self-Determination Project made the following contributions in promoting opportunities for self-determination:

- Increased awareness and knowledge about self-determination among people with disabilities and their families.
- Developed more opportunities for choice and control for people with disabilities and their families.
- Increased the number of people with disabilities who feel a sense of empowerment.
- Built awareness and flexibility within agencies regarding self-determination and promoting more choice and control for people with disabilities.
- Increased awareness and flexibility among gatekeepers such as case managers, and public and private guardians, on a person-by-person basis.
- Heightened flexibility within the system to support different options.
- Provided for a significant expansion and strengthening of self-advocacy in Vermont.
- Increased awareness of and demand by people with disabilities for options for increasing their control and choice through self-determination.
- Increased collaboration with self-advocates by other groups within the state.
- Emphasized a broad definition of self-determination, inclusive of all people with disabilities, and many types of choice and control.
- Demonstrated effective collaboration between people with disabilities, family members, and provider representatives.
- Worked collaboratively with many different individuals and groups representing diverse constituencies.
- Demonstrated a very high degree of commitment.

The report outlined work that still remains to be done to increase the self-determination of people with disabilities and their families in Vermont:

- Assist people with disabilities who feel intimidated about expressing preferences and exercising choice and control.
- Continue to provide technical information to families, individuals with disabilities, and members of their support network.
- Provide support for further agency change.
- Continue to give technical assistance to agencies.
- Support case managers and guardians to increase their active involvement in promoting self-determination.
- Expand options for independent case management.
- Continue support of self-advocates/self-advocacy groups.
- Provide outreach to extend access to self-advocacy.
- Help the Division, agencies, and other organizations ensure that self-advocates are centrally involved in decision-making.
- Continue to help make it safe for people to speak up.
- Increase development of flexible, individualized supports.
- Continue positive practice and mentorship.

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

**January 2001**

Quality assurance activities will not be successful if they are relegated to a single bureaucratic cubbyhole. The Vermont developmental service 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 Developmental and Mental Health Services:**

- A. **Designation Process.** The Department of Developmental and Mental Health Services (DDMHS) 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 contract with other certified 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. **Community Alternative Specialists.** Twelve (12) full-time staff, including two registered nurses, conduct on-site reviews to assess the quality of services provided. The CAS staff assess all Medicaid funded services to assure compliance with state and federal Medicaid standards and the outcomes detailed in the Guidelines for Quality Services. Site visits are conducted annually with follow-up as appropriate.
- C. **Guardianship Services Specialists.** Twenty-one (21) staff provide protective and guardianship services as specified by law to about 580 adults with developmental disabilities. Guardianship Services Specialists 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. Guardianship Services Specialists are expected to have face-to-face contact with people for whom they are guardian at least once a month.
- D. **Safety and Accessibility Checks.** All residences (except those licensed through the Department of Aging and Disabilities) funded by the Division of Developmental Services are inspected for compliance with safety and accessibility standards.
- E. **Consumer & Family Surveys.** The Division of Developmental Services contracts for an independent statewide consumer survey to take place annually to measure the satisfaction of people receiving services. A confidential family satisfaction 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. **Systems Review.** The Division of Developmental Services engages in ongoing quality improvement activities, including efforts to obtain and evaluate information on how well the Division is meeting the DS Principles of Service.
- G. **Critical Incident Reporting Process.** Service providers provide critical incident reports to the Division when certain incidents take place, such as the death of someone receiving services, allegations of abuse, neglect or exploitation, or criminal behavior by or against someone receiving services. Critical incident reports are reviewed during the re-certification process.
- H. **Grievance Process.** Each service provider must have a written grievance procedure and inform applicants and service recipients of that process. Both informal and formal grievance processes are available to people applying for or receiving services, family members, guardians and other interested individuals.
- I. **Ethics Committee.** An Ethics Committee convenes bimonthly as needed, or on an emergency basis, to review any decisions by a Guardianship Services Specialist or other DDS 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.

