



Self-Advocates Meet with Governor



Standing Committee Member Shares Ideas

PART I

FOCUS ON OUTCOMES



Self-Advocates Hire Outreach Coordinator



Parents & Self-Advocates Learn How to “Navigate the System”

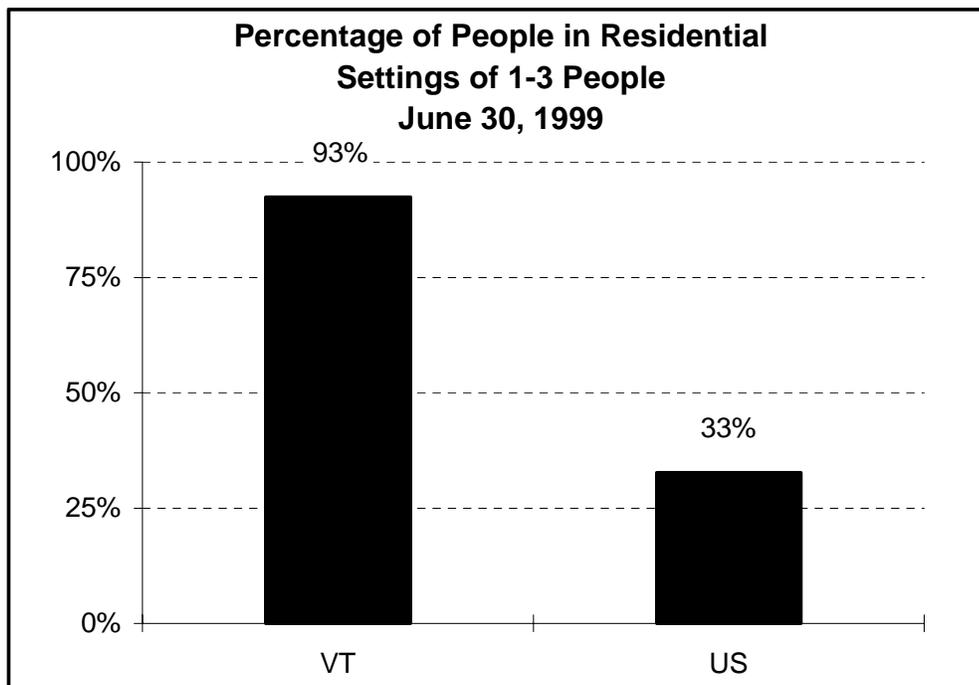
QUALITY & VALUE

Individuals and their families want to be supported in their own homes and in their own communities.

Service providers in Vermont are working to respond to what people with disabilities and their families say they want and need. Vermont focuses on individualized, quality supports that are flexible, cost efficient and provide people with choices.

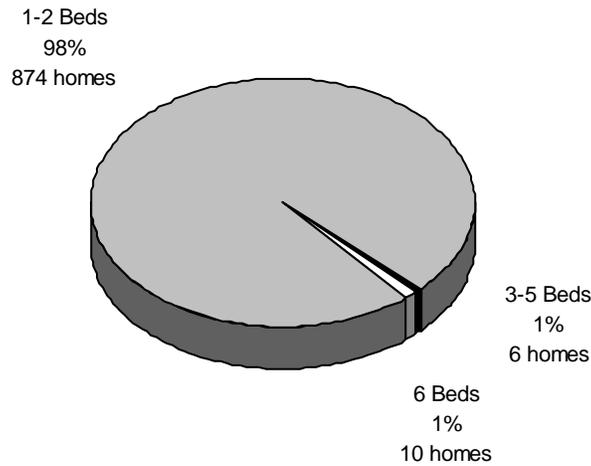
SUPPORTING INDIVIDUALS & FAMILIES

Vermont has increased in-home family support and individualized residential support options while decreasing more costly, congregate residential settings.

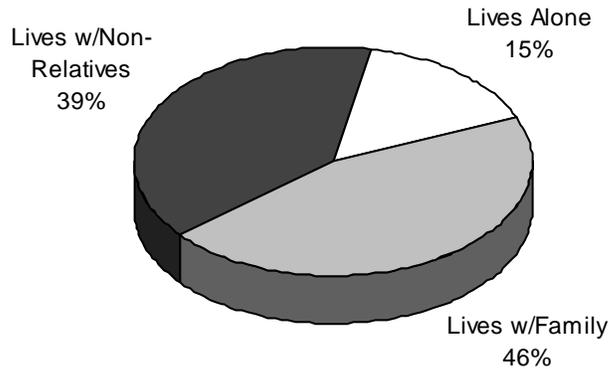


Source: Prouty, R., and Lakin, C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 1999*. Institute on Community Integration/UAP, University of Minnesota, Report 54, May 2000.

NUMBER OF RESIDENCES BY SIZE OF RESIDENTIAL SETTING – FY 2000



HOUSEHOLD COMPOSITION OF PEOPLE SERVED – FY 2000

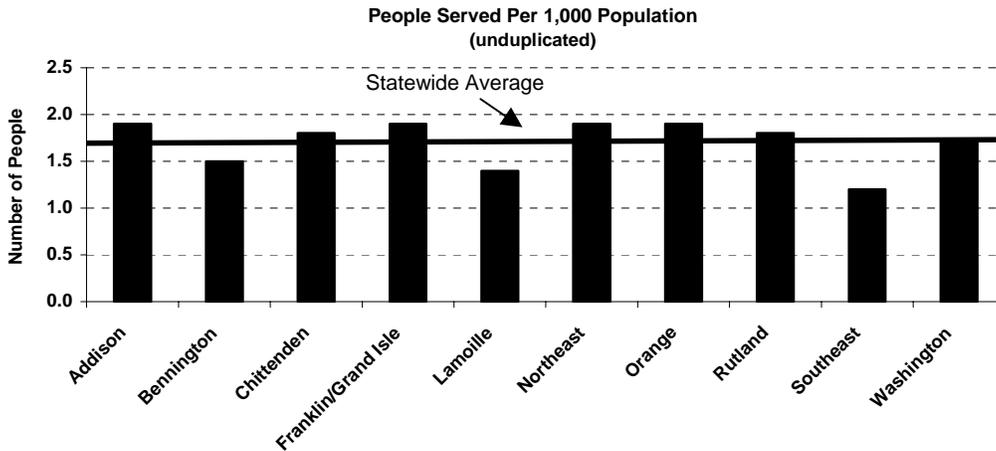
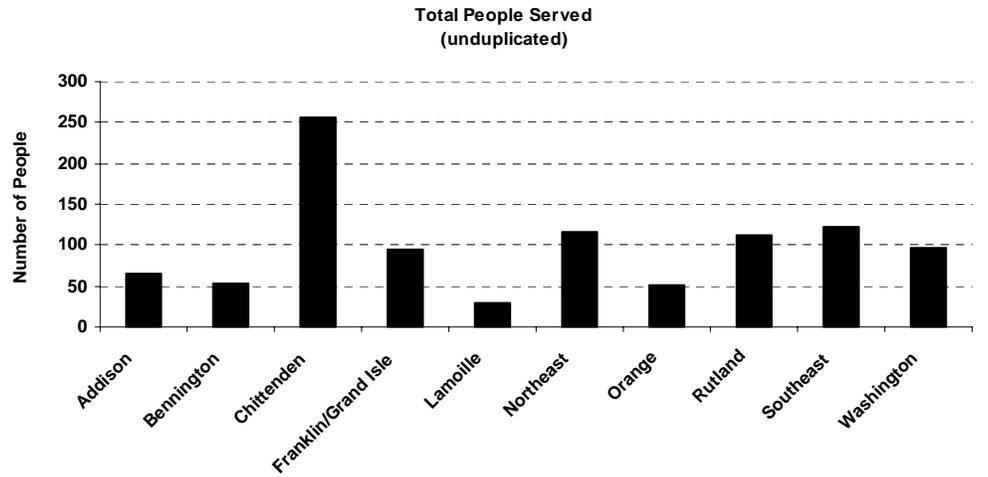


- There are no large congregate settings for people with developmental disabilities funded by DDS. Vermont is the *only* state in the country that has 100% of the people funded by DDS living in residential placements with six or fewer consumers².
- The average number of people supported by developmental service providers per residential setting is 1.2. This is the lowest rate in the country compared with the national average of 3.2³ and resulted in a #1 residential ranking by the National ARC.

