

SYSTEM SUPPORT

Principles of Developmental Services²⁵

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

- ❖ ***Children's Services.*** Children, regardless of the severity of their disability, need families and enduring relationships with adults in a nurturing home environment. The quality of life of children with developmental disabilities, their families and communities is enhanced by caring for children within their own homes. Children with disabilities benefit by growing up in their own families; families benefit by staying together; and communities benefit from the diversity that is provided when people with varying abilities are included.
- ❖ ***Adult Services.*** Adults, regardless of the severity of their disability, can make decisions for themselves, can live in typical homes and can contribute as citizens to the communities where they live.
- ❖ ***Full Information.*** In order to make good decisions, people with developmental disabilities and their families need complete information about the availability, choices and costs of services, how the decision making process works, and how to participate in that process.
- ❖ ***Individualized Support.*** People have differing abilities, needs, and goals. To be effective and efficient, services must be individualized to the capacities, needs and values of each individual.
- ❖ ***Family Support.*** Effective family support services are designed and provided with respect and responsiveness to the unique needs, strengths and cultural values of each family, and the family's expertise regarding its own needs.
- ❖ ***Meaningful Choices.*** People with developmental disabilities and their families cannot make good decisions without meaningful choices about how they live and the kinds of services they receive. Effective services shall be flexible so they can be individualized to support and accommodate personalized choices, values and needs, and assure that each recipient is directly involved in decisions that affect that person's life.

²⁵ Developmental Disabilities Act of 1996, 18 V.S.A. § 8724

- ❖ ***Community Participation.*** When people with disabilities are segregated from community life, all Vermonters are diminished. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.
- ❖ ***Employment.*** The goal of job support is to obtain and maintain paid employment in regular employment settings.
- ❖ ***Accessibility.*** Services must be geographically available so that people with developmental disabilities and their families are not required to move to gain access to needed services, thereby forfeiting natural community support systems.
- ❖ ***Health and Safety.*** The health and safety of people with developmental disabilities is of paramount concern.
- ❖ ***Trained Staff.*** In order to assure that the goals of this chapter are attained, all individuals who provide services to people with developmental disabilities and their families must receive training as required by section 8731 of this title.
- ❖ ***Fiscal Integrity.*** The fiscal stability of the service system is dependent upon skillful and frugal management and sufficient resources to meet the needs of Vermonters with developmental disabilities.



Division of Developmental Services

The Division of Developmental Services (DDS) plans, coordinates, administers, monitors, and evaluates state- and federally-funded services for people with developmental disabilities and their families within Vermont. The Division provides funding for services, systems planning, technical assistance, training, quality assurance, program monitoring, and standards compliance. The Division also exercises guardianship on behalf of the Commissioner for people who are under court-ordered protective services (see Attachment A: *Division of Developmental Services*). The Division works with all people concerned with the delivery of services: people with disabilities, families, guardians, advocates, service providers, the Developmental Services State Standing Committee, and state and federal governments to ensure that programs continue to meet the changing needs of people with developmental disabilities and their families. (See Attachment B: *Developmental Services State Standing Committee* for a list of members.)

Services and supports offered emphasize the development of the capacity of generic community resources to meet the needs of all individuals regardless of severity of disability. The Developmental Disability Act of 1996 declares that, within the limits of available resources, the Department of Developmental and Mental Health Services shall:

- 1. Promote the principles of service stated in the DD Act and carry out all duties required by collaborating and consulting with people, their families, guardians, service providers and others.*
- 2. Develop and maintain an equitable and efficiently allocated statewide system of community- based services that reflect the choices and needs of people.*
- 3. Acquire and administer funding for these services and identify needed resources and legislation.*
- 4. Establish a statewide procedure for applying for services.*
- 5. Facilitate or provide pre-service training and technical assistance to service providers consistent with the system of care plan.*
- 6. Provide quality assessment and quality improvement support for the services provided throughout the state.*
- 7. Encourage the establishment and development of locally administered and controlled non-profit services based on the specific needs of individuals and their families.*
- 8. Promote and facilitate participation by people and their families in activities and choices that affect their lives and in designing services that reflect their unique needs, strengths and cultural values.*
- 9. Promote positive images and public awareness of people and their families.*
- 10. Certify services that are paid for by the Department.*
- 11. Establish a procedure for investigation and resolution of complaints regarding the availability, quality and responsiveness of services provided.*

Goals Accomplished

- ❖ **Increased Support to Children:** Provided supports to 33% more children than in FY 1998.
- ❖ **Full Round of Consumer Satisfaction Surveys Completed:** Finished 4th independent survey of the satisfaction of people receiving services, thus completing a full round of interviews statewide of people able to respond to the survey. 
- ❖ **Self-Determination Supported:** Provided technical assistance to an estimated 105 people throughout the state via four regional facilitation teams from the Self-Determination Project.
- ❖ **Increased Supports for Children with PDD:** Obtained additional caseload dollars to address the increase in need of children with Pervasive Developmental Disorders. To date, an estimated 154 children have received home and community-based waiver funded supports. Additionally, 83 children are served with Flexible Family Funding and/or Personal Care Services.
- ❖ **Developed User-friendly Guide to Services:** The Self-Determination Project, in collaboration with Community Access Program, developed a guide with easy-to-understand language that provides information to people with disabilities, families and advocates on how to navigate the service system.
- ❖ **Conducted Family Satisfaction Survey:** Family members who receive supports were surveyed on their satisfaction with services. Over 500 families completed the survey for a 58% return rate.
- ❖ **Supported Employment Opportunities Increased:** Increased the number of people with developmental disabilities employed in individual jobs by 18.5% over last year. 
- ❖ **Contenance Project Continued:** Provided outreach to 33 individuals and training to hundreds more through the Contenance Project in collaboration with the Departments of Health and Education.
- ❖ **Interagency Communication Improved:** Continued liaison with Adult Protective Services to cooperatively address complaints of abuse, neglect and exploitation. Collaborated with SRS and DOE to jointly fund children in need of services. 
- ❖ **Individual Support Agreement Guidelines Annotated:** The Self-Determination Project annotated and distributed “Helpful Hints on How to Write Your Individual Support Agreement (ISA)”, a helpful guide for people with disabilities, families, guardians and providers.
- ❖ **Ethics Committee Entered 7th Year:** Provided guidance on critical care decisions by guardians through the review of 45 individual case presentations over the course of 6 years.
- ❖ **State Standing Committee Replaces DS Advisory Board:** The newly formed State Standing Committee has a required membership of 51% consumers and families, with 25% of the committee made up of people with developmental disabilities. Ongoing training and mentoring is provided to members.
- ❖ **Payroll Services Established:** Contracted with Alpha One to provide a payroll and tax service for people with disabilities, families and shared living providers who hire their own workers. 
- ❖ **Information Provided on Tax Requirements:** Provided guidelines and training on the tax responsibilities of families, people with disabilities, and shared living providers who employ workers.
- ❖ **Training on Guardianship Provided:** Participated in 4 panel discussions around the state for people with developmental disabilities, families and others about the rights of people who have guardians, how to change guardianship status, and how to get assistance on guardianship issues.

Work in Progress

- ❖ **System Restructuring Training:** Collaborate with self-advocates, family members and providers to provide necessary training and technical assistance concerning restructuring initiatives.
- ❖ **Agency Designation:** Begin the process for re-designating one agency in each geographic region of the state that will be responsible for developing a comprehensive network of services within the area.
- ❖ **Provider Certification:** Finalize a certification process for service providers that will integrate with broader quality assurance processes. All organizations providing developmental services with Division funding will be certified or required to operate under a certified provider.
- ❖ **Outcomes:** Reconfigure the system outcomes for measuring quality of services by linking them to the Principles of Developmental Services in the Developmental Disabilities Act. 
- ❖ **Core Indicators Project:** Continue participation in the National Core Indicators Project to identify and collect data on key indicators to measure common outcomes nationwide.
- ❖ **Management Information System:** Finalize development and begin implementation of an integrated and comprehensive, department-wide data information system to track and evaluate services and supports at the provider and state level.
- ❖ **Training Regulations:** Work with providers to understand and implement training regulations and standards for staff and contracted workers.
- ❖ **Restrictive Procedures Guidelines:** Revisit restrictive procedures and restraint policy and develop statewide Human Rights Review Committee.
- ❖ **School-to-Adult Services Transition:** Collaborate with the Department of Education and Division of Vocational Rehabilitation to improve the processes of planning and support to individuals with developmental disabilities transitioning from school to adult services. 
- ❖ **Training & Technical Assistance:** Provide ongoing training and technical assistance to private organizations and state agencies that offer services to people with developmental disabilities.
- ❖ **Sex Offender Programs:** Develop guidelines and training resources for staff working with sex offenders. Provide monthly training for group of people who work with sex offenders around the state.
- ❖ **Statewide Crisis Service Capacity:** Work to enhance regional and statewide crisis service capacity.
- ❖ **Intermediary Service Organization:** Provide ongoing support to provider liaison staff, people with disabilities and families so they are better able to use the tax and payroll service.
- ❖ **Housing Safety Pilot Project:** Guardianship Services Specialists pilot a safe housing checklist they designed to verify basic home safety practices in respite homes used by individuals on protective services.
- ❖ **Criminal Justice System:** Collaborate with the Office of the Defender General to improve fairness and accessibility for people with developmental disabilities who are arrested or involved with the criminal justice system. 
- ❖ **Update DS Statutes:** Work to update the Guardianship Services and Act 248 statutes.