## II. Elsewhere in State Government:

- A. **Residential Care Home Licensure.** The Department of Aging and Disabilities licenses residences where three or more unrelated people with disabilities live.
- B. **Abuse Complaints.** The Department of Social and Rehabilitation Services and the Department of Aging and Disabilities handle complaints of abuse and neglect for children and adults, respectively. Any human services professional, including DDS staff, is legally mandated to file an immediate report of any suspected abuse, neglect or exploitation of a person with a disability. For adults with disabilities, Adult Protective Services staff conducts independent investigations of each complaint and pursues legal or other recourse as indicated by the needs of the individual.
- C. **Fire Safety Regulation.** Staff of the Department of Labor and Industry must approve all Level III Residential Care Homes and ICF/MR facilities. Facilities must meet appropriate standards of the National Fire Safety Code.
- D. **Vocational Rehabilitation Services.** Vocational rehabilitation services, (as opposed to Medicaid-funded work supports), are provided and reviewed by the Division of Vocational Rehabilitation.
- E. **Intermediate Care Facilities for People with Mental Retardation (ICF/MR).** ICF/MRs are licensed and monitored under federally specified guidelines by nursing staff of the Division of Licensing and Protection, Department of Aging & Disabilities (DAD). The Division of Developmental Services conducts Utilization Reviews once every six months to determine whether continued stay is appropriate and necessary for each person residing in an ICF/MR.

- F. **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 Service 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, chosen by the individual, 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 Standing Committee.** Each designated agency and service provider has a local standing committee that is made up of 51% consumer and families, of which 25% must be direct consumers. The purpose of the Local Standing Committee is to involve people receiving services in planning and decision making regarding policies in order to increase consumer satisfaction, service/support quality, and organizational responsiveness. The committee submits a report to DDMHS annually.
- C. **Internal Mechanisms.** All 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 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. **Developmental Services State Standing Committee.** The Developmental Services State Standing Committee 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 disabilities, family members, advocates, and people with professional expertise in the field of developmental disabilities. It meets monthly as a working advisory group to the Division of Developmental Services.
- B. **Vermont Developmental Disabilities Council.** A broad-based, federally mandated board which 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. DLP 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. **ARC of Vermont.** The ARC of Vermont provides a focus for families and concerned members of the public to identify and respond to the needs of people with developmental disabilities. There are four counties with local ARC offices. The Champlain ARC provides information, support and advocacy for individuals with disabilities and their family members in Chittenden County. Central Vermont ARC (Montpelier), Franklin ARC (St. Albans), and the Rutland ARC (Rutland) also share this mission.
- E. **Self-Advocacy.** The Green Mountain Self-Advocates, (formerly the Vermont Peer Support Network), 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 further committed to educating and making the general public aware of the strengths, rights and desires of people with disabilities. There are presently 17 local chapters in various stages of development around the state.
- F. **Brandon Training School Association.** An association of parents and other people concerned with the well being of former residents of Brandon Training School.
- G. **Other Advocacy Groups.** There are other locally based groups of concerned families and advocates. For example, in Barre, Guardianship Trust provides regular, structured individually-based citizen monitoring of residential services provided by Community Developmental Services.
- H. **Law Enforcement Agencies.** In recent years, many local and state police have received training in the techniques of interviewing mentally disabled 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.
- I. **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.
- J. **The Federal Government.** Through Medicaid audits and look-behind surveys, the federal government provides a back-up system of quality assurance.
- K. **Other 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 & legislative communication.
- L. **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.

## **EXECUTIVE SUMMARY OF THE REPORT TO THE LEGISLATURE ON OFFENDERS WITH DEVELOPMENTAL DISABILITIES**

Vermonters with developmental disabilities are peaceful and law-abiding citizens. But, like the population as a whole, the population of people with developmental disabilities contains individuals who commit offenses.