² Source: Prouty, R., and Lakin, C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 1999*. Institute on Community Integration/UAP, University of Minnesota, Report 54, May 2000.

³ Ibid.

FAMILY SUPPORT TO PEOPLE LIVING AT HOME (WAIVER & FLEXIBLE FAMILY FUNDING) FY 2000

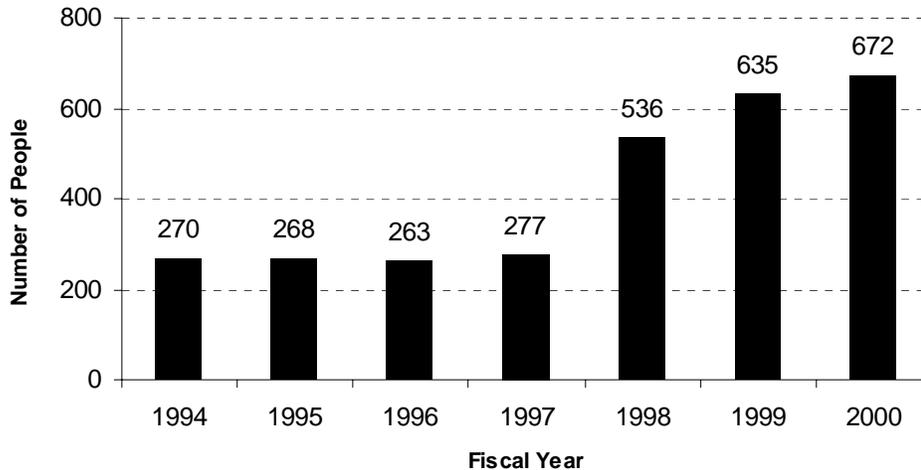


Region/Agency	Total Population	Total People Served (unduplicated)	People Served Per 1,000 Population
Addison - CA - SCC	35,440	66 0	1.9
Bennington -UCS	35,965	54	1.5
Chittenden - HCS - CVS	143,947	220 37	1.8
Franklin/G.I. - LCCS	50,801	95	1.9
Lamoille - LCMH - SAS	21,935	29 1	0.4
Northeast - NEK	60,961	117	1.9
Orange - UVS	27,871	52	1.9
Rutland - CAP	62,407	113	1.8
Southeast - HCRS - LSI	98,124	117 5	1.2
Washington - CDS	56,289	97	1.7
Total	593,740	1,003	1.7

- Family support services to people living at home are provided statewide at an average rate of 1.7 people per thousand residents⁴.
- The availability of family support services needs to be comparable throughout the state.

⁴ Family support is defined as people living with their natural or adoptive family receiving waiver supports and/or Flexible Family Funding. Population figures are projections based on 1999 estimates published by the U.S. Census Bureau, January 2001. The national prevalence rate is 1.5% for mental retardation and .22% for PDD.

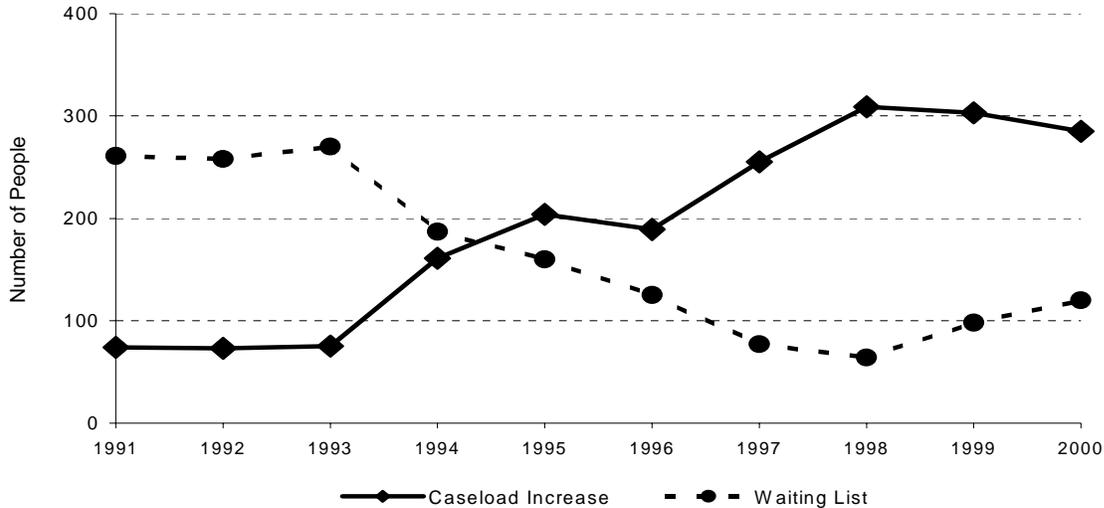
**PEOPLE WITH DEVELOPMENTAL DISABILITIES
RECEIVING SUPPORTED EMPLOYMENT SERVICES TO WORK
FY 1994 - FY 2000**



- **Until 1997, Federal law limited Medicaid waiver-funded supported employment to only those people who had previously lived in an institution and were now receiving waiver services. Starting in FY '98, all people served under the waiver needing work supports can receive supported employment services.**
- **This amendment dramatically increased opportunities for people with developmental disabilities to become employed. Prior to the change in Federal statute, the number of people served remained about the same due to level funding of the joint VR/DDS transition grants.**
- **In FY '00, service providers helped a total of 37 more people become employed. This was an increase of 25% over the past two years.**
- **In addition, there were only 26 people total in group (sheltered) employment (either facility or community-based). This is a decrease of 41% since last year.**
- **Vermont is ranked 4th nationally in the number of people with developmental disabilities who receive supported employment services to work per 100,000 of the state population⁵.**

⁵ Source: The State of the States in Developmental Disabilities, Department of Disability and Human Development, UIC, 2000.

**COMPARISON OF PEOPLE ACCESSING NEW CASELOAD FUNDING
AND PEOPLE ON WAITING LISTS
FY 1991 - FY 2000**



- **In general, the more people served the lower the waiting list, and vice versa. However, changes in system restructuring introduced new funding priorities in FY '99, which was the first year Designated Agencies allocated new caseload funding⁶. The FY '99 and FY '00 caseload number includes people who received PDD funding.**
- **Waiting lists represent only those people who have requested services from a Designated Agency.**
- **Reasons for caseload increases include: students graduating from special education, children aging-out of SRS, significant behavior/emotional/medical problems, and avoiding out-of-home or nursing home placements⁷.**

⁶ Starting in FY '99, it was intended the service system would meet all critical needs through the System of Care Plan funding priorities. Therefore, the waiting list should reflect only people who do not meet the funding priorities. Higher waiting lists result, in part, from the change in definition of who is waiting for services, (i.e., people who do not meet funding priorities), and therefore higher numbers of people waiting is not necessarily considered a negative reflection on the system.

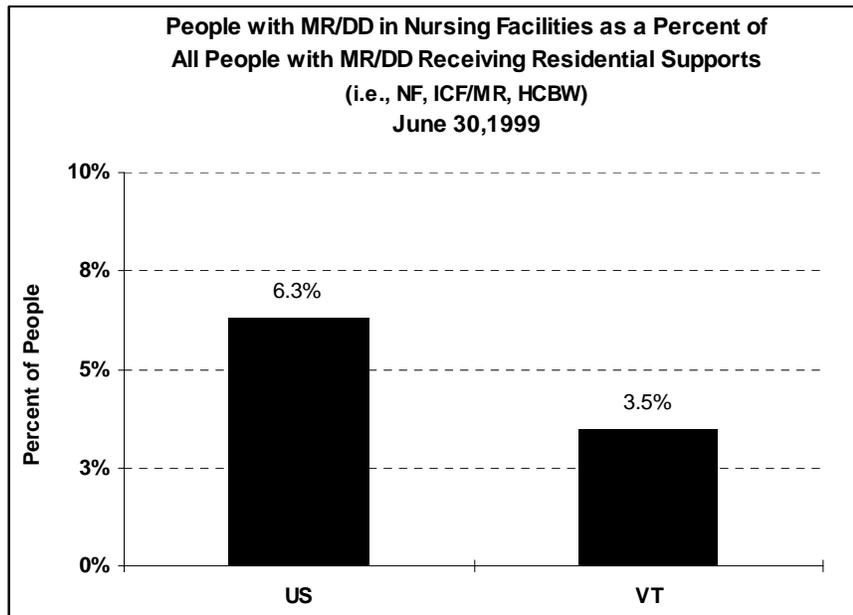
⁷ Caseload increases (new caseload funding) include people who may already be receiving some services but whose needs changed significantly during the year. Caseload funding includes new annual legislative appropriations and funding from people who die or leave services.