The Structure of the Service System

Designated Agencies

The Department of Developmental and Mental Health Services designates one Designated Agency (DA) in each geographic region of the state as responsible for ensuring needed services are available through local planning, service coordination, and monitoring outcomes within their geographic region²⁶. This means that a DA 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. Some of the key responsibilities of a DA include the following:

- Receive and act upon referrals and applications for services and supports;
- Inform applicants and service recipients of their rights;
- Assure a person-directed support plan is developed for each recipient;
- Respond to information on people's satisfaction, and complaints and grievances;
- Provide crisis response services for any eligible individual in the geographic area;
- Evaluate and address training needs of board members, staff, family members, and service recipients;
- Identify or develop a comprehensive service network, and assure the capacity to meet the service needs and desired outcomes of eligible people in the region; and
- Monitor data about regional performance and report it to DDMHS.

Specialized Service Agencies

A Specialized Service Agency (SSA) is a separate entity that is also contracted by DDMHS. It must be an organization that either; 1) provides a distinctive approach to service delivery and coordination; 2) provides services to meet distinctive individual needs; or 3) had a contract with DDMHS developed originally to meet the above requirements prior to January 1, 1998.

Certified Providers

Certified Providers (CP) are contracted through DAs and SSAs to provide supports to people in the region. Any organization that wishes to provide direct services to people with developmental disabilities funded by DDMHS will be certified by the Division of Developmental Services according to a uniform set of standards. This includes SSAs in their capacity as a service provider, and the service provider entity of a DA if there is one. The purpose of certification is to assure that organizations that provide supports and services meet basic quality standards and have the organizational capacity to support people to achieve the outcomes they desire. Any organization that receives state or federal funds administered by DDS must either be certified or operate under contract or subcontract with a certified provider. Any person paid with funds administered by DDS must work for a certified provider or operate under the auspice of a certified provider.

Providers may apply to be certified in one or more of the following areas:

²⁶ For developmental services, geographic regions are defined along county lines.

- 1) **Home Supports**
- 2) **Community/Social Supports**
- 3) **Work Supports**
- 4) **Support Coordination**
- 5) **Family Supports**
- 6) **Crisis Support**
- 7) **Other Supports** (not specified above)

Self-Management of Services

Some individuals may decide they want to arrange for and manage some or all of their services and supports. This means a person with a disability or family member chooses to take on the responsibility for managing the money to pay for the supports provided. They must still apply for and receive funding through their DA, and contract for services through a CP or person who works under the auspice of a CP. However, the actual dollars are run through a fiscal intermediary, with the person having control over other administrative aspects of their supports, such as the hiring, training and supervising of support workers. An individual, with help from his or her circle of support, may self-manage services regardless of the complexity of the plan and budget so long as they can meet both state and Medicaid waiver regulations and guidelines. Attachment C (*Self-Determination “Non-Negotiables”*) provides a list of these responsibilities from the Vermont Self-Determination Project Policy Guidelines.

Role of People with Disabilities and Families in Services

- **People with disabilities will actively participate in planning their supports and arranging for services through informed choices.** Greater involvement and the making of informed decisions by people in developing their own plans of support will increase service effectiveness. Designated agencies are required to inform applicants and service recipients of *all* relevant service providers, and provide guidance and opportunities for people to self-direct their services.
- **People with disabilities and families will have a strong role in system oversight, evaluation and decision-making.** The inclusion of people receiving services and family members on provider and state boards and standing committees, and in service evaluation, will increase quality and accountability.
- **People with disabilities will register satisfaction and dissatisfaction with services, and file complaints and grievances through proper avenues.** The better understanding providers have about the quality of their services and what works, the more responsive they will be in providing effective supports.
- **People with disabilities and families will help train and educate providers and others.** People’s first-hand knowledge is valuable in helping educate and train the workforce about practices that are effective and desirable by people with disabilities and their families. Self-advocates play a particularly important role in the education of others on many issues including the strengths, rights and desires of people with developmental disabilities.

- **People with disabilities and family members will be employed to deliver services.** Because of the knowledge they have through direct experience, people with disabilities and family members often make valuable staff and play important roles in peer support groups.

Increase in People's Choice and Control

The ultimate goal of the developmental service system is to ensure that services and supports are of high quality, fiscally efficient, responsive, and respectful of people and their needs. To this end, DDMHS, Designated Agencies, Specialized Service Agencies and Certified Providers must all be held accountable for responding effectively to the needs of people. The following aspects of the service system help make this possible:

- *The Department has a **State Program Standing Committee**, comprised of a (disclosed) majority of people with developmental disabilities and family members, (of whom 25% are people with developmental disabilities), which will review statewide performance and participate in the designation process.*
- *Designated Agencies, SSAs, and CPs each have a **Local Standing Committee** of their Governance Board comprised of a (disclosed) majority of people with developmental disabilities and family members, (of whom 25% are people with developmental disabilities), which is responsible for review of program performance.*
- *There is a strong, uniform statewide **grievance and appeals process**.*
- *People have direct involvement in their annual **assessment process** and will develop their own **individual plan and budget**, including defining their own expected outcomes and strategies for support.*
- *Each person is directly notified at the time of application of their **rights as an applicant and service recipient** and the grievance process; and will be given a description of the application and eligibility determination process, and the process for determining service need and the funding limit.*
- *At the time of eligibility determination and reassessment, and again at the time of individual service plan development, each person is given **information about service options** and the grievance process.*
- *The Department routinely collects information on "**consumer satisfaction**" of DA's and CP's responsiveness and performance regarding outcomes. Satisfaction and responsiveness are included as key performance indicators related to the designation and certification processes.*
- *People and families have **direct input into the designation and certification processes**. The re-designation process includes public hearings and an impartial review panel comprised of people with disabilities, families and others.*
- *The Department has the **ability to de-designate agencies or de-certify providers**, or place*

them on probationary status, if they are unresponsive to people's needs.

- *People have the **ability to choose** services from a provider other than the CP associated with the DA, if available. The DA must honor this choice, except under unusual circumstances.*
- *The Division of Developmental Services provides direct **technical assistance** to people, families or agencies interested in developing **alternative service options** or **new service providers**, if determined to be a need.*
- *The Self-Determination Project provides information to help people/families make **informed choices and decisions** around the services that they receive.*
- *The Commissioner has the ability to develop funding agreements with Specialized Service Agencies at the state, regional or local level to **address unmet service needs**. The Commissioner makes a determination that a need is unmet based on a number of factors, including satisfaction and demand for services.*



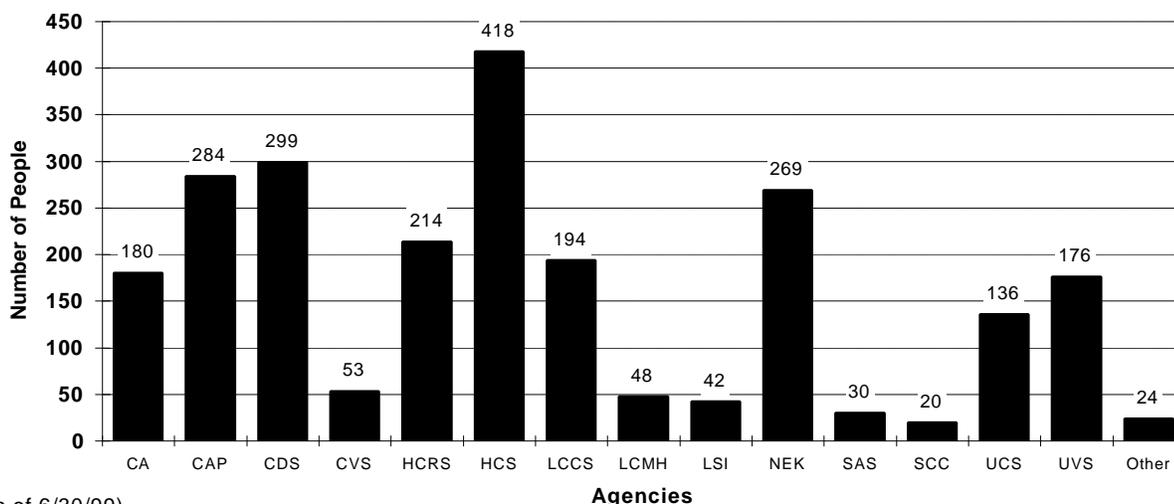
STATUS OF SERVICES

Developmental Service Providers

Following the closure of the Brandon Training School in November 1993, all DDS funded services for people with developmental disabilities are provided in local communities throughout the state (see map on next page). Services include intake and assessment, support coordination, residential supports, community supports, work supports, clinical services, crisis supports, respite, and family supports. The home and community-based waiver funded 1,540 individuals in FY'99. This funding source accounts for 93.7% of all funding for people served through the Division of Developmental Services²⁷.