During the 2000 Legislative session, the cases of two offenders with developmental disabilities attracted widespread media attention and public concern. The Legislature asked the Commissioner of Developmental and Mental Health Services (DDMHS) to study current laws and programs for offenders with developmental disabilities. This report pulls together information and recommendations generated by the work of two committees and by the staff of the Division of Developmental Services. The major findings of the report are as follows:

- ◆ Under well-established constitutional standards, some offenders with mental retardation are found competent to stand trial. Many others, though, are found incompetent to stand trial, and public protection is afforded by civil commitment of these people to the Commissioner of Developmental and Mental Health Services.
- ◆ Vermont's civil commitment law for people with mental retardation, commonly called Act 248, was enacted in the 1980's. In general, Act 248 has been effective in its primary purpose of protecting public safety.
- ◆ The overall statutory framework of Act 248 is sound. However, repeal of the Brandon Training School statutes has left a procedural void, and a decade of experience with implementation has revealed areas where clarification is needed. Amendments to Titles 13 and 18 are recommended with regards to:
  - Competency evaluations
  - Purpose of civil commitment
  - Standards for commitment
  - Procedures for commitment hearings
  - Confidentiality
  - Noncompliance
  - Annual review and notice of discharge
- ◆ The Developmental Services system has increasingly been expected to perform a correctional function. A survey in the summer of 2000 identified 125 individuals actively supported by Developmental Services who could pose a significant risk to public safety.
- ◆ This growing responsibility for public safety has significantly strained the Developmental Services system's resources and energies. The Developmental Services system must provide a correctional and public safety function for offenders with developmental disabilities, but should not be expected to do so at the expense of services for law-abiding individuals.
- ◆ To maintain its excellent record of treatment and public protection for offenders, the Developmental Services system urgently needs infrastructure strengthening in the form of an emergency bed, more secure individualized placements, earmarked funds for high risk offenders, advanced training and clinical supervision, and enhanced respite.

**PROGRAMMATIC NEEDS  
OF OFFENDERS WITH DEVELOPMENTAL DISABILITIES  
IN FY 2002**

In order to continue to assure the public will be safe from new offenses by individuals who are placed with or committed to the developmental services system, the following additional resources are needed (*listed in priority order*):

1. **Emergency/crisis/short term stay bed.** One or two fully staffed and alarmed short term emergency and crisis beds. Emergency beds would be sited in locations where no risk to neighbors could be anticipated. They would be available to take individuals once they have been found incompetent to stand trial while the individual's needs are being assessed and an individualized program is being developed. They would also serve for emergency backup in case of the unexpected loss of a respite provider or a residential home provider for a high risk offender. Without such a bed, it may be necessary to release high risk offenders without supervision pending program assessment and development.
2. **More secure placements.** Funding to develop alternative placements to increase the security of 5 to 6 offenders. These offenders are in placements that are not sufficiently stable or secure to assure protection of public safety over the long run. Alternative placement models may include transition apartments (2 highly secure; 2 intermediate security; and 2 low security), or DH-plus models.
3. **Earmarked funds for high risk offenders.** In each of the past few years, the entire developmental services system has been stressed by meeting the costs of a small number of high risk offenders for whom the developmental service system is playing a correctional function. In FY 2002, this group is expected to consist of young adults aging out of SRS custody who offended as juveniles (6 to 8 per year), individuals committed under Act 248 (3 to 5 per year) and individuals maxing out of prison (1 to 2 per year). The excess funds (an average of \$46,000 per person) needed to protect public safety for these high risk individuals should be provided in earmarked funds, separate from regular DS caseload funds.
4. **Advanced training, clinical supervision and therapy options.** The depth of current staff and professional resources needs to be improved in order to continue to serve the public's interest. Specialized training is necessary and currently insufficient to meet the demand of new individuals being served. Additionally, new therapists and the clinical supervision they provide are necessary to support the team structure that is critical to maintaining the success of these services.
5. **Enhanced respite.** Supervising and supporting offenders in a "prison without walls" needs vigilant, engaged staff. To remain fresh on the job, staff and contractors need reliable respite. The statewide survey of providers revealed significant gaps in respite for offenders in most parts of the state. Additional funds to recruit, train, and compensate additional respite workers is essential to the soundness of the supervision system.