COMMUNITY SERVICES ARE EFFECTIVE

Statewide Crisis Intervention: Ongoing use of the Vermont Crisis Intervention Network prevented a number of involuntary hospitalizations of people with developmental disabilities to the Vermont State Hospital in FY '00.

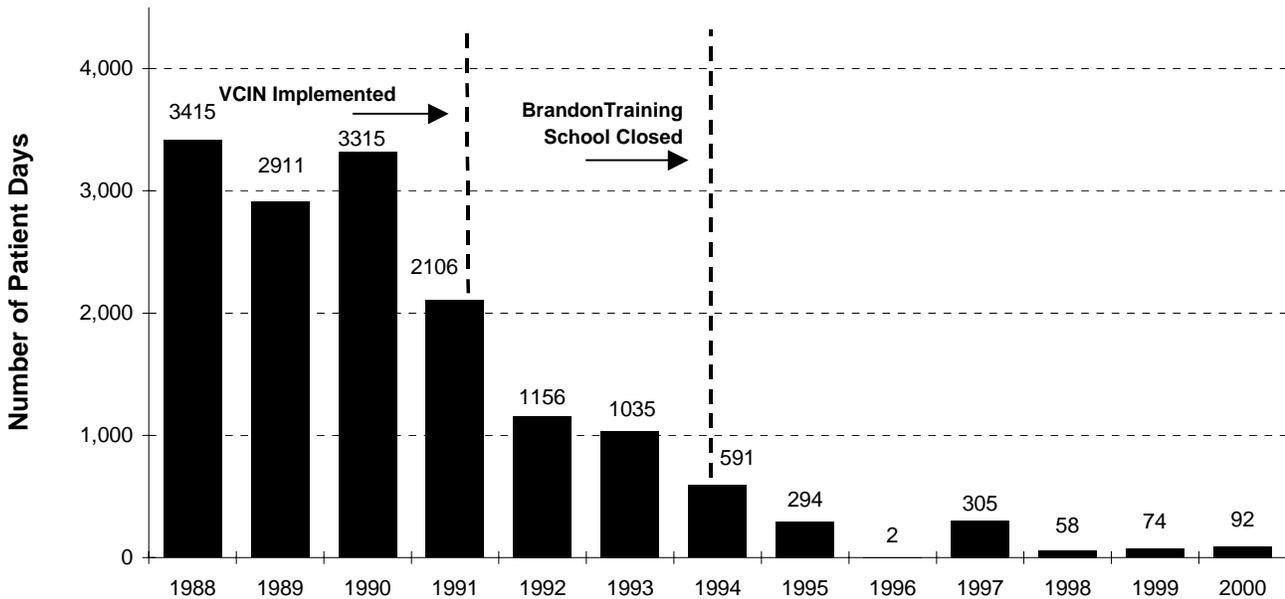
Nursing Facilities: Pre-admission screening has resulted in a steady decline in the number of people with mental retardation/developmental disabilities in nursing facilities.

Correctional Facilities: The Vermont prevalence rate for incarcerated offenders with MR/DD is less than 1%, significantly less than the national rate.



Source: Prouty, R., and Lakin, C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 1999*. Institute on Community Integration/UAP, University of Minnesota, Report 54, May 2000.

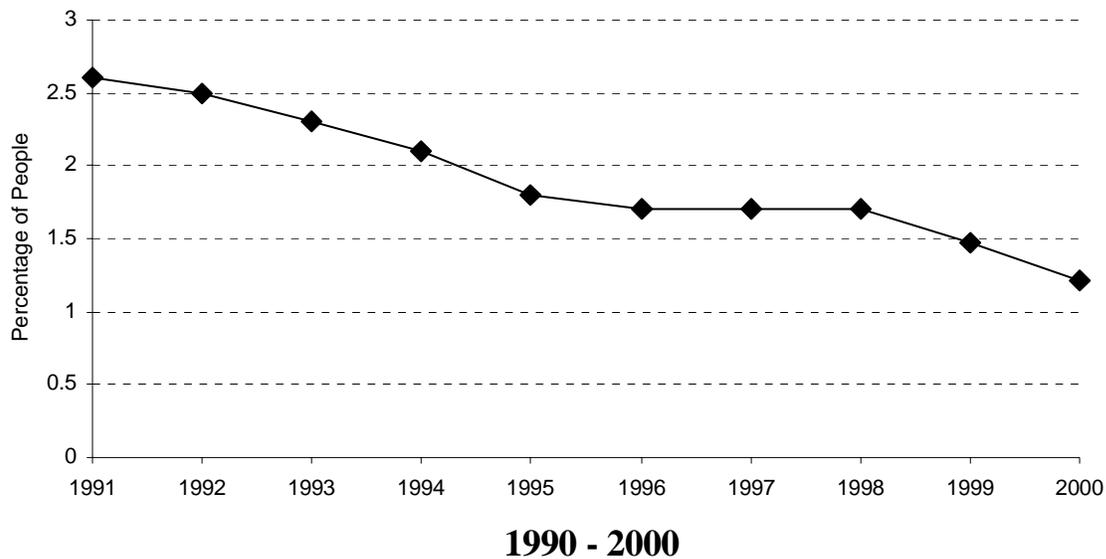
**VERMONT STATE HOSPITAL UTILIZATION
BY PEOPLE WITH MENTAL RETARDATION⁸
FY 1987 - FY 2000**



- **The inception of the Vermont Crisis Intervention Network (VCIN) in March 1991 greatly reduced utilization of the Vermont State Hospital by people with mental retardation.**
- **Local community resources were developed as part of the Brandon Training School closure efforts (FY '91 - FY '94). All ten DAs are required to have a local crisis capacity.**
- **In both FY '99 and FY '00, the VCIN crisis bed was concurrently occupied during all of the VSH stays of individuals with developmental disabilities.**

⁸ These numbers do not include people with dual diagnoses who are being served through the mental health system and/or are not in need of developmental services. As of FY '97, these numbers include people with Pervasive Developmental Disorders. One person (130 day stay) was at VSH in FY'97 who was not known to DDS during her stay.

**PEOPLE WITH MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES
AS A PERCENTAGE OF ALL PEOPLE WHO RESIDE IN NURSING FACILITIES⁹**

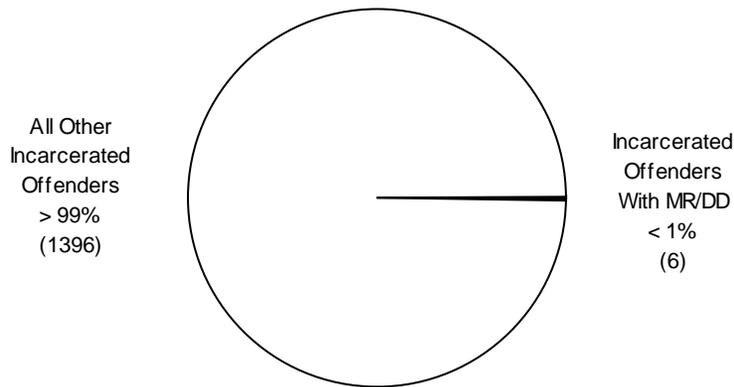


- **The number of people with MR/DD living in nursing facilities has been steadily declining during the years the Pre-admission Screening/Annual Resident Review (PASARR) program has been in effect, and reached an all-time low of 42 in 2000.**
- **The decrease in residents with MR/DD has been accomplished, in part, through a combination of diversions through pre-admission screening and placements to more individualized settings in the community. Additionally, as would be expected from this elderly population, a number of deaths contributed to the decrease.**
- **The national prevalence rate for people with developmental disabilities is estimated at 2.04% of the general population based on the federal definition of developmental disability¹⁰. The Vermont rate of occurrence for people with MR/DD living in nursing facilities was 1.2% in December 2000, well below the national average.**

⁹ The federal law requires DDS to review and serve people in nursing facilities who meet the federal definition of mental retardation and related conditions who are otherwise not eligible for developmental services in Vermont.

¹⁰ Based on studies of developmental disability population figures acceptable to the Administration on Developmental Disabilities (Gollay Study) 1978.

PERCENT OF INCARCERATED OFFENDERS WITH MR/DD IN VERMONT 1998



- Estimates of the national prevalence rate for incarcerated offenders with mental retardation range between 4% and 10%¹¹. Numbers from a September 1998 Vermont study found only six incarcerated offenders with MR/DD, well under 1% of the prison population¹². This is a rate much closer to the national prevalence rate for people with mental retardation¹³, which is estimated at 1.5%.**
- These numbers show that the Vermont census of incarcerated offenders with MR/DD is considerably below the national average. This is due, in part, because the developmental service system supports an estimated 125 adults¹⁴ who pose a risk to others who might otherwise be incarcerated. Fifteen (15) of those individuals are under Act 248, which provides for public protection if people with developmental disabilities are determined not competent to stand trial.**

¹¹ Ellis and Luckasson, (Mentally Retarded Criminal Defendants), 53 G.W.L. Rev. 414, 426(1985). R. Luckasson, keynote speech, "And Justice For All" conference, Washington, D. C., June 1995.

¹² Data based on need assessments of low functioning incarcerated offenders conducted by the Department of Corrections, September 1998.

¹³ "Mental retardation" is defined as significantly sub-average intellectual functioning, concurrent deficits in adaptive behavior and onset before age 18.

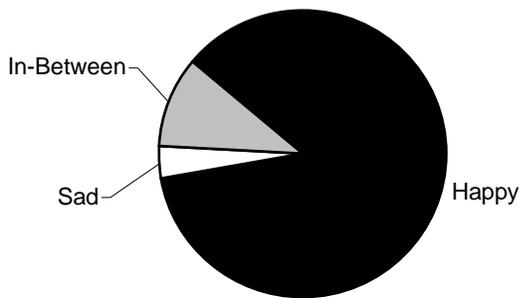
¹⁴ Based on a survey of developmental service providers in FY 2001.

SATISFACTION WITH SERVICES

Consumer and family satisfaction is now being used as a tool for measuring quality.

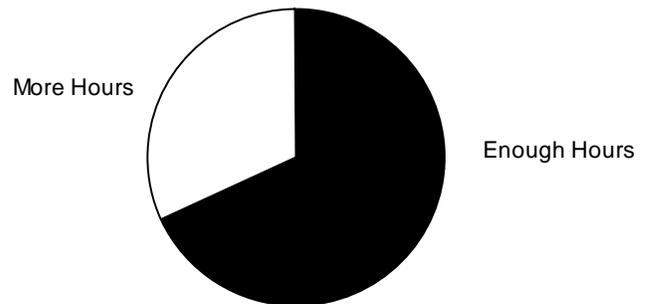
Adults who receive services report a high level of satisfaction with their jobs, but indicate they would like to work more hours¹⁵.

87% Like Their Jobs



... HOWEVER,

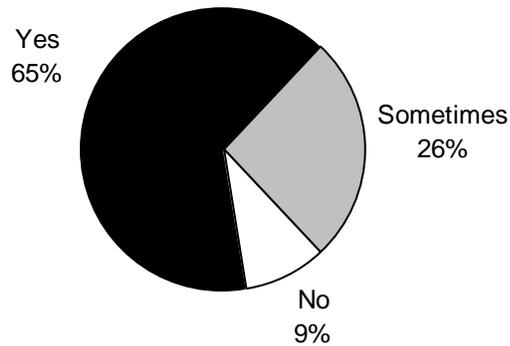
32% Want to Work More Hours



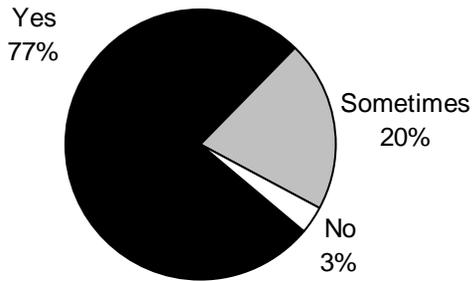
¹⁵ Vermont Consumer Satisfaction Survey Statewide Report 1999.

**FAMILY SATISFACTION
WITH DEVELOPMENTAL SERVICES
STATEWIDE RESULTS¹⁶ – 1999**

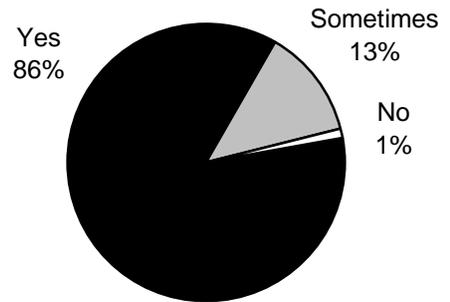
Overall Satisfaction



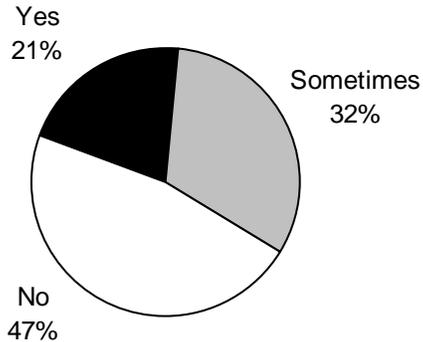
Staff Respect Your Choices & Opinions



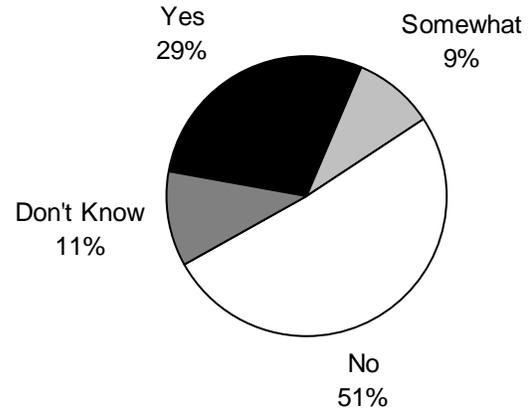
Staff are Generally Courteous & Knowledgeable



Frequent Changes in Support Staff is a Problem



Informed of Agency's Grievance Process



¹⁶ Vermont Division of Developmental Services Family Satisfaction Survey Statewide Results Fall 1999.

FAMILY SATISFACTION
WITH DEVELOPMENTAL SERVICES
NATIONAL COMPARISON¹⁷ - 1999

Vermont Ranked Highest Among Participating States:

- ✓ Families receive information about services and supports that are available to them.
- ✓ Families get the supports they need.
- ✓ Supports available when families need them.
- ✓ Families helped develop their family member's service plan.
- ✓ Agency providing work/day supports involves families in important decisions.
- ✓ Families feel the work/day setting is a healthy and safe environment.
- ✓ Families feel their family member is happy.

Vermont Ranked Above National Average:

- ✓ Information is easy to understand.
- ✓ Families choose the agency and staff that works with them.
- ✓ Staff talk to families about different options to meet their needs.
- ✓ Staff respect families' choices and opinions.
- ✓ Supports offered support families' needs.
- ✓ Help was provided right away when families asked for help in a crisis.
- ✓ Families received enough information to participate in planning services.
- ✓ Families can contact the service coordinator whenever they want.
- ✓ Overall, families are satisfied with family member's services and supports.

Vermont Ranked Below National Average:

- ✓ There are enough staff available who can communicate with the family member if the person does not speak English or uses a different way to communicate.

¹⁷ Data based on survey results from eight states that participated in the Core Indicators Project. Results published in *Family Survey: Phase II Technical Report*, January 2001.

COST ANALYSIS¹⁸

People with developmental disabilities have a greater likelihood of experiencing limitations in major life activities than those with any other major class of chronic mental, physical or health condition.

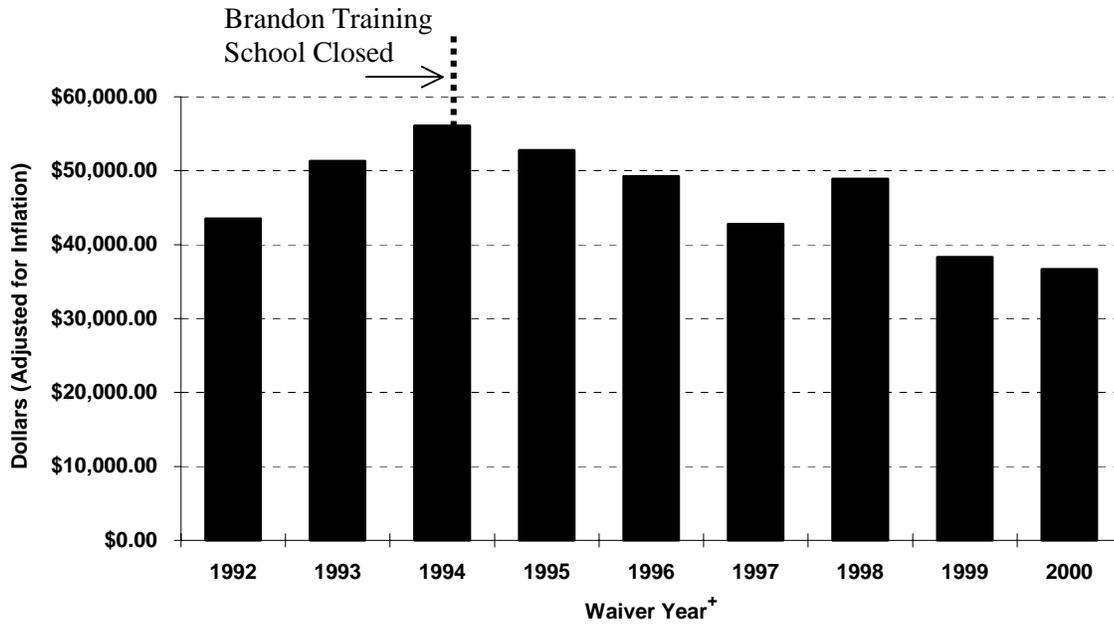
As a result, people with developmental disabilities need individualized services that are comprehensive and generally life long.

Yet, state funds are limited.

To capitalize on the resources available, DDS emphasizes cost effective models and maximization of federal funds.

¹⁸ To see a general breakdown of the Division of Developmental Services' FY 2000 budget, see Attachment A.

AVERAGE WAIVER COST¹⁹ PER PERSON



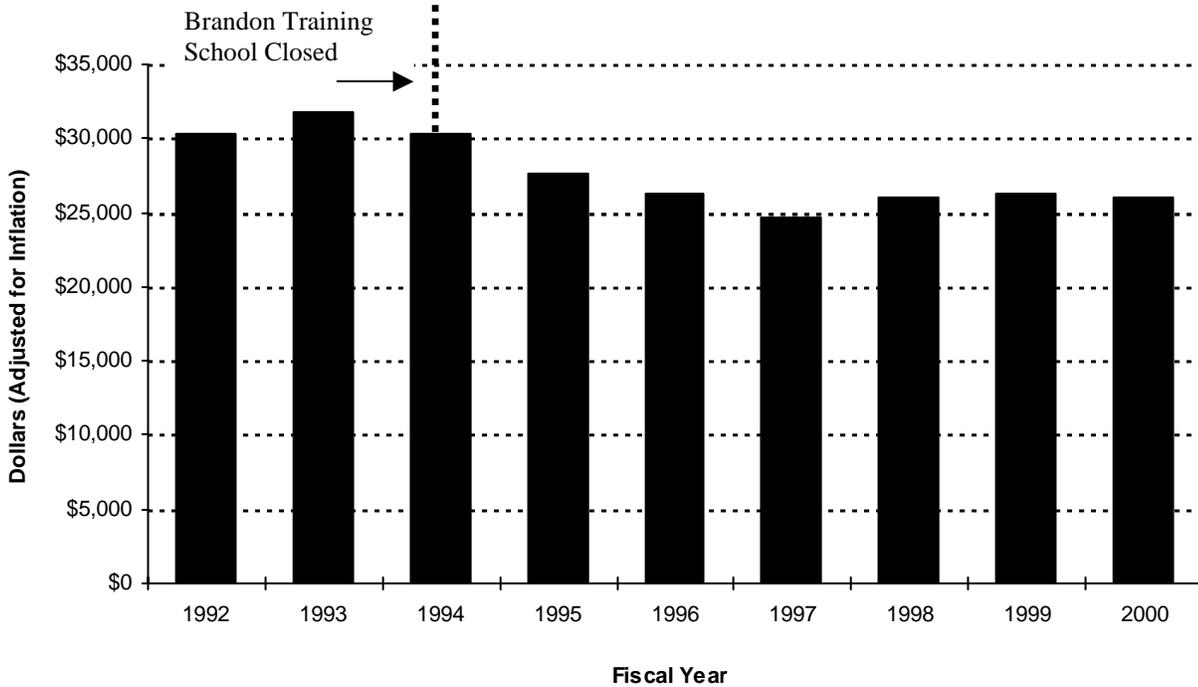
1992 – 2000

- **Steady decline in per person costs between 1994 and 1997 is attributable to increasing the number of people served who receive less than 24-hours-a-day services.**
- **Increased use of contracted home providers and family support, and a decrease in the use of agency-paid staff, also contributed to a decline in costs per person between 1994 and 1997.**
- **The waiver was expanded to encompass people needing services of lower cost previously served with case management or general fund dollars.**

¹⁹ The numbers are adjusted for inflation.

⁺ Waiver years 1992 –1997 ended on 3/31. From 1998 on, waiver years ended on 6/30. Due to this change over, waiver year 1998 reflects costs for a 15-month period.

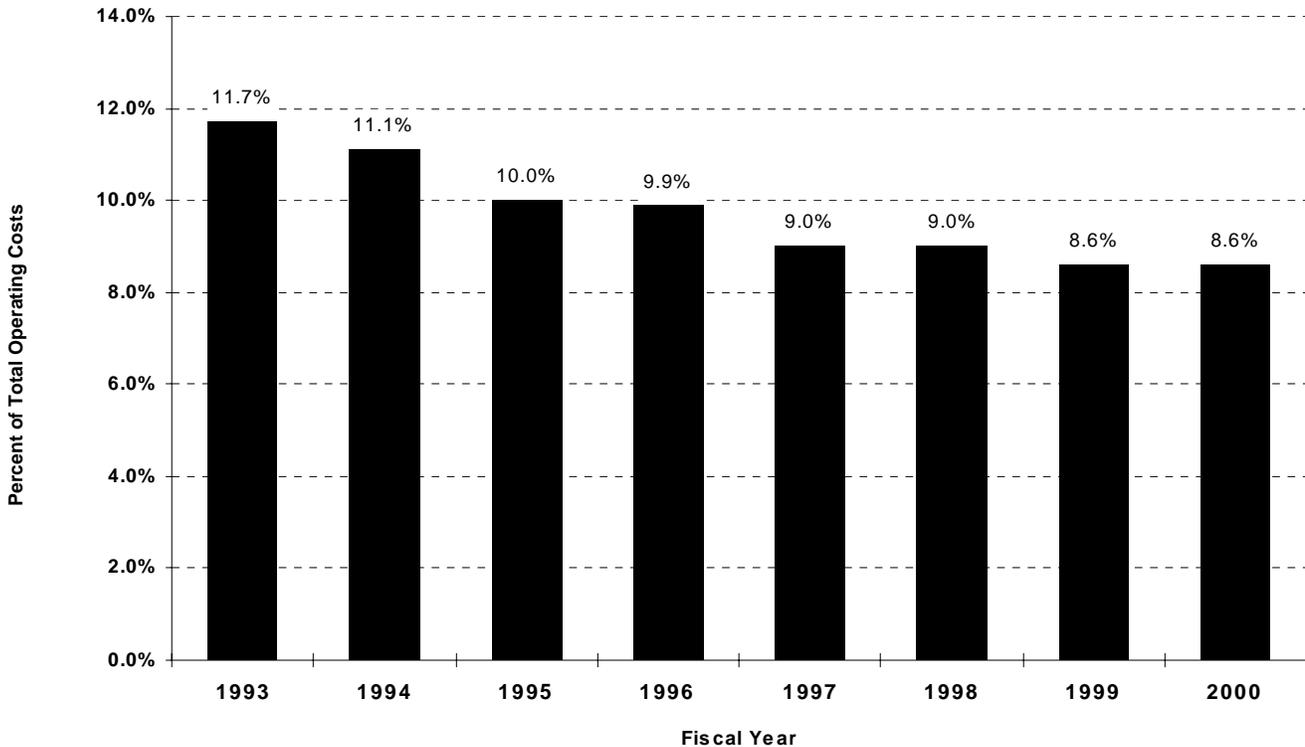
AVERAGE COST²⁰ PER PERSON
ALL SERVICES
YEAR END: FY 1992 - FY 2000



- **The average cost per person for all services has remained relatively constant for the last five years.**
- **The number of individuals supported within their families increased. The cost per person for family support is typically lower than full residential and day services. The increasing number of individuals supported in this way contributed to the stability of the average cost per person.**

²⁰ The numbers are adjusted for inflation.

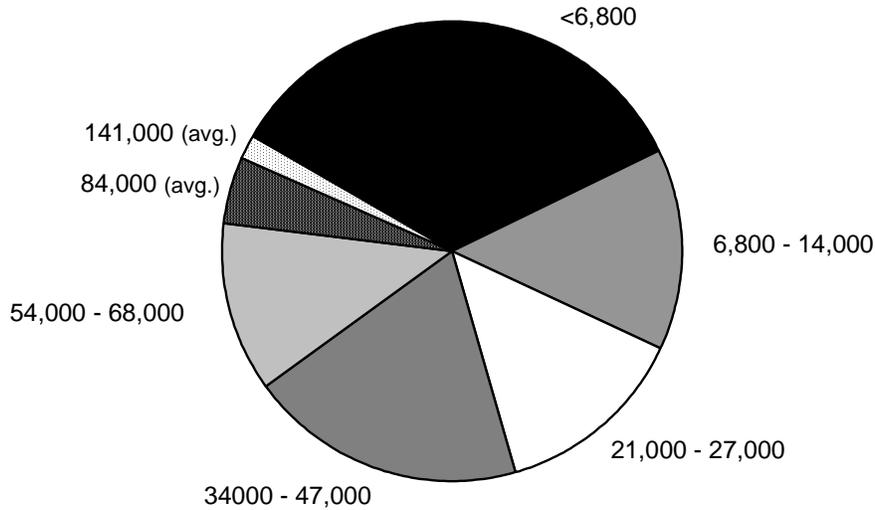
AGENCY TOTAL ADMINISTRATION COSTS²¹
FY 1993 - FY 2000



- **Administrative expenses include those that are required to run the total agency. Management expenses relating to major program areas (i.e., developmental services) are considered program expenses, not administration.**
- **The administrative rate has continued to decline, even with investments in information technology, due to expansion of direct services.**

²¹ FY '96 and FY '97 do not include administrative costs for RCL.

**PER PERSON SERVICE RATES OF INDIVIDUALS SERVED
(N = 2560)
FY 2000**

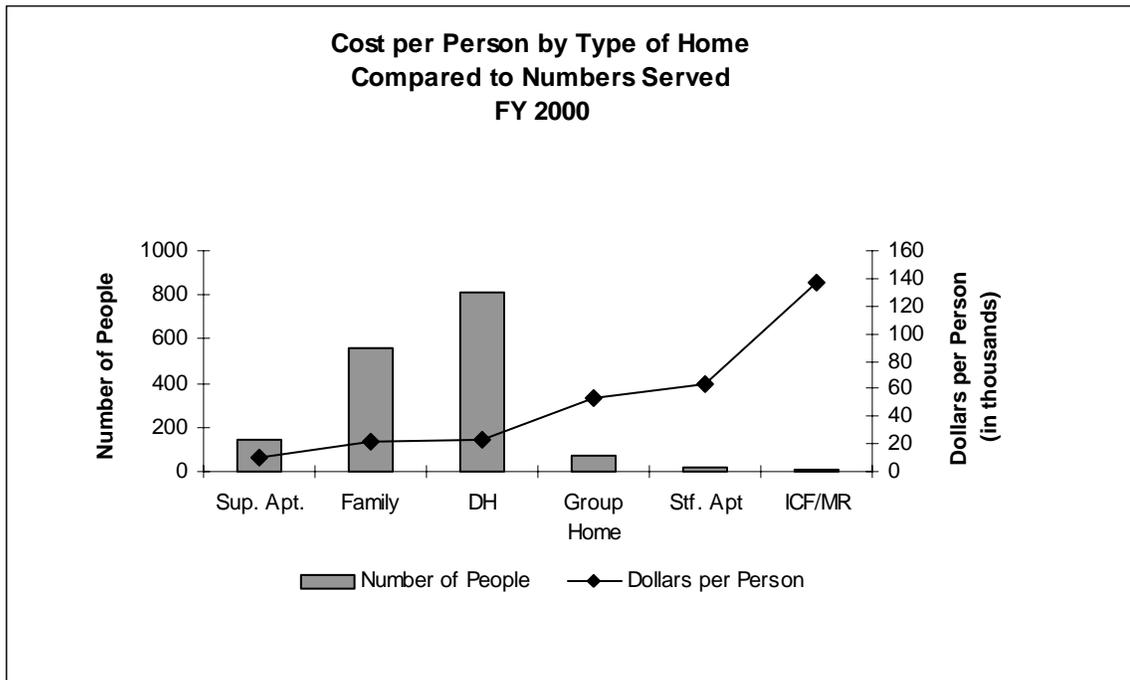


- **The average cost of all services per person in FY 2000 is \$25,950.**
- **Just under one-half of all individuals served (49%) are funded for less than \$20,000/person/year.**
- **The average per person cost of supports in the most intensive community service category²² is \$141,000 per year, which is still approximately 60% less than what the estimated annual per person cost would have been at the Brandon Training School in FY 2000 (\$327,505 per year).**
- **One half of all families served receive their support through Flexible Family Funding at the low annual rate of \$560 - \$3,000 per year. Supporting people living with their own families continues to be the most cost effective method of support.**

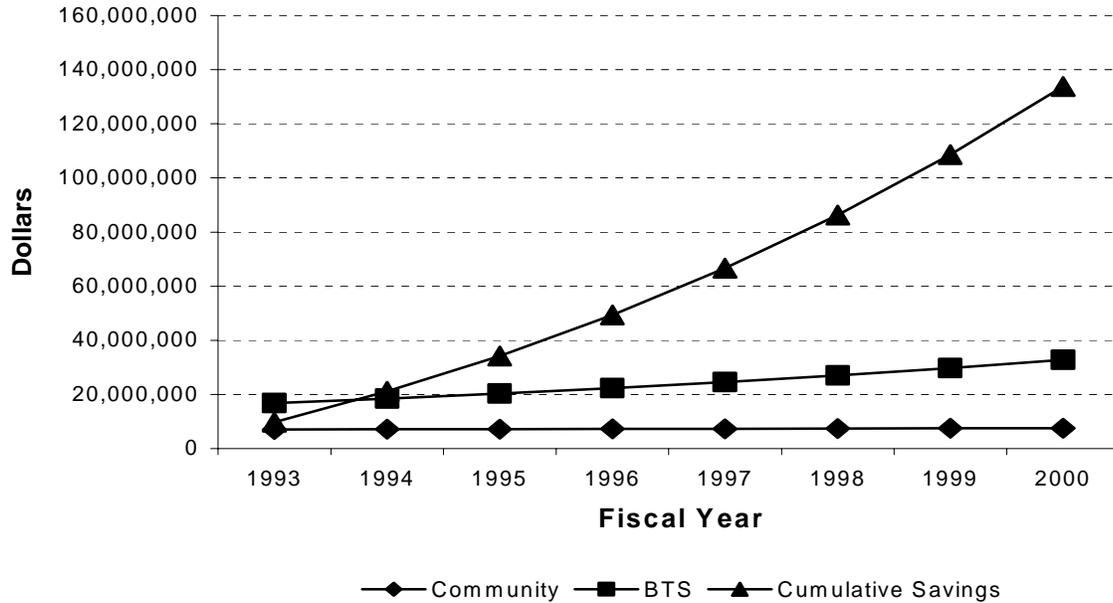
²² The highest rate category includes 12 people with intensive medical needs in Intermediate Care Facilities for People with Mental Retardation (ICF/MR).

EMPHASIZING COST EFFECTIVE MODELS

In Vermont, on average, individualized supports cost less than group settings.

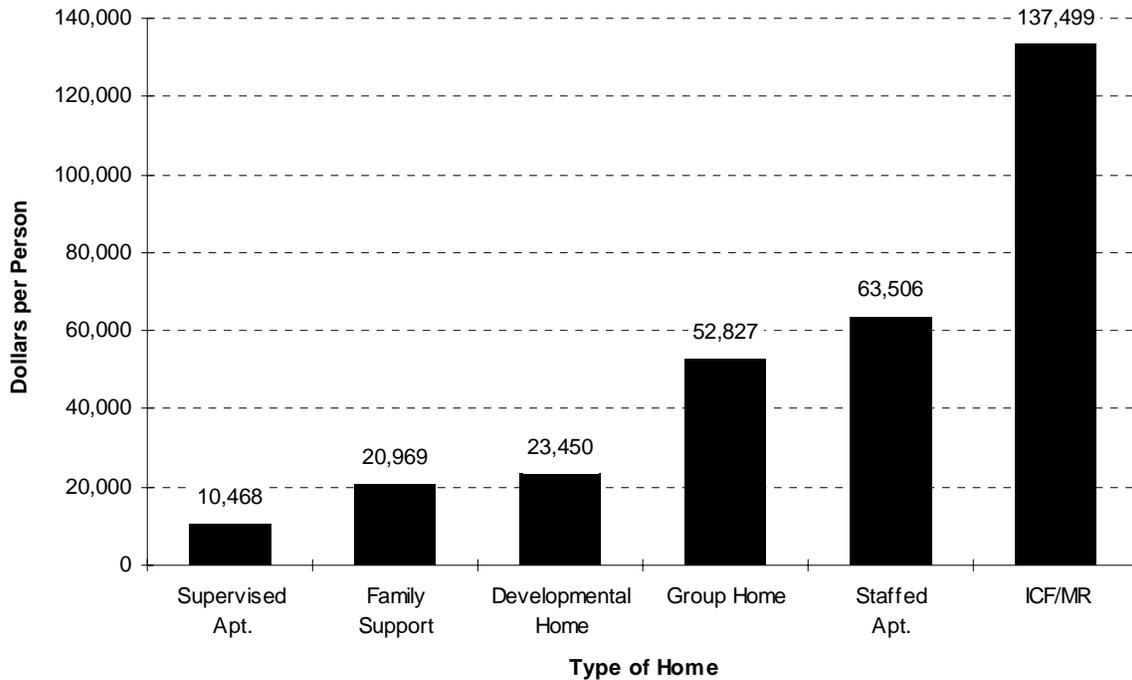


**UNIFIED SERVICE SYSTEM
ESTIMATED CUMULATIVE SAVINGS FROM BTS CLOSURE
FY 1993 – FY 2000**



- **There is no state institution for people with developmental disabilities in Vermont, and there has not been any since Brandon Training School (BTS) closed in 1993.**
- **The amount of cumulative estimated savings since 1993 due to the absence of an institution is \$133.8 million (\$50.6 million in state funds).**
- **Estimates are based on 100 people remaining at BTS versus receiving community services.**
- **Cost comparisons were derived using the actual average annual cost of community placement for BTS residents and actual BTS annual cost. Community costs were adjusted to include room and board.**

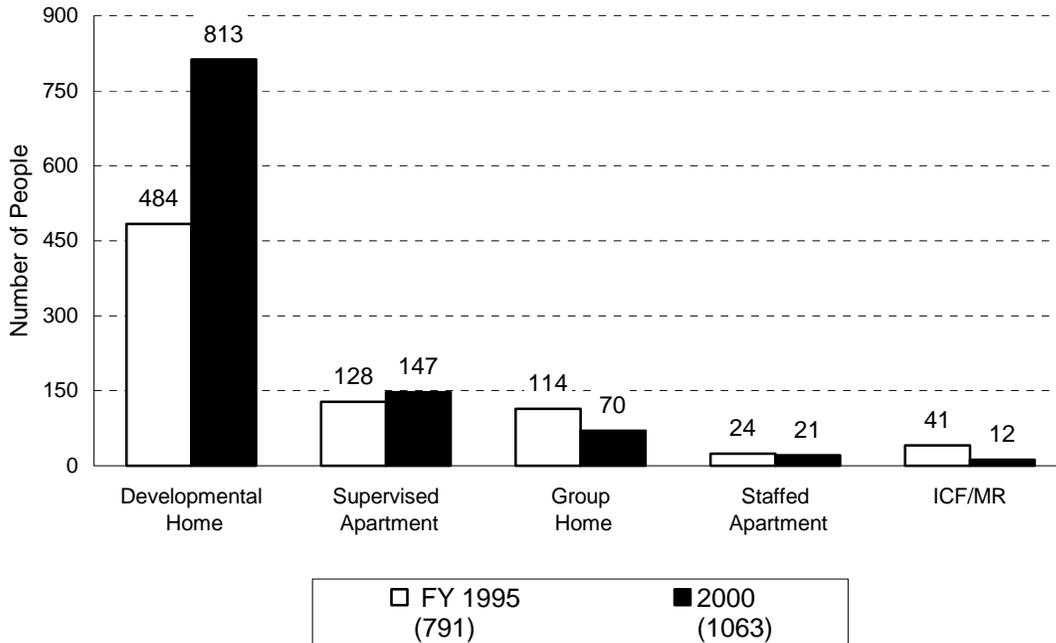
**AVERAGE COST PER PERSON BY TYPE OF HOME
WAIVER AND ICF/MR
JUNE 30, 2000**



- **Costs increase with the use of congregate, staff intensive settings. Supervised apartments, family supports and developmental homes cost less than group homes, staffed apartments and ICF/MRs.**
- **While ICF/MRs are the most intensively staffed homes and therefore the most expensive²³, there are only 12 people living in this type of setting.**

²³ ICF/MR costs include all appropriate supports (day services, OT/PT, nursing, room and board, etc.). The costs for Family Support include *all* services provided to the individual, not just home supports. The other residential services do not include these additional costs.

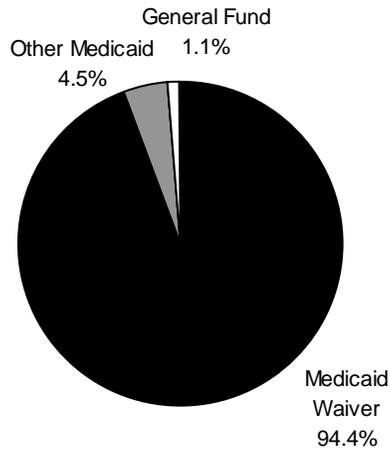
RESIDENTIAL POPULATION CHANGE
5-YEAR COMPARISON
YEAR-END: FY 1995 & FY 2000



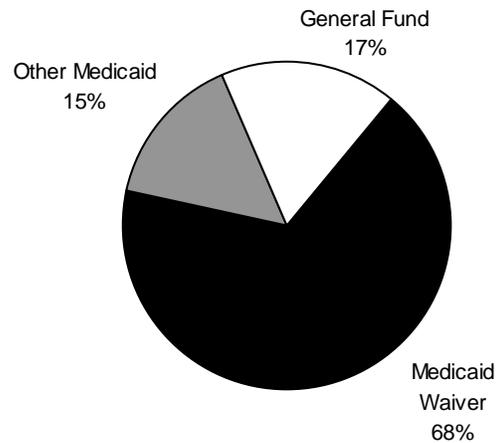
- **The reliance on more costly and congregate residential settings, such as ICF/MRs, group homes, and staffed apartments has continued to decrease for more than 7 years.**
- **The use of developmental homes has gone up almost 70% in the past five years and accounts for 76% of the residential placements in FY 2000. On the other hand, the percentage of people living in group homes and staffed apartments has been reduced by 50% over the past five years.**

**PERCENTAGE OF FUNDING AND PEOPLE²⁴
By DS FUNDING TYPE²⁵
FY 2000**

Percent of Funding by Funding Type



Percent of People by Funding Type



Medicaid Waiver
 Other Medicaid
 General Fund (GF)

- Flexible Family Funding (the lion’s share of GF funding) continues to be a very cost-effective, responsive, family-directed support. It accounts for the significant difference between the number of people served through general fund versus the percent of GF funding to the total.**
- Ninety-eight percent (98.9%) of developmental service funding is from Medicaid, making Vermont’s developmental services system among the top users of federal funds nationally.**

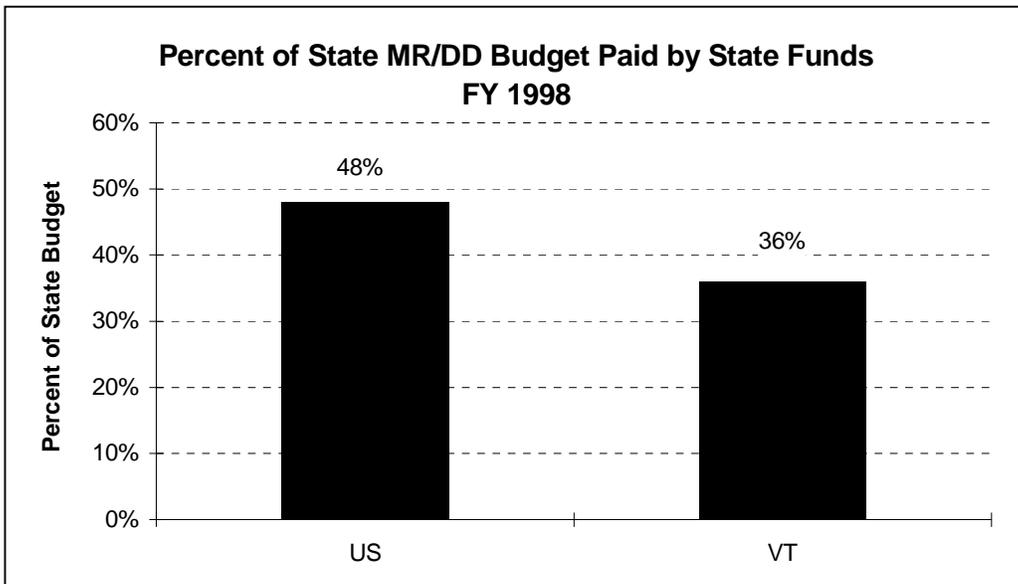
²⁴ The “Percent of People” are based on unduplicated count across funding types. Any duplication in people receiving both GF and waiver funding are included in the waiver count only.

²⁵ Other Medicaid = Targeted Case Management, Rehabilitation, Transportation, Clinic & ICF/MR.
General Fund (GF) = Flexible Family Funding, Supervised Care & Social Services Block Grant.

COMPARISON WITH OTHER STATES

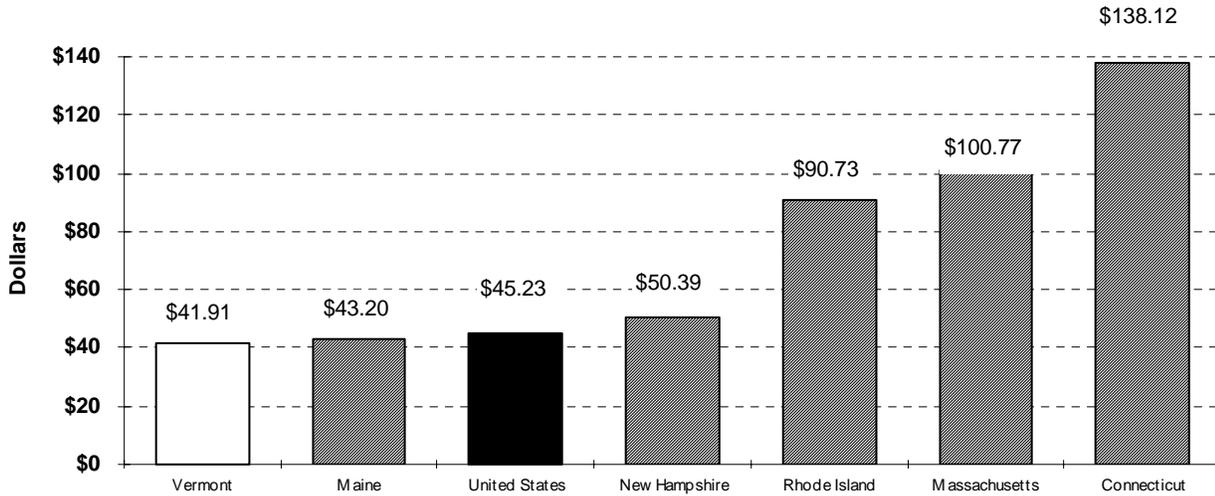
Vermont spends fewer state dollars (including Medicaid match) per state resident for Mental Retardation/Developmental Disability (MR/DD) services than any other New England state and less than the national average.

Yet, Vermont serves more people in MR/DD residential services per 100,000 population than the national average.



Source: The State of the States in Developmental Disabilities, Department of Disability and Human Development, UIC, 2000.

MR/DD STATE SPENDING PER CAPITA FY 1998



- Vermont spends less in state funds per capita than any New England state and less than the national average.

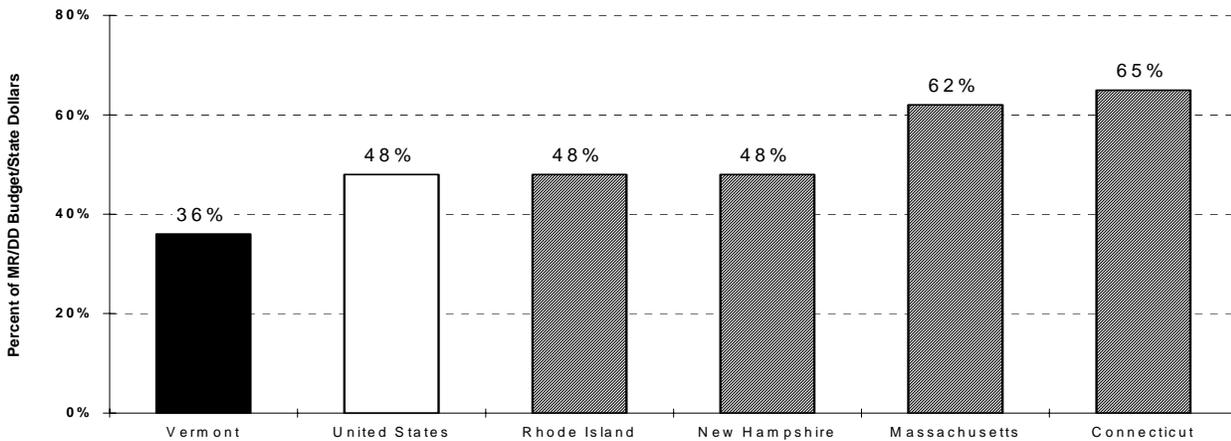
STATE FISCAL EFFORT TOTAL MR/DD SPENDING PER \$1,000 IN PERSONAL INCOME FY 1998



- Fiscal effort in Vermont, as measured by total state spending for MR/DD services per \$1,000 in personal income, indicates that Vermont ranks second to New Hampshire as the lowest of all New England states and is comparable to the national average²⁶.