The Division of Developmental Services contracts with fourteen (14) private, nonprofit developmental service providers (see chart below) who provide supports to a total of **2,387** people with disabilities and their families. Attachment D (*Certified Providers of Developmental Services*) provides a list of these agencies.

Total Number of People Supported by Agency

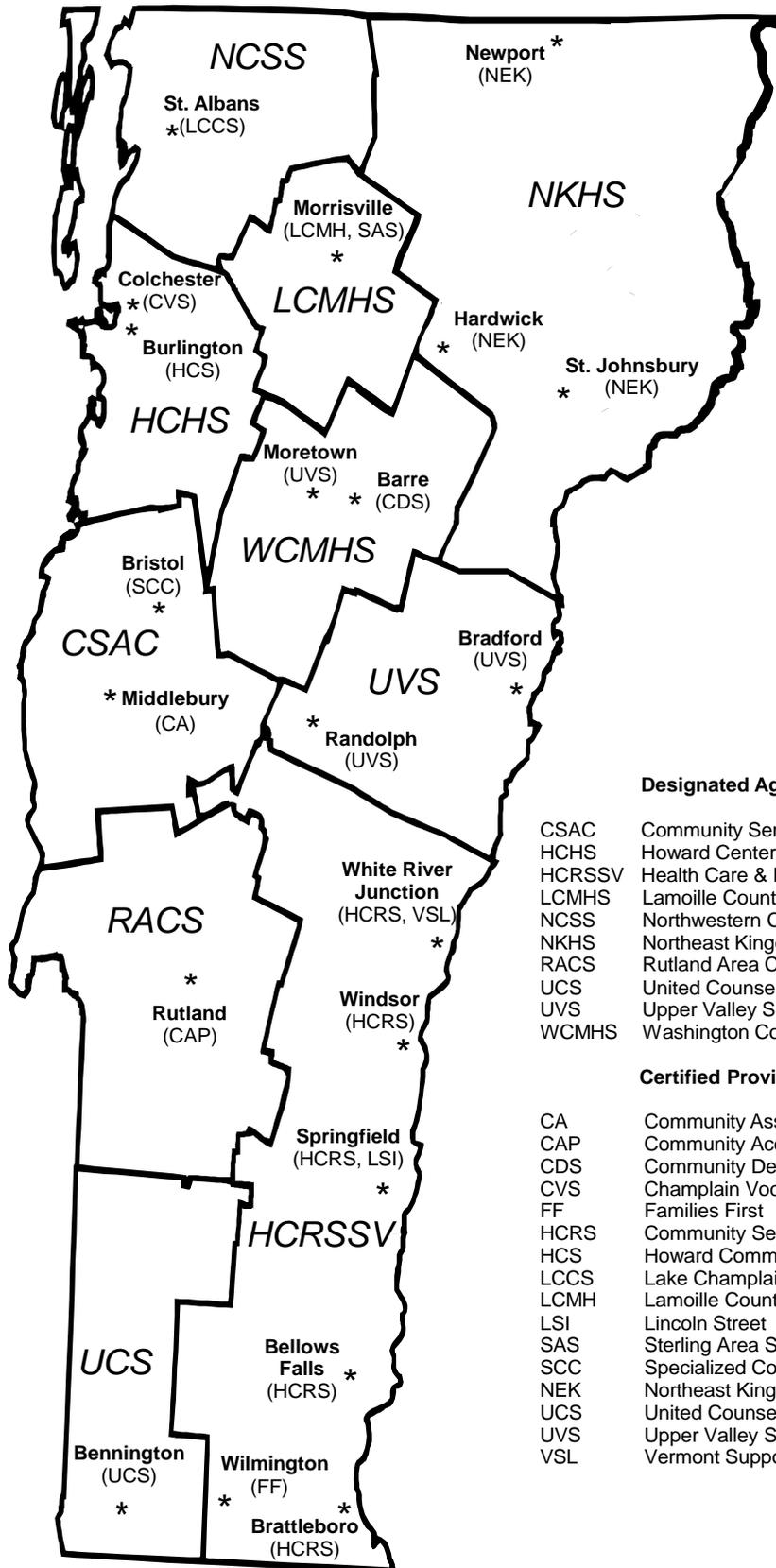


(as of 6/30/99)

CA	Community Associates	LSI	Lincoln Street Incorporated
CAP	Community Access Program of Rutland County	NEK	Northeast Kingdom Human Services, Inc.
CDS	Community Developmental Services	SAS	Sterling Area Services, Inc.
CVS	Champlain Vocational Services, Inc.	SCC	Specialized Community Care
HCRS	Health Care and Rehabilitation Services	UCS	United Counseling Services, Inc.
HCS	Howard Community Services	UVS	Upper Valley Services, Inc.
LCCS	Lake Champlain Community Services	Other	Transition II Employment Services (only people not served through other agencies)
LCMH	Lamoille County Mental Health Services, Inc.		

²⁷ All Medicaid (including targeted case management, ICF/MR, rehabilitation, transportation & clinic) accounts for 98.2% of all DDS funding (including the state match). The remaining 1.8% is paid by state general funds.

Vermont Developmental Service Providers



Designated Agencies

CSAC	Community Services of Addison County
HCHS	Howard Center for Human Services
HCRSSV	Health Care & Rehabilitation Services of Southeast Vt.
LCMHS	Lamoille County Mental Health Services, Inc.
NCSS	Northwestern Counseling & Support Services, Inc.
NKHS	Northeast Kingdom Human Services, Inc.
RACS	Rutland Area Community Services
UCS	United Counseling Services, Inc
UVS	Upper Valley Services, Inc.
WCMHS	Washington County Mental Health Services, Inc.

Certified Providers

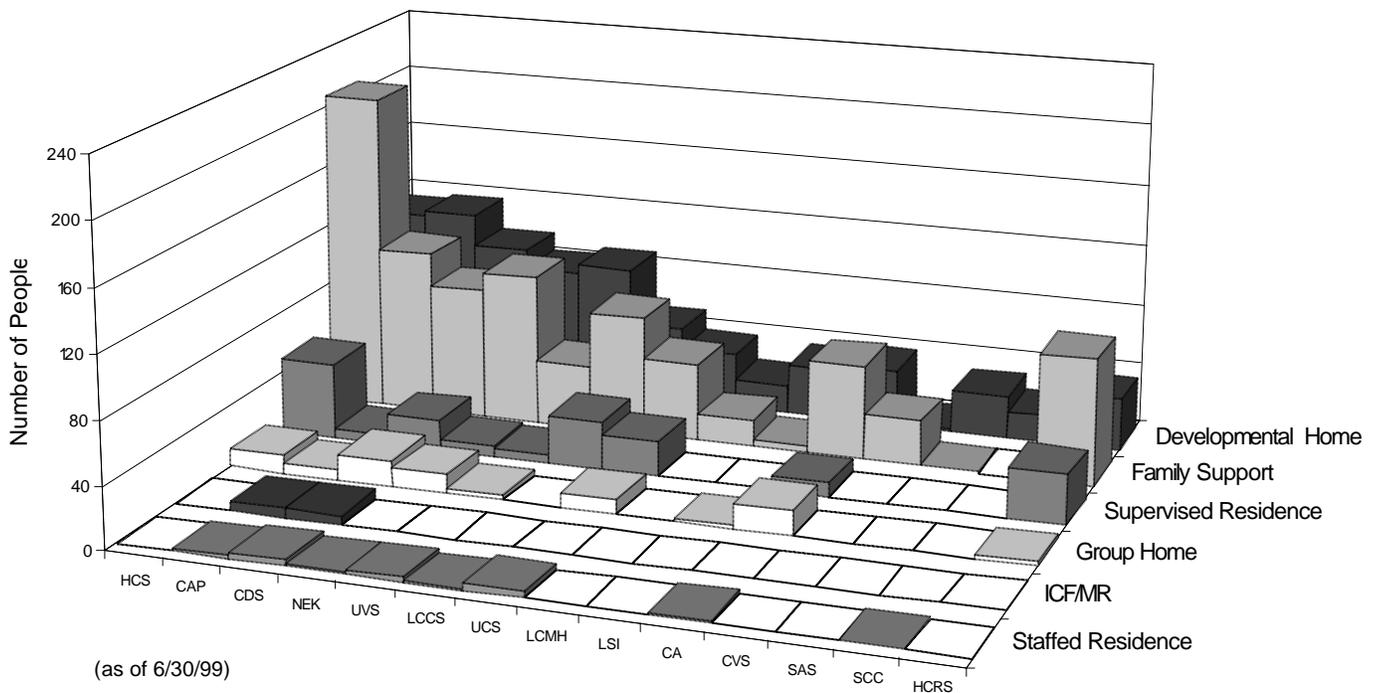
CA	Community Associates
CAP	Community Access Program of Rutland County
CDS	Community Developmental Services
CVS	Champlain Vocational Services (Specialized Service Agency)
FF	Families First
HCRS	Community Services Division of HCRS
HCS	Howard Community Services
LCCS	Lake Champlain Community Services
LCMH	Lamoille County Mental Health Services, Inc.
LSI	Lincoln Street Incorporated (Specialized Service Agency)
SAS	Sterling Area Services, Inc. (Specialized Service Agency)
SCC	Specialized Community Care (Specialized Service Agency)
NEK	Northeast Kingdom Human Services, Inc.
UCS	United Counseling Service, Inc.
UVS	Upper Valley Services, Inc.
VSL	Vermont Supported Living

Supported Living

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

- Residential Supports
- Community/Social Supports
- Employment Services
- Family Support
- Support Coordination
- Medical/Psychiatric/Nursing
- Emotional & Behavioral Support
- Transportation
- Crisis Support
- Support for Independent Living & Decision Making
- Special Needs Support, such as
 - Communication
 - Adaptive Equipment, Accessibility & Home Modification
 - Parents with Disabilities
 - Literacy
 - Sex Offenders

People Supported by Type of Living Arrangement



Residential Supports

There were a total of **1,041** adults and children receiving residential supports on June 30, 1999. Supports were provided in 868 homes, averaging **1.2** people per residential setting.

- **Developmental Home:** Shared living with individualized home supports offered within a “family” setting for one or two people. Home providers are contracted workers and are not considered agency staff in their role as provider.

Number of People – 747

Number of Homes – 662

- **Supervised Residence:** Residential setting for one or two people who do not need the structure of a “staffed” living situation, but who are not ready for totally independent living (e.g., supervised apartment). Generally the home is not owned or rented by the provider agency.

Number of People – 183

Number of Homes – 174

- **Group Home:** Residential setting for three to six people offering full-time supervision (though there may be exceptions of less than full-time supervision for some individuals).

Number of People – 80

Number of Homes – 17

- **Staffed Residence:** Residential setting for one or two people providing intensive, individualized support with full-time, live-in staff (e.g., staffed apartment). Generally the home is owned or rented by the provider agency.

Number of People – 19

Number of Homes – 13

- **ICF/MR:** Medicaid-funded residential setting for six people which provides intensive medical and therapeutic services.

Number of People – 12

Number of Homes – 2



Other Home Supports

- **Independent Living:** An additional 231 adults live independently who receive services in other areas of their life (e.g., employment supports).
- **Rent/Own Home:** An estimated 219 people live in a home that they own (17) or rent (202). This is about 21% of the people receiving residential services compared to 18% nationwide.
- **Supervised Care:** Twelve (12) people received modest assistance for their residential supports through Supervised Care funding (state general funds).
- **Residential Care Homes:** Service providers supported 41 people who live in Residential Care Homes (residential settings licensed and monitored by the Division of Aging and Disabilities) with non-residential supports, such as case management services or day supports.



- **Case Management:** Virtually all people on the Medicaid waiver received case management supports. In addition, targeted case management services were provided to approximately 165 people (unduplicated count). Of these, 38 were children under 22 and 127 were adults.
- **Home Safety:** One hundred fifty-nine (159) homes received housing safety reviews, including 16 accessibility reviews. A housing specialist contracted by DDS conducted these reviews. Compliance and follow-up to safety reviews by agencies has dramatically improved, with an increase from an estimated 45% response rate to 90%. Two agencies, United Counseling Services and Northeast Kingdom Human Services, are performing their own safety reviews.
- **Special Services Fund:** Sixty-two (62) people received assistance to purchase goods and services through the Special Services Fund (e.g., non-Medicaid funded dental services, communication devices, audiological and other adaptive equipment, etc.). In addition, 53 people received funding assistance to go on vacation. Both funds are maintained with state general funds.



Family Supports

Flexible Family Funding (FFF): Money provided to eligible families with children or adult family members with disabilities living at home used at their discretion toward services and supports that are in the person’s/family’s best interest. Examples of what may be purchased with the funding include, family respite, special needs/services not paid for by insurance, family trips, appliances, etc. The maximum amount available to a family of an adult or child is generally \$1,122/year. Enhanced FFF, up to \$3,000/year, may also be available.

Home and Community-Based Waiver Funding (HCBW): Varying degrees and types of more intensive family supports intended to help maintain family stability, enhance positive family interaction and keep the family intact. Services may include providing support to the child, family-directed respite, case management, behavioral consultation, skills training, and other supports.

**Total Number People Receiving Family Support
FY 1999**

Funding/Support	Adults (22 & over)	Children (under 22)	Total
Flexible Family Funding	91	460	551
Home & Community-Based Waiver	108	166	274
(minus duplications)	(4)	(25)	(29)
Total – Unduplicated	195	601	796

GOALS ACCOMPLISHED

- R *More Families Served:*** A total of 796 people received family support in FY’99, 195 of whom were adults (age 22 and over) and their families. This is an increase of 5% over the number serviced the year before.
- R *Respite Homes:*** The Division funded four respite homes around the state to provide planned out-of-home respite support to eligible individuals. Fifty (50) people (of whom 24 were adults) received out-of-home respite in FY’99 for a total of 417 days.
- R *Outreach to Families:*** An average of 1.3 people per 1,000 population received family support throughout the state in FY ‘99.

WORK IN PROGRESS

- Develop new state-funded respite homes for a total of six homes located throughout the state.
- Ongoing efforts by providers to offer a wider variety of services to families including personal care services.



Supports for Children

GOALS ACCOMPLISHED

R *More Children Served:* There were 33% more children supported in FY '99 than the year before.

R *Family Support in Vermont:* Vermont devoted a higher percentage of its budget for developmental services to families than any other New England state (other than New Hampshire with whom Vermont tied).



R *SRS Collaboration:* The Division expanded its cooperative agreement with SRS for accessing developmental services for children in SRS custody placed out-of-home. There are currently 30 children on the DS Medicaid waiver in SRS custody.

R *Agencies Provide Medicaid-funded Personal Care Services:* All but two developmental service agencies became Medicaid personal care service providers in FY '99.

Total Number of Children Supported FY 1999

Funding/Support	Age	Birth – 6	7 – 18	19 – 22	Total
Flexible Family Funding		115	294	51	460
Home & Community Based Waiver:		43	190	82	317
In-home/Respite Supports		39	125	23	187
Developmental Home/Other Residential		2	52	42	96 (30 w/SRS)
Work/Community/Day Supports		10	39	43	92
Other		1	6	2	9
Medicaid Targeted Case Management		u/k	u/k	u/k	38
Total – Unduplicated					813

WORK IN PROGRESS

- Collaborate with the Departments of Education and SRS toward bringing children home to Vermont from out-of-state institutions and diverting children from these placements.
- Work with SRS to revise the transition policy for youth aging out of SRS into adult services.



Peer Support

Vermont Peer Support Network (VPSN) is a consumer organization with the mission of empowering Vermonters with developmental 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. Key activities of VPSN members include:

- ❖ Monthly board meetings and quarterly Network meetings held on Vermont Interactive Television at locations throughout Vermont
- ❖ Self-advocate-managed grant and loan funding committee (BTS Scholarship Fund)
- ❖ Development and support of local self-advocacy groups
- ❖ Leadership development
- ❖ Self-advocate participation on advisory boards and committees

Number of Members (est.)	250+
Number of Local Chapters ²⁸	16



GOALS ACCOMPLISHED

- R *Ratification of Bylaws:*** A 2-day board retreat strengthened the network by ratifying bylaws and establishing short- and long-term goals.
- R *Green Mountain Voices and Choices Conference:*** The 2nd annual self-advocacy and self-determination conference was held attracting 310 people. The majority of participants *and presenters* were self-advocates.
- R *Awareness Theater Company:*** A theater company was started that uses cardboard puppets to educate people with disabilities, service providers, criminal justice personnel and others about the problems of abuse against people with developmental disabilities.
- R *Invisible Victims Awareness Project:*** Four self-advocate trainers work with the theater company to present abuse prevention workshops to help people become aware of abuse and their rights and resources available concerning being abused.
- R *Funding Committee:*** The Brandon Training School Scholarship Fund Committee reviewed over 50 applications and gave out \$4,500 in grants and \$950 in loans.

WORK IN PROGRESS

- Establish an office in central Vermont and hire a self-advocate as co-coordinator.
- Become a private non-profit organization with 501-C3 status.
- Hire self-advocates to work with their peers to help them navigate the system.
- Increase the number of people (with and without disabilities) involved in self-advocacy.
- Fundraise so self-advocates can present at, and attend, national and regional conferences.
- Collect used computers to give away to self-advocates.

Self-Determination Project

²⁸ See Attachment E (*Vermont Peer Support Network*) for a list of local chapters and contact people.

The Vermont Self-Determination Project got underway in September 1997 after the Division of Developmental Services received a three-year, \$400,000 grant from the Robert Wood Johnson Foundation (RWJ). The Project is developing the capacity in Vermont to provide the supports necessary to assure people with developmental disabilities and their families will be truly empowered to take the lead in determining the nature of the supports they receive. The Vermont Developmental Disabilities Council and the University of Vermont (UVM) have joined forces with DDS with funding to supplement the RWJ grant. These affiliated grants, along with federal Medicaid matching funds, quadrupled the power of the RWJ grant, expanding the scope of the Vermont Self-Determination Project. Attachment F (*Vermont Self-Determination Project*) provides a list of Project staff and the Regional Facilitation Teams.

GOALS ACCOMPLISHED

R *Training Provided:* Training was provided to self-advocates, families, providers and community members on a wide variety of topics, including guardianship, employment, legislative processes, leadership skill, etc.



R *Technical Assistance Sought by Self-Advocates:* An estimated 105 individuals received technical assistance from the four Regional Facilitation Teams.



R *Self-Determination Network Met Regularly:* The Self-Determination Network met quarterly to discuss issues related to person-driven services. The meetings were held through a variety of forums including Vermont Interactive Television.

R *Self-Advocacy Conference Coordinated:* The Self-Determination Project and the Vermont Peer Support Network jointly coordinated the “Green Mountain Voices and Choices” conference on October 21, 1999. The keynote speaker was a self-advocate from New York State. The breakout sessions, co-facilitated by self-advocates, covered topics such as being members of community boards, how to write your support plan, computers, relationships, owning your own business, legislative issues, and art. More than 310 individuals attended the conference.

R *Training & Technical Assistance Provided:* Project staff conducted training, workshops and outreach meetings regarding self-directed support options with people with disabilities, families, providers, community members, and DDS staff.

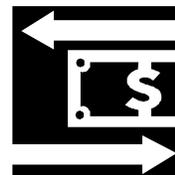
R *“Helpful Hints: How to Write Your Individual Support Agreement”:* The Northeast Regional Facilitation Team developed and widely disseminated a user-friendly booklet on creating your service agreement with a provider agency.



R *Guide for Navigating the System Created:* The Southwest Regional Facilitation team, in collaboration with self-advocates and providers, created a booklet, “*You Can Get There From Here: Finding Your Way Through the Service System*”, to help explain the developmental service system.

R *“Consumer Booklet on Self-Determination Principles” Disseminated:* Over 1000 copies of the consumer booklet created by project staff was distributed throughout Vermont to people with disabilities, families, providers, as well as to other state agencies around the country.

R *Intermediary Service Organization Established:* An Intermediary Service Organization (ISO) providing tax and payroll services to consumers and families was established on July 1, 1999 through contract with Alpha One of South Portland, Maine. A series of trainings was jointly offered regionally and statewide by the Division of Developmental Services and Alpha One to explain the services being offered and the process by which individuals and families could enroll for the service.



SELF-DETERMINATION PROJECT – WORK IN PROGRESS

- Ongoing Collaboration with Organizations:* Continue project partnership with the Vermont Peer Support Network to address issues related to consumer-directed supports. Foster other collaborations, including those with transition “school-to-work” teams focusing on individualized planning for students preparing for life beyond school.



- Training Resource Manual Dissemination:* Distribute a training resource manual on training related to consumer-directed initiatives for Vermont Self-Determination Network members, providers, advocacy organizations, and others interested in self-directed supports.

- Establish Plan to Continue Initiative:* Develop and execute a plan to ensure continuation of consumer-directed service initiatives once RWJ and other grant funding ends.

A PERSONAL STORY

My name is Dawn. I am twenty-five years old and go to college. But before I started college I had to keep on my position and talk to different agencies for five years. I finally said that I'm fed up with this and looked into other programs like the Self-Determination Project and United Cerebral Palsy that might help me to go to college. They showed me how to write my own Individual Support Agreement. I am using my Medicaid waiver money to pay for college tuition, transportation back and forth to attend classes, and to hire my own casemanager.

The college I go to has a program called the Enhance Program, which is for people with disabilities to experience what college life is like. They get to take classes and learn new things as well as meet new friends. I love the fact that I got to try it. But at first it was very hard for me because I didn't know what to expect. I found out that if I didn't live on campus and just commuted that it would make it easier for me.

People with disabilities have the right to say and feel what they need. I feel very strongly about this. We should do more to help them, but remember the life we give them will not be the life they want for themselves. That's straight from one who has a disability and wrote her own Individual Support Agreement. I told people how I felt for years and finally I got to go to college.



Supported Employment

Supported Employment offers people with disabilities support to obtain and maintain employer-paid competitive jobs in their communities. Services have traditionally been funded with grant funds available through a collaborative effort between the Division of Developmental Services and Division of Vocational Rehabilitation (VR). Increasing numbers of people have been accessing supported employment services via home and community-based waiver funding.

Supported Employment FY 1999

	VR/DDS Grants	DDS Waiver	Cumulative Total
Number of People Employed	269	366	635
Average Hourly Wage	\$6.14/hr.	\$5.82/hr.	\$5.96/hr.
Total Wages Earned	\$1,159,217	\$634,140	\$1,793,357
Average Hours Worked/Week	18 hr./wk.	12 hr./wk.	15 hr./wk.

GOALS ACCOMPLISHED

- R *Job Assessments Provided:*** All referrals who are seeking employment are provided comprehensive vocational assessments and personal planning to yield the best job match.
- R *Innovative Program Started:*** The consumer-directed supported employment project in the northeast was incorporated into Northeast Kingdom Human Services. This resulted in increased project stability, maximized staff resource allocation, and the continuation of giving people direct control of how, and by whom, services are provided.
- R *Conversion to Supported Employment:*** The Division, in collaboration with VR, supported the final conversion of the congregate sheltered workshop in Bennington.

WORK IN PROGRESS

- Provide training and technical assistance to agencies to support people with developmental disabilities find and maintain employment in integrated settings and earn increased wages.
- Work to assure that people with even the most substantial disabilities have opportunities for employment by expanding knowledge and use of waiver funding for vocational services.
- Promote the unification and consolidation of all employment services within designated agencies and enhance the quality and quantity of employment opportunities through technical assistance provided by DDS, VR and UVM.
- Expand consumer-directed vocational services through increased personal planning methods.
- Complete and implement a comprehensive statewide database that will track all employment outcomes and services achieved with state funding.
- Continue support of the Regional Core Transition Teams and their work with students, families, service providers and schools.
- Expand awareness and support for career exploration and development for people with developmental disabilities.



Crisis Support

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

- ❖ **Level I: The Clinical Network** provides consultation on individual situations and professional techniques through a statewide network of agency clinical providers (prevention orientation, quarterly meetings, training);
- ❖ **Level II: On-site Consultation** and support to families and agency staff (early intervention, assessment, staff training, consultation); and
- ❖ **Level III: Crisis Residential Services** offers emergency, short-term, back-up residential services at a crisis house in Moretown or through a mobile emergency team (clinical diagnosis, evaluation, treatment, direct staffing).

Vermont Crisis Intervention Network FY 1999

Level II – Technical Assistance Number of people supported (est.)	67
Level III – Crisis Bed	
Number of stays	9
Number of total days	198
Avg. length of stay (range 11-47 days)	22 days
Institutional Diversions (est.)	7

GOALS ACCOMPLISHED

R Increase in Technical Assistance: FY '99 saw a significant increase in the number of on-site consultations, providing more opportunities for crisis prevention.

R Crisis Bed Universally Accessed: All developmental service providers have used the crisis bed at least once in the past three years.



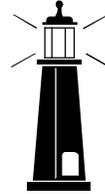
WORK IN PROGRESS

- Reduce the average length of stay for those who use the crisis bed.
- Increase regional crisis capacity to accommodate concurrent need of statewide crisis bed.
- Consideration of a specialized children’s crisis network that is linked to VCIN and focuses on specific needs unique to children in crisis.
- Standards for crisis intervention programs for people with developmental disabilities to help ensure that a person’s health, safety and emotional needs are recognized and addressed when they go to a crisis bed.

Guardianship Services

Guardianship Services are provided to individuals with developmental disabilities who have been determined by Family Court to be in need of supervision, protection and assistance to live safely within the community and to protect them from violations of their human and civil rights. In addition, Guardianship Service Specialists (GSS) provide:

- R Case management services as a means of preventing public guardianship or assisting a person to transition out of guardianship.
- R Oversight and service coordination to people who have been committed to the custody of the Commissioner of DDMHS after being found incompetent to stand trial for a criminal offense (Act 248).
- R Support and assistance to private guardians.
- R Family reunification for people with developmental disabilities who have been separated from relatives for years. This past year, two people were reunified with their families after a combined 75 years absence.
- R Representative payee services for 320 people. The program’s representative payee assures that people’s income from Social Security, SSI and earnings are invested responsibly and accounted for, and that bills are paid on time.



**Total Number of People on Guardianship Services
FY 1999**

Protective Services	522
Case Management	23
Protective Services Pending	24
Commitment Order (Act 248)	13
Commitment Order Pending	2
Total	584

WORK IN PROGRESS

- Work with Probate Courts to develop a system for probate court appointment of public guardians for people who do not have a suitable private guardian.
- Revise the Protective Services law, which was enacted in 1977. Revisions will reflect updated terms and concepts.
- Revise Act 248 law to reflect closure of Brandon Training School and other technical amendments.



Training

Training and technical assistance are provided by the Division of Developmental Services to the service delivery system to facilitate workers having the expertise necessary to meet the needs of people they support.

Introductory Training is a five-day basic course for community support staff that provides a foundation for all individuals working or living with people with developmental disabilities. The training promotes the Principles of Developmental Services from the DD Act of 1996. Each 5-day session includes a panel of people with disabilities and a panel of family members sharing their perspectives on the role of services in their life. The training is co-facilitated by a person with developmental disabilities.

Division Sponsored Training brings information about best practices to people who provide and receive services, family members and others. Specialized training supports local training efforts by making funds available and giving groups the flexibility to tailor training to their own needs.

GOALS ACCOMPLISHED

R *Introductory Training* was provided to 65 people throughout Vermont in 1999. To date, well over 1,000 people have attended this training.

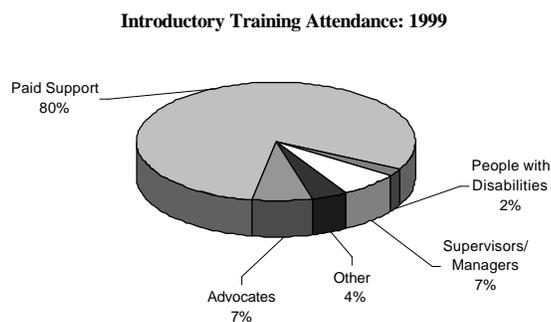
R *Division Sponsored Training* was provided on a variety of topics and included support for many statewide conferences, resulting in over 2,000 people receiving information about best practices.

R *Technical Assistance* focused on implementation of DS regulations and development of a pre-service curriculum.

R *Supervisory Training* was provided for the fourth consecutive year and attended by 38 people from the developmental and mental health service systems.

R *The Contenance Project* provided technical assistance, resource information and education about continence training to 33 people directly and to another 700 through outreach.

R *DS Training Calendar*, initiated in 1999, has a circulation of over 150 and is posted on the DDMHS web site.



WORK IN PROGRESS

- Complete work on in-service curricula with agency training staff.
- Assist agencies in implementing local training plans and continue development and implementation of a statewide training plan.
- Increase the availability of training whose content supports the Principles of Developmental Services in the DD Act, and to ensure training is available and accessible to all.
- Develop a Training Advisory Committee to assist in the review of the objectives and direction of training initiatives.
- Tailor training opportunities to self-advocates and families.

Quality Assurance

Assessment and assurance of service quality is a critical function of DDS. All programs and services funded by the state must be in compliance with state and federal regulations. In addition, services must address the needs of individuals and families in a manner that is consistent with their goals for support. People need to be satisfied with the services they receive and feel they have direct and valued input into decisions that concern their lives.

Quality Service Reviews 1999

Agencies Reviewed	16
People Reviewed	333
Priority Areas for Improvement	
❖ Services to children and families	❖ Medical and health-related supports and follow-up
❖ Employment supports	❖ Meaningful and individualized activities
❖ Person-centered individual support plans	❖ Behavioral support plans
❖ Recruitment, training and supervision to staff	

GOALS ACCOMPLISHED

- R *All Agencies Reviewed:*** All fourteen (14) developmental service agencies and two contracted service providers participated in DDS quality service reviews in 1999.
- R *Training & Technical Assistance Provided:*** System restructuring and new regulations drove the need for technical assistance in a number of areas, including the Individual Support Agreement, requirements of Special Care Procedures, and revised eligibility criteria. There was a continued need to train agency personnel in the requirements of the medical and quality guidelines. Three agencies required more in-depth support by Division staff to assure the continuity of service and supports to consumers.
- R *Community Alternative Specialists Reorganized:*** Division staff restructured into two review teams that incorporate specialists in children’s services, work supports and training. This has resulted in better working relationships with providers, as well as a more comprehensive review process as we move toward certification of providers.
- R *Home Safety Reviews Conducted:*** One hundred fifty-nine (159) home safety and 16 accessibility reviews were conducted.

WORK IN PROGRESS

- Integrate the current quality assurance process into the process of certification of providers and incorporate other quality review and improvement activities (see Attachment G: *Sources of Quality Assurance and Protection*). Include people and family members in the quality review/certification process.
- Amend the quality goals and outcomes to reflect the Principles of Service in the Developmental Disability Act. Continue to collaborate with, and collect data for, the National Core Indicators Project.



Nursing Home Reform

Pre-Admission Screening and Resident Review (PASARR): The Omnibus Budget Reconciliation Act of 1987 established PASARR which mandates the screening of all nursing home residents and new referrals to determine the presence of mental retardation and related conditions and the need for specialized services. Services include pre-admission screening and development of community placements and specialized services²⁹.

GOALS ACCOMPLISHED

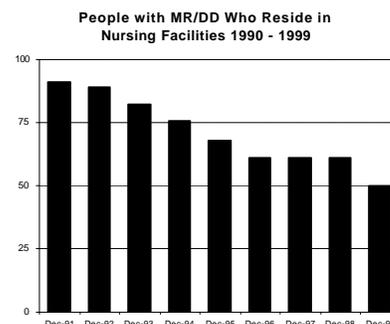
R Successful Placements Continue: Six community placements for people in nursing facilities were developed in 1999.

R Diversions Keep People Out of Nursing Homes: Five people who had community placements developed were diverted from ever entering a nursing facility at all.

R Specialized Services Improve Quality of Life: Thirty-four (34) individuals received specialized services in 1999 while living in a nursing facility.

R Numbers Decline & Quality of Life Improves: The number of people with MR/DD living in nursing facilities has declined 60% since 1988³⁰, and the quality of life for people placed out of nursing facilities has improved dramatically.

R Percentages Below the National Average: The number of people in Vermont with MR/DD in nursing facilities compared to all residential services (3.7%) is well below the national average (6.3%).



Community Support Works – A Personal Story

Vanessa was involved in a motor vehicle accident in 1995 resulting in a traumatic brain injury (TBI) which left her as a quadriplegic and unable to communicate. In July 1998 when she began receiving Specialized Services, Vanessa was a resident of Burlington Health and Rehabilitation Center and was only able to make choices using eye blinks or thumbs up/down for “yes” and “no”. She was only 22 years old.

As the months progressed, Vanessa began meeting with a Communication Specialist from the local developmental service provider and began using a letter board to communicate her needs and wants to her staff and with her family. Vanessa’s Training Specialist also took a TBI Rehabilitation course that offered valuable resources including TBI rehabilitation workbooks and exercises. In May 1999, Vanessa was evaluated by the Augmentative Communication Specialist from the Luse Center and found she needed a much more sophisticated communication device because of her increased motor control and cognitive abilities. Vanessa rented and later purchased a DYNAVOX 3100 communication device, which has, and will, continue to open up countless doors for her and provide a much stronger, independent voice. With this device, Vanessa was able to clearly state her goals and dreams, which include leaving the nursing home as soon as possible and increasing her rehabilitation work.

Vanessa’s team applied for a TBI Medicaid waiver in November 1999 and was able to visit Lenny Burke and Riverview TBI facilities in search for a new place to live. Vanessa was approved for the waiver in December and is anxiously awaiting her upcoming move to Lenny Burke. Vanessa is now looking forward to getting her GED and a power wheelchair!

²⁹ Changes in federal law in 1996 eliminated the requirement for an annual resident review.

³⁰ Based on the initial 1988 screening that found 125 people with MR/DD living in nursing facilities.

Consumer Satisfaction Survey

Consumer Satisfaction with Services: 1999 marks the fourth year the Division of Developmental Services has contracted with an independent group to conduct consumer satisfaction interviews on a statewide basis. The survey asked adults who receive services, including family support, about their satisfaction concerning a variety of topics.

GOALS ACCOMPLISHED

- R People Surveyed Statewide:** The 200 respondents surveyed in 1999 were adults who receive services and were able to participate, but had not yet completed a survey in past years. This year's survey, the 4-year culmination of interviews of all adults who could respond to the survey, brought the total number surveyed to 877, or 69% of adults served.
- R Consumers as Members of Survey Team:** Two of the eight field interviewers were people with developmental disabilities.
- R Picture Survey Used:** An abridged survey tool, using picture response questions for people who have limited verbal communication, greatly increased the numbers of people who could respond to the survey. Over the course of 4 years, 7% of the people who completed interviews used this abbreviated survey.

Survey results³¹ show:

- ✓ **Residential:** Most people were happy living where they were. Almost 46% reported not having a choice of where they lived, or with whom they lived (56%). One hundred and forty (140) people, or 86%, reported they were allowed to invite friends and family over when they wanted.
- ✓ **Work:** Ninety-three (93) people had paid work. All but a few indicated they liked their jobs and were treated with respect. Thirty-two percent (32%) want more hours of work.
- ✓ **Daytime Activities:** Forty-four (44) people engaged in volunteer activities on a regular basis. Most people reported being happy with their daytime activities. Thirty-three percent (33%) want more hours of daytime activities.
- ✓ **Friends:** One hundred twenty-four (124) people reported having plenty of friends. Almost everyone indicated having someone to help them if needed. Thirteen percent (13%) said they were lonely.
- ✓ **Supports:** Almost all people were happy with their case managers. Twenty-five percent (25%) felt it was hard to get in touch with them. Eighty-one (81%) said they were happy with their respective agency.

WORK IN PROGRESS

- Explore reliable methods to determine the satisfaction of people who do not have an effective way to communicate.
- Continue to contract for independent surveying of consumer satisfaction to obtain current information and evaluate changes in satisfaction over time.



³¹ Not all consumers answered all of the questions in their interviews. Percentages are based on the total number of consumers who responded to the questions. Satisfaction data needs to be taken in the same context as any study of satisfaction, as a general reflection of a person's perspective of their life.

Family Satisfaction Survey

Families Surveyed About Supports: 1999 was the second year the Division of Developmental Services conducted a confidential statewide family survey. A multi-page survey was sent to families of individuals with developmental disabilities who live at home and were receiving support to ask how they feel about DDS-funded services.

GOALS ACCOMPLISHED

- R People Surveyed Statewide:** Five hundred twenty-three (523) surveys were completed and returned for a high response rate of 58%. There was about a 65%/35% split between responses from families of children (under age 22) and families of adults, respectively.
- R Surveys Allow Anonymity:** The surveys, returned anonymously, contained 37 questions relating to a wide range of issues, including: 1) information, 2) choice and planning, 3) access, 4) link to community, 5) involvement in service planning, and 6) satisfaction. Space was provided for written comments and to request follow-up from staff, if desired.

Survey results³² show:

- ✓ **Overall Satisfaction:** Most (91%) of the families said, overall, that they were satisfied or somewhat satisfied with services and supports received by their family members.
- ✓ **Control:** A high percentage (83%) of the families indicated they want control and/or input over the hiring and management of their support workers all or some of the time.
- ✓ **Supports:** A little over half (53%) of the families reported frequent changes in support staff are a problem all or some of the time.
- ✓ **Responsiveness:** Eighty-nine percent (89%) of the families indicated they get the support they need all or some of the time. Thirty-eight (38%) said help, when requested, was not provided right away in an emergency or crisis.
- ✓ **Information:** Over half (57%) of the families reported not being informed of the agency's grievance process.
- ✓ **Staff:** Nearly all (97%) of the families who responded said support people respect their choices and opinions all or some of the time. Virtually all of the families stated that staff are generally courteous and knowledgeable.



WORK IN PROGRESS

- Encourage and work with agencies to improve on the areas identified through the survey that are in need of improvement.
- Amend the questionnaire to reflect "lessons learned" from this last round of surveys.
- Conduct future family satisfaction surveys periodically to obtain current information and measure satisfaction over time.

³² Percentages are based on the total number of respondents who answered the question.

CURRENT PRESSURES ON COMMUNITY SERVICES

Caseload Pressures

The Division of Developmental Services provides supports to 2,387 people with developmental disabilities in Vermont, approximately 25% of the eligible population. This is accomplished through contracts with fourteen (14) developmental service providers located regionally around the state. System restructuring efforts implemented over the last two years have shifted the control of funding from the state level to local agencies. Generally, this has been a successful transition. Funding decisions are made “closer” to individuals and families, giving providers a greater degree of flexibility in making sure the limited funds go to people with the greatest needs.

However, the population is constantly growing and advances in technology have increased the rate of survival of many infants who would not have survived in the past. The demand for supports is outpacing the available resources. (Access to new caseload funding has doubled in the first four months of FY 2000.) There are many factors influencing this. The diagram on the next page depicts the extent of these pressures and evidence that the number of people who receive new caseload funding is considerably lower than the number of those who have requested it. Some of the more predominant and costly pressures on the system include:

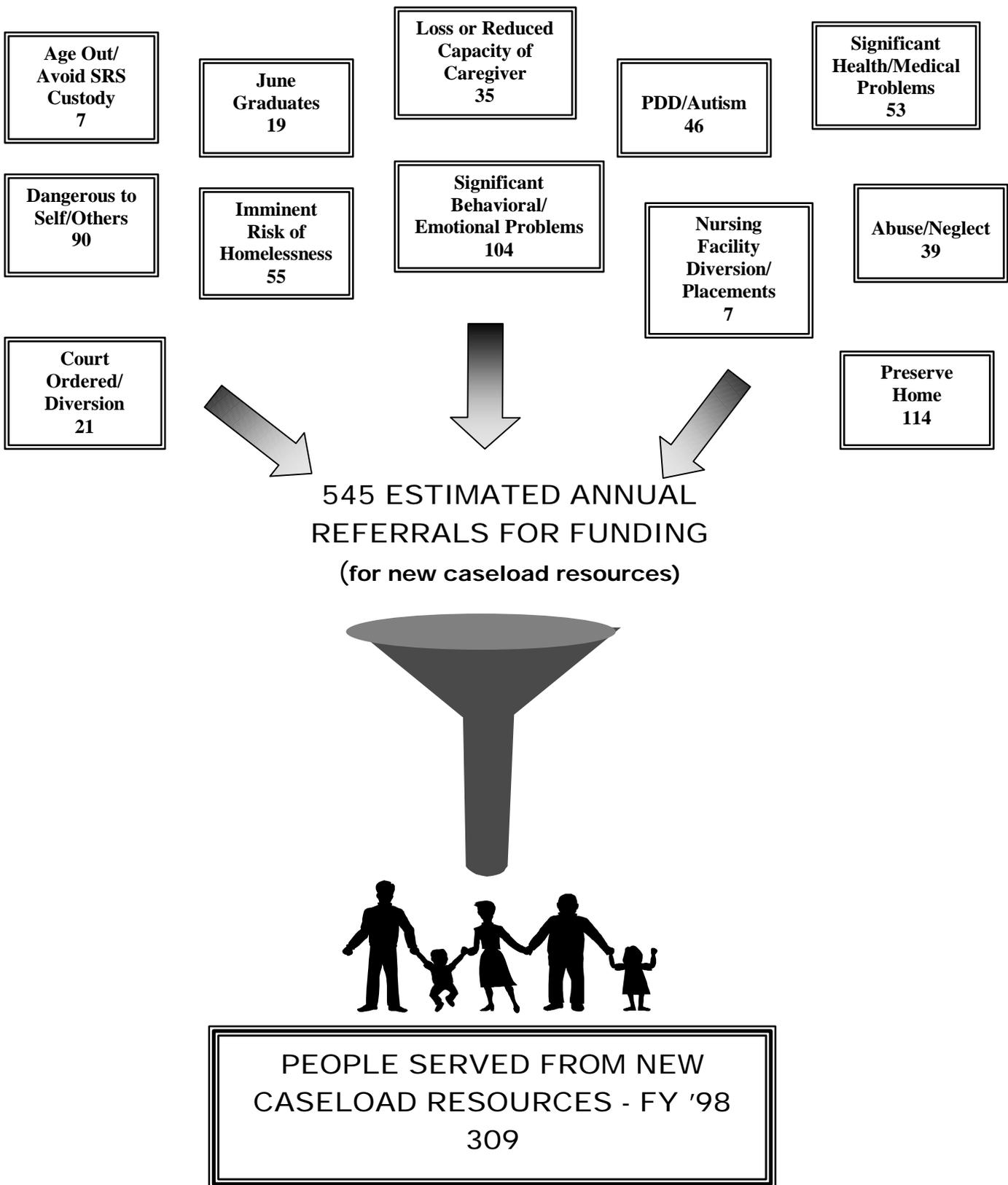
- **About 120 children are born each year with developmental disabilities³³.**
- **There is a continuing rise in the number of children being diagnosed with Pervasive Developmental Disorders.** Current predictions far exceed previous estimates (see page 57³⁴).
- **Special Education graduates need ongoing supports to keep them employed and living at home³⁵.** Large numbers of graduates from Special Education programs are exiting the educational system and looking to the adult service system to provide necessary support services to enable them to continue to learn new skills and live in their own homes. 
- **More families than ever are waiting for Flexible Family Funding.** As of January 2000, 86 families have requested, but not yet received, this modest but highly valued assistance.
- **The number of people on Act 248 continues to climb.** The safety of the community is paramount in the provision of supports to people under Act 248 commitment (see page 58).
- **More children from SRS and adults through the courts are coming into the developmental service system.** This increase is up more than 33% over the past three years (1998 – 2000) and is still growing. 
- **People aging need additional supports.** Aging parents who have never asked for help before are seeking support before they die. People who receive services often need additional supports as they get older.

³³ Based on 1998 Vermont Population and Housing Estimates (US Bureau of the Census, June 15, 1999) and using a prevalence rate of 1.5% for mental retardation and .22 for Pervasive Developmental Disorders.

³⁴ Eligibility for developmental services was expanded in FY '97 to include people with Pervasive Developmental Disorders (PDD). Currently there is a special fund to serve children with PDD.

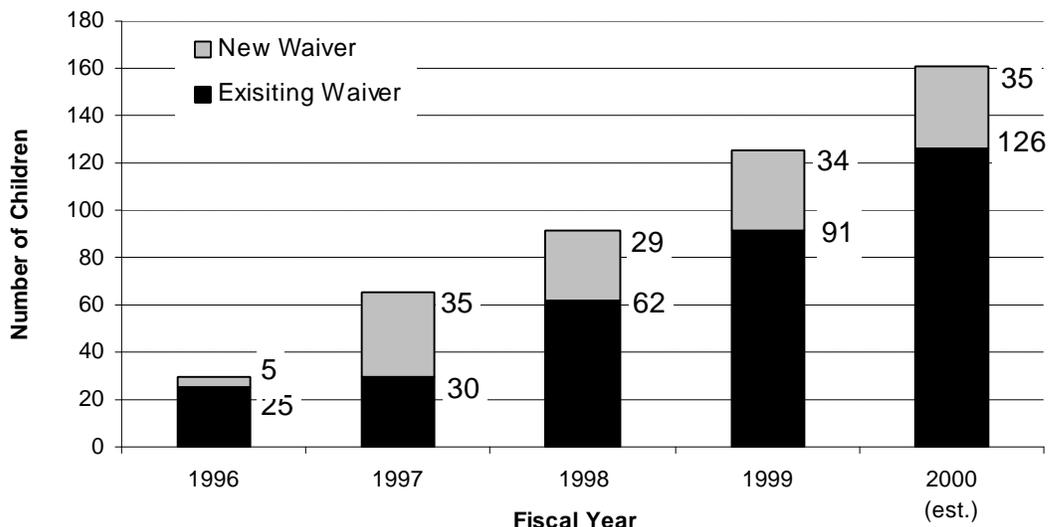
³⁵ Designated Agencies are in the process of surveying local schools to find out exactly how many students with developmental disabilities are expected to graduate this year and will need developmental services.

New Caseload Funding³⁶ – FY 1998



³⁶ FY '99 data not available this year due to changes in developmental service system restructuring.

Children with Pervasive Developmental Disorders FY 1996 – FY 2000



Children with PDD Funded with New Waivers

Fiscal Year	New Waivers
1996	5
1997	35
1998	29
1999	34
2000	35 (est.)

- There were 26 children with PDD who received new waivers during the first seven months of FY 2000 at an average annual rate of \$11,539. It is anticipated there will be a total of 35 by the end of the year. Several children have terminated waiver services or have turned 22 and so are no longer considered children.
- Additionally, 55 children with PDD receive Flexible Family Funding.
- According to recent data from the National Institute of Health, prevalence rates for the full spectrum of Autism Spectrum Disorder³⁷ (ASD) may be more than 22 in 10,000. Using this rate and the latest US Census Bureau population data for Vermont³⁸, it is predicted that 374 of the 170,000 Vermonters under age 22 may have ASD. This represents an increase over previous estimates based on earlier prevalence data.
- Not all children with this diagnosis will require intensive supports from a home and community-based waiver. Medicaid-funded personal care services are also available.

³⁷ The term Autism Spectrum Disorder (ASD) is becoming more widely used in the literature, but refers to the same cluster of diagnoses as Pervasive Developmental Disorders. Autism Spectrum Disorder is characterized by severe and pervasive impairment in several areas of development: social interaction skills; communication skills; presence of stereotyped behaviors, interests and activities.

³⁸ Based on 1998 Vermont Population and Housing Estimates (US Bureau of the Census, June 15, 1999).

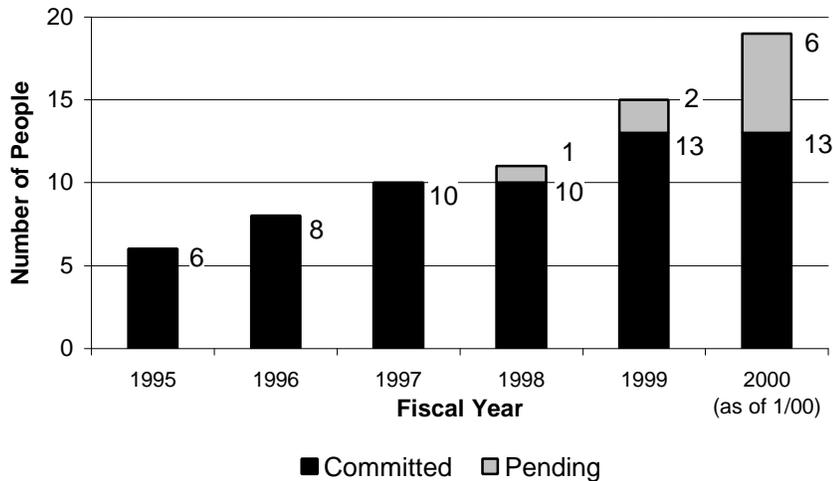
Act 248

Act 248 is the name of Vermont’s commitment law for people with mental retardation who have been found to be a danger to the community. The law authorizes the District Court to commit people who are incompetent to stand trial on the basis of mental retardation to the custody of the Commissioner of Developmental and Mental Health Services. Commitment is for an indefinite period, with annual reviews by the court.

When a person is committed under Act 248, the primary goal becomes protection of community safety. All services are provided within a framework that puts community safety first.

Services under Act 248 are provided in individualized, community-based settings throughout Vermont. A typical program involves 24-hour supervision, including “arms-length” or “eyes-on” supervision when the person is outside of his home. The individual participates in therapy and receives employment and educational support. Staff are carefully trained to recognize danger signs and to support the person to gain control of his behavior. The goal for people committed under Act 248 is for them to gain control of their behavior so that restrictions can gradually be lessened, with the ultimate goal of restoring the person to liberty, when possible.

People on Act 248: FY 1995 - FY 2000



- Act 248 provides the community with a high level of protection. Staff must possess considerable skill and experience, and programs must be tightly coordinated. These programs are expensive.
- People served under Act 248 would generally be in prison for their offenses if competent to stand trial.
- The number of people committed to (and pending) Act 248 custody continues to rise. Many new cases are individuals coming out of SRS custody.