

ANNUAL REPORT

2003

VERMONT DIVISION OF DEVELOPMENTAL SERVICES



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

JANUARY 2003

Annual Report 2003

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 2003

**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.**



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HIGHLIGHTS FROM FY 2002

Did you know?

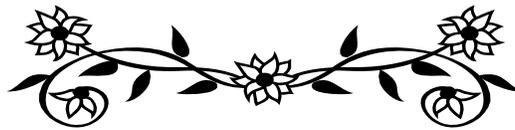
- ✠ People getting family support (waiver and Flexible Family Funding) represent 45% of all people served.
- ✠ The number of people who get supports that live with their family went up by nine percent (9%) since FY '01.
- ✠ Thirty-six percent (36%) of people who receive home and community-based waiver services live with their family.
- ✠ Despite the current freeze on serving new people who are under the age of 18 living at home, Vermont continues to serve 701 children (under age 18) who live with their families.
- ✠ Vermont arranged for 16 people to be diverted from nursing facilities in FY '02; double the number who avoided nursing facility placements the year prior, and an all-time high number of diversions.
- ✠ The percentage of people with developmental disabilities in Vermont who live in nursing homes continues to drop, while the percent of placements of people with developmental disabilities in nursing facilities nationally is on the rise.
- ✠ Vermont is ranked #1 in the nation in the number of people with developmental disabilities who receive supported employment to work per 100,000 of the state population.
- ✠ The number of people who receive supported employment services has gone up each year since the change in the federal statute removing the institutional criteria for receiving Medicaid waiver-funded supported employment.
- ✠ Vermont received the highest score nationally in the 2001 consumer survey for questions concerning personal choice, community inclusion and supports related to choice.
- ✠ Families expressed greater satisfaction in the 2001 family survey in choice, receiving information, service planning, staff respect, and timely and responsive supports than they did two years ago.

THOUGHTS ABOUT COMMUNICATION

BY SARAH IVES HATHAWAY

Each time I type, other people see that I am not stupid. Teaching them about the real Sarah is what makes me a person to them. Each talk, each question, really makes me feel a part of life. Without FC I am just taking up space and not getting out of myself. Rather than sitting and watching all the other people having real talks all the time, I could let my words join theirs.

December 2002
TASH Presentation



INTRODUCTION

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. Patty Derouchie's story shows how, when the right type of supports facilitate a person's true ability to communicate in a way that works best for that individual, a person's life can be completely transformed. Patty helps us to understand that being able to communicate really is a human being's most fundamental need, without which one's life would have little meaning or joy¹.

How I Found My Voice **By Patty Derouchie**

My name is Patty Derouchie. I live in Ludlow Vermont in a developmental home. For most of my life I was a very shy person, and I did not talk much at all. And whenever I did try to talk, I was told to "Shut up. You are not making any sense," or "You are so stupid," and I often heard that children should be seen, not heard.

After hearing all of these things, I was afraid to talk. In school, I was always worried that the teacher would ask me a question, and when they did I did not know the answer. And I use to get laughed at and called names because I gave the wrong answer. So after dealing with that for a while, I would say "I do not know" when the teachers asked me another question and I still got called names. So I just would not talk to anyone because it was very hurtful to me to be picked on.

About 1½ years ago, I found my voice with the help of my "mom" (Patty's home provider) and I was surrounded by positive people. I first had to learn to trust people. That was hard. I would go to some meetings and I really wanted to talk because I felt like I had something to offer, but I was afraid that I would get picked on again, so my "mom" was my voice. She told me that there is no stupid question to be asked.

So I started talking to people a little at a time and they listened to me. They did not laugh at me or call me names. I joined a self-advocacy group and the group also helped me find my voice. And they liked what I had to say. And it felt real good not to be picked on.



¹ Personal stories in this report may have been edited to fit available space.

I grew stronger with the support of my team and my self-advocacy group and I realized that what I had to say also helped my peers to open up and talk. Today I have a good strong voice, and I learned to advocate for myself and for other people.

I went to some conference this year with Green Mountain Self-Advocates. And I also got three awards this year, for sitting in on an interview at the Division of Developmental Services, doing a talk at UVM [the University of Vermont] for Disability Awareness Month with Karen Topper, and I got the Self-Advocate of the Year award in my group. I also did a talk on a radio station about abuse happening to people with disabilities.

I am no longer too afraid to speak. I am happy I found my voice, and no one is going to ever take it away from me again.

My name is Patty and I speak for myself. Thank you.



ATTACHMENTS

DIVISION OF DEVELOPMENTAL SERVICES FY 2002 BUDGET SUMMARY

The Division of Developmental Services' appropriated budget for FY 2002 is \$82,699,894 (combined state general fund and federal Medicaid funds). This is allocated as follows:

Existing Community Services	\$72,150,114
5.4% Cost of Living Increase for Community Services (Note: actual increase is \$3,549,644, but DS appropriation adjusted due to FY '01 error in calculating split between MH and DS.)	3,132,695
Health Insurance Cost Increase	491,938
New Funding for Consumer Needs	
Caseload – DDMHS (584,074 GF)	² 1,574,323
Caseload – PATH (600,000 GF)	1,617,251
June Graduates (75,000 GF)	202,156
Flexible Family Funding (all GF)	89,760
Self-determination (150,000 GF one-time) (Note: Total estimated amount available including receipts is approximately \$346,000.)	150,000
Division of Rate Setting	63,855
Salaries and Expenses for Guardianship Services, Quality Assurance and Division Administration	<u>3,227,802</u>
TOTAL	<u>\$82,699,894</u>

FY 2002 Budget Updates

FY 2002 Administration Changes	
Total Rescissions	(1,687,540)
FY 2002 Legislative Changes	
Total One-time Funding	224,771

Note: Respite Care/Flexible Family Funding and "June Graduate" funding are one-time only and **not** included in the base budget going into FY 2003. In order to include in ongoing funding, a request for budget adjustment is required for the 2003 legislative session.

² \$363,881 (\$135,000 GF) of this amount is dedicated to services for children with PDD.

DEVELOPMENTAL SERVICES ACRONYMS

AAC	Augmentative and Alternative Communication
AAMR	American Association on Mental Retardation
ACT 248	Supervision of incompetent and mentally retarded individuals
ADD	Attention Deficit Disorder
AFL	Authorized Funding Limit
AHS	Agency of Human Services
ANCOR	American Network of Community Options & Resources
APS	Adult Protective Services
APSE	Association for Persons in Supported Employment
ARC	Advocacy, Resources and Community (formerly The Association of Retarded Citizens)
ARIS	Area Resources for Individualized Services
AT	Assistive Technology
BTS	Brandon Training School
CA	Community Associates (DS Program of CSAC)
CAP	Community Access Program (DS program of RMHS)
CARC	Champlain ARC – see ARC
CAS	Community Alternatives Specialist
CDCI	Center on Disability & Community Inclusion (formerly UAP)
CDS	Community Developmental Services (DS program of WCMHS)
CIP	Core Indicators Project – Obsolete, see NCI
CIR	Critical Incident Report
CP	Cerebral palsy
CPS	Child Protective Services
CSAC	Counseling Service of Addison County
CSHN	Children with Special Health Needs
CVARC	Central Vermont ARC – see ARC
CVS	Champlain Vocational Services
DA	Designated Agency
DAD	Department of Aging and Disabilities
DBT	Dialectical Behavioral Therapy
DD	Developmental Disability or Developmentally Disabled
DD ACT	Developmental Disability Act of 1996
DDC	Developmental Disabilities Council
DDLDP	Developmental Disabilities Law Project – Obsolete, see DLP
DDMHS	Department of Developmental and Mental Health Services
DDS	Division of Developmental Services
DH	Developmental Homes – see also SLP
DLP	Disability Law Project – formerly DDLDP
DMH	Division of Mental Health
DOE	Department of Education
DOJ	Department of Justice
DS	Developmental Services
DSM	Diagnostic and Statistical Manual of Mental Disorders (most current edition)
DSW	Department of Social Welfare – Obsolete, see PATH
DVR	Division of Vocational Services – see also VR
EDS	Electronic Data Systems
FF	Families First
FFF	Flexible Family Funding

FFP	Federal Financial Participation
FFS	Fee for Service
FFY	Federal Fiscal Year
FARC	Franklin ARC – see ARC
F/GIMHS	Franklin/Grand Isle Mental Health Services – Obsolete see NCSS
FY	Fiscal Year
GF	General Fund
GH	Group Home
GMSA	Green Mountain Self Advocates
GS	Guardianship Services
GSS	Guardianship Services Specialist
HCBS	Home and Community-based Services
HCBW	Home and Community-based Waiver
HCFA	Health Care Financing Administration
HCHS	Howard Center for Human Services
HCRS	Health Care and Rehabilitation Services of Southeastern Vermont – See also HCRSSV
HCRSSV	Health Care and Rehabilitation Services of Southeastern Vermont
HCS	Howard Community Services (DS program of HCHS)
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HRD	Human Resources Data
ICF/MR	Intermediate Care Facility for people with Mental Retardation.
IEP	Individualized Education Program
IPP	Individual Program Plan – Obsolete, see ISA
ISA	Individual Support Agreement
ISO	Intermediary Service Organization
LCMH	Lamoille County Mental Health
LIT	Local Interagency Team
LSI	Lincoln Street, Inc.
MCIS	Managed Care Information System
MI	Mentally Impaired/Ill
MIS	Management Information System
MMPI	Minnesota Multiphasic Personality Inventory
MR	Mental Retardation
MSR	Monthly Service Report – formerly QSR
NASDDDS	National Association of State Directors of Developmental Disabilities Services
NCI	National Core Indicators (formerly CIP)
NCSS	Northwest Counseling and Support Services (formerly F/GIMHS)
NKHS	Northeast Kingdom Human Services (formerly NEKMHS)
NEKMHS	Northeast Kingdom Mental Health Services – Obsolete, see NKHS
OT	Occupational Therapy or Occupational Therapist
P&A	Protection and Advocacy – see VP&A
PASARR	Pre-admission Screening and Resident Review
PATH	Department of Prevention, Assistance, Transition and Health Access
PDD	Pervasive Developmental Disorder
PMIS	Provider Management Information System
PT	Physical Therapy or Physical Therapist
QA	Quality Assurance
QDDP	Qualified Developmental Disabilities Professional
QI	Quality Improvement
QMRP	Qualified Mental Retardation Professional – see QDDP
QSR	Quarterly Service Report – Obsolete, see MSR
RACS	Rutland Area Community Services – Obsolete, see RMHS

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

DIVISION OF DEVELOPMENTAL SERVICES STAFF

January 2003

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 Waterbury, VT 05671-1601
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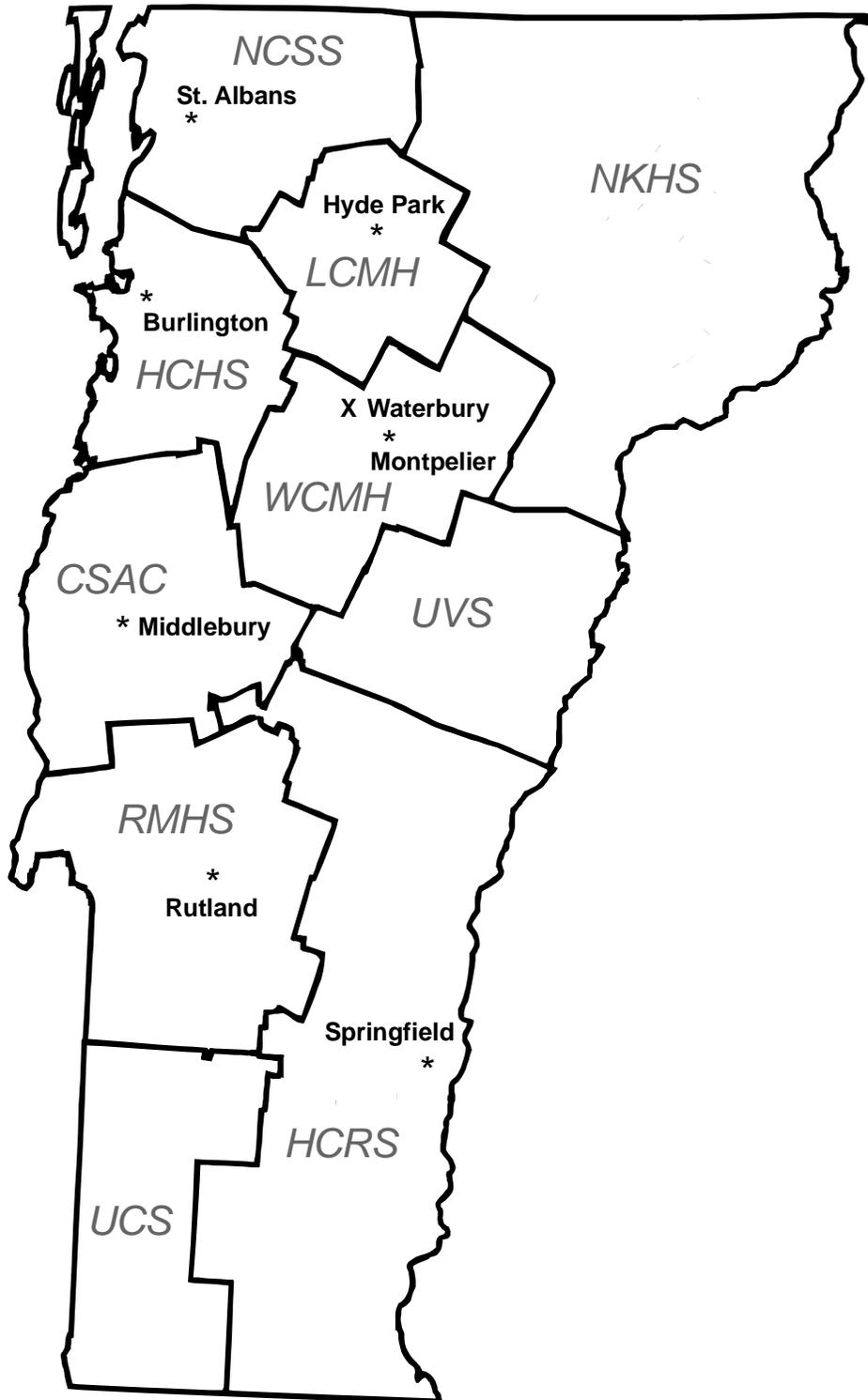
Red & Blue Teams
Community Alternative Specialists

Staff Name	Title	Phone (802)	E-mail Address
Cameron, Jim	Contracted Housing Specialist	660-2442	jcatgdllc@aol.com
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Kennedy, Jennie	Red Team Employment Specialist	786-2571	jkennedy@ddmhs.state.vt.us
Malone, Ellen	Red Team Leader	786-5047	emalone@ddmhs.state.vt.us
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Morse, Martin	Blue Team Generalist	241-4494	mamorse@ddmhs.state.vt.us
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Division of Developmental Services Guardianship Services Offices



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

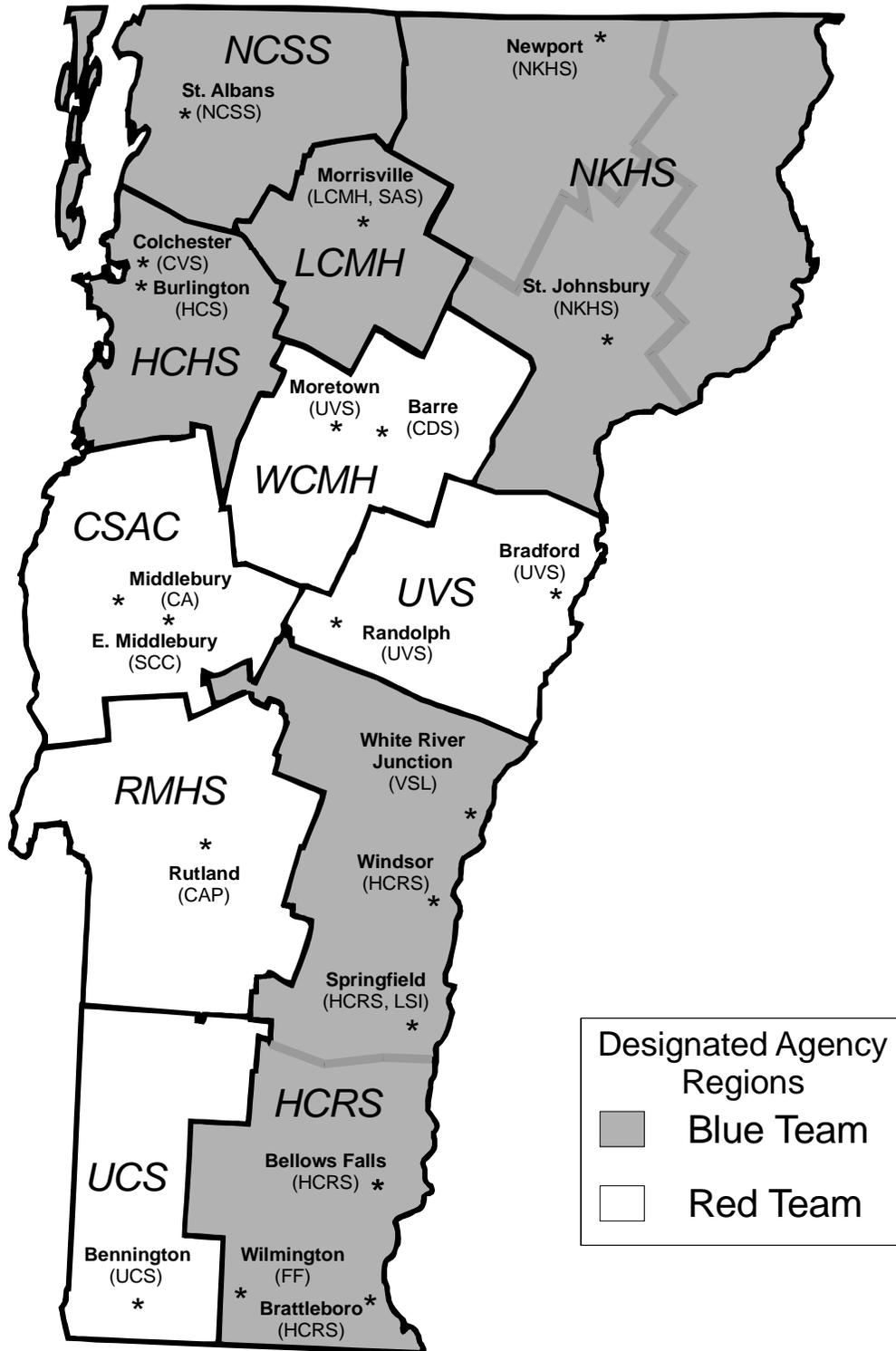
Blue Team		
Role	Staff Name	Provider Contact
DS Team Leader	Bob Turchin	SCC
Generalist	Martin Morse	HCRS, NEK, FF
Children Specialist	Clare McFadden	HCS
Employment Specialist	Chris O'Neill	CVS, LCMH
Housing Specialist	Jim Cameron ³	---
Nursing Specialist	Maureen Rappeno	---
Training Specialist	Avi Freund	NCSS
Program Services Clerk	Marie Goslant	---

Red Team		
Role	Staff Name	Provider Contact
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 ⁴	---
Nursing Specialist	Kate Spencer	---
Training Specialist	Jeff Coy	UVS
Program Services Clerk	Marie Goslant	---

³ Contracted position shared between Red & Blue Teams.

⁴ Contracted position shared between Red & Blue Teams.

Division of Developmental Services Red & Blue Teams



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

Name	Address, Phone & Fax	Represents	Term Expires (July 1)
Arsenault, Dawn	54 Jalbert Road Barre, VT 05641 Phone: 476-0624	Professionals/Advocates	2004
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Cameron, Margi	8 Green Dolphin Dirve South Burlington, VT 05403 Phone: 660-2442	Professionals/Advocates	2003
Cheney, Karen	170 Centerview Terrace St. Johnsbury, VT 05819 Phone: 695-3373 (w) 748-1447 (h) e-mail: karehank@together.net	Family Members	2003
Compton, Joshua	Health Care and Rehabilitation Services 14 River Street Windsor, VT 05089 Voice: 674-2539 Fax 674-5419 email: jcompton@hcrs.org	Professionals/Advocate	2005
Daniels, Martin	84 North Street Northfield, VT 05663 Phone: 485-8271 Fax: 485-4596	Family Members	2005
Grassette, Patty	PO Box 867 Morrisville, VT 05661 Phone: 241-2617 (w) 888-8407 (h)	People with Developmental Disabilities	2004
Hathaway, Sarah	6 Sabin Street Montpelier, VT 05602 Phone: 223-6480 e-mail: verelli@aol.com	People with Developmental Disabilities	2003

Name	Address, Phone & Fax	Represents	Term Expires (July 1)
Milizia, Elizabeth	ARC of Vermont 208 Colchester Avenue Burlington, VT 05401 Phone: 658-2221 (w) 658-7419 (h) Fax: 658-1557 e-mail: miliziaarc@aol.com	Professionals/Advocates	2004
Jarvis-Morse, Janeen	14 Jacobs Drive #12 Randolph, VT 05060-1228 Phone: 728-4476 (w) 728-3433 (h) Fax: 728-6741 e-mail: road_runner@yahoo.com	Professionals/Advocate	2005
Neron, Steven	PO Box 8 Bethel, VT 05032 Phone: 234-5594	People with Developmental Disabilities	2005
Place, Edwin	Randolph House, Apt. 208 Main Street Randolph, VT 05060 Phone: 728-2021	People with Developmental Disabilities	2005
Woodberry, Connie	103 Partridge Road East Dummerston, VT 05346 Phone: 254-8611 (w) 257-0300 (h) Fax: 254-8611 e-mail: conniewo@sover.net	Family Members	2004

VERMONT DEVELOPMENTAL SERVICES PROVIDERS
January 2003

(CVS) CHAMPLAIN VOCATIONAL SERVICES, INC.

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

Exec. Director: Paul Dickin
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

(HCRS) HEALTH CARE & REHABILITATION SERVICES OF SOUTHEASTERN VT

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

Director: Josh Compton
Counties: Windsor & Windham

Regional Offices:

230 Main Street, Brattleboro, VT 05301
Phone: 257-5537 FAX: 257-5769

118 Park Street, Springfield, VT 05156
Phone: 885-5170 FAX: 885-5173

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

(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: 464-3173

Director: Julie Cunningham
Counties: Windham & Bennington

(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 INCORPORATED

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

Regional Office:

14 First Street, Suite 6, Swanton, VT 05488
Phone: 868-3523 FAX: 868-3524

(NKHS) NORTHEAST KINGDOM HUMAN SERVICES, INC.

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

Director: Eric Grims
Counties: Caledonia, Orleans & Essex

Regional Office:

PO Box 368, 141 Railroad Street
St. Johnsbury, VT 05819
Phone: 748-3181 FAX: 748-0704

(SCC) SPECIALIZED COMMUNITY CARE

PO Box 578
East Middlebury, VT 05740
Phone: 388-6388 FAX: 388-6704

Executive Director: Ray Hathaway
Counties: Addison & Rutland

(SAS) STERLING AREA SERVICES, INC.

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

Executive Director: Kevin O'Riordan
County: Lamoille

(UCS) UNITED COUNSELING SERVICES, INC.

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.

267 Waits River Road
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 2003

Green Mountain Self-Advocates (GMSA)
73 Main Street, Suite 401
Montpelier, VT 05602
802-229-2600
Contact: Patty Grassette & Karen Topper
Toll Free: 1-800-564-9990

LOCAL CHAPTERS:

Bennington Peer Support

United Counseling Services, Inc.
PO Box 588
Bennington, VT 05201
(802) 442-5491 – Melanie Brunina
Board Rep: Holly Colvin

Bradford Peer Support

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

Burlington Peer Support

Howard Community Services
102 South Winooski Ave.
Burlington, VT 05401
(802) 658-1914 – Terry Zigmund &
Tracy Drake
Board Rep: Catherine Jones

Champlain Voices

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

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

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

Friends Helping Friends

Community Developmental Services
50 Grandview Drive
Barre, VT 05641
(802) 479-2502 – Wendy Faery
Board Rep: Richard Gauthier &
Dawn Arsenault

HCRS Springfield Peer Support

118 Park Street
Springfield, VT 0515
(802) 885-5171 – Marilyn Comstock

Lean on Me

Northeast Kingdom Human Svcs., Inc.
PO Box 368
St. Johnsbury, VT 05819
(802) 748-3181 – Michelle Matteis

Morrisville Peer Support

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

Next Step of St. Albans

Northwestern Counseling & Support
Services, Inc.
156 North Main Street
St. Albans, VT 05478
(802) 524-6561 – Connie Farrington
Board Rep: Pamela Putnam

Our Drop In Center

153 Main Street
Newport, VT 05855
(802) 344-8378
Board Rep: Buddy Durivage

Randolph Area Peer Support

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

Vermont Choices

Northeast Kingdom Human Svcs., Inc.
PO Box 368
St. Johnsbury, VT 05819
(802) 748-3181 – Robin Burnash
Board Rep: Lori Gervais

**Self-Advocates Becoming
Empowered of Rutland**

Rutland ARC
128 Merchants Row
Rutland, VT 05701
(802) 775-1370 – Lisa Lynch
Board Rep: Patty Derouchie &
Herman Goldberg

**Self Advocates Meeting of
Springfield**

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

SOURCES OF QUALITY ASSURANCE AND PROTECTION FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES

January 2003

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 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 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.** Twelve (12) full-time staff, including two registered nurses, conduct on-site reviews to assess the quality of services provided. The Community Alternative Specialist 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 (20) staff provide 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 or a public housing entity, such as Section 8) 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 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.** Service providers provide critical incident reports to the Division of Developmental 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. **Complaint and Appeals:** Each service provider must have a written complaint and appeals procedure and inform applicants and service recipients of that process. Both informal and formal complaint 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 Guardianship Services Specialist or other Division of 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.

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 service worker, including Division of Developmental Services 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 (VR) Services.** Vocational rehabilitation services, (as opposed to Medicaid-funded work supports), are provided and reviewed by the Division of VR.
- 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 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 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 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. 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. 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. **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.** 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 15 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, Guardianship Trust provides regular, structured individually-based citizen monitoring of residential services provided by WCMH in Barre.
- H. **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.
- 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. **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.

SYSTEM OF CARE PLAN FUNDING PRIORITY CHANGES
State System of Care Plan for Developmental Disabilities 3-Year Plan – FY 2002 – FY 2004
New Caseload Funding Priority Changes as of December 1, 2001

Health & Safety

- ☞ *Support needed to prevent an adult from being abused, neglected or exploited, or otherwise having his or her health and safety jeopardized.*
- ☞ *Support needed to prevent an adult or child from regressing mentally or physically⁵.* 12/01/01

Security

- ☞ *Support needed to keep a child under 18 with his or her natural or adoptive family. Services may not replace the regular role and expenses of parenting (e.g., childcare, transportation, household bills, etc.).⁶* 12/01/01⁷
- ☞ *Support needed for parents with developmental disabilities to provide training in parenting skills to help keep a child under 18 at home. Services may not substitute for the parent and may not replace the regular role and expenses of parenting (e.g., childcare, transportation, household bills, etc.).*
12/01/01 LIMIT TO 2 HOURS/WEEK SERVICES COORDINATION OR
- ☞ *Support needed to prevent an adult from becoming homeless.*
- ☞ *Support needed by an adult who is experiencing the death or loss of a caregiver⁸.*
- ☞ *Support needed to prevent or end institutionalization (i.e., VSH, psychiatric hospitals, ICF/MRs, nursing homes) or residential school placements.*

12/01/01 SUSPEND NURSING HOMES FOR MEDICALLY ELIGIBLE & RESIDENTIAL SCHOOLS

Independence

- ☞ *Support needed to keep a person from losing a job.* 12/01/01
- ☞ *Support needed to assist an adult to be independent from DDS-funded services, or to move to “minimal services,” within 2 years.* 12/01/01

Legally Mandated Services & Community Safety

- ☞ *Support needed by an adult who has been committed to the custody of the Commissioner of DDMHS pursuant to Act 248.*
- ☞ *Support needed to prevent an adult who poses a risk of public safety from endangering others⁹.*
- ☞ *Support needed by a person in a nursing home for specialized services or community placement under the requirements of federal law (i.e., OBRA '87).*

⁵ This includes equipment and modifications that may be needed to prevent an adult or child from regressing. This is not intended to substitute for other responsible public services (e.g., public education, child welfare, health insurance, etc.)

⁶ Services can cover extraordinary costs as a result of the child’s developmental disability.

⁷ Families are eligible for Flexible Family Funding in accordance with the *Flexible Family Funding Program Guidelines*.

⁸ Caregiver means an unpaid or minimally paid (e.g., a residential care home) caregiver.

⁹ Based upon past known behavior (e.g., arrested for serious offense, substantiated sexual abuse, under restraining order because of dangerous conduct, etc.). Not intended to substitute for or replace Corrections supervision for people who have committed and been convicted of a crime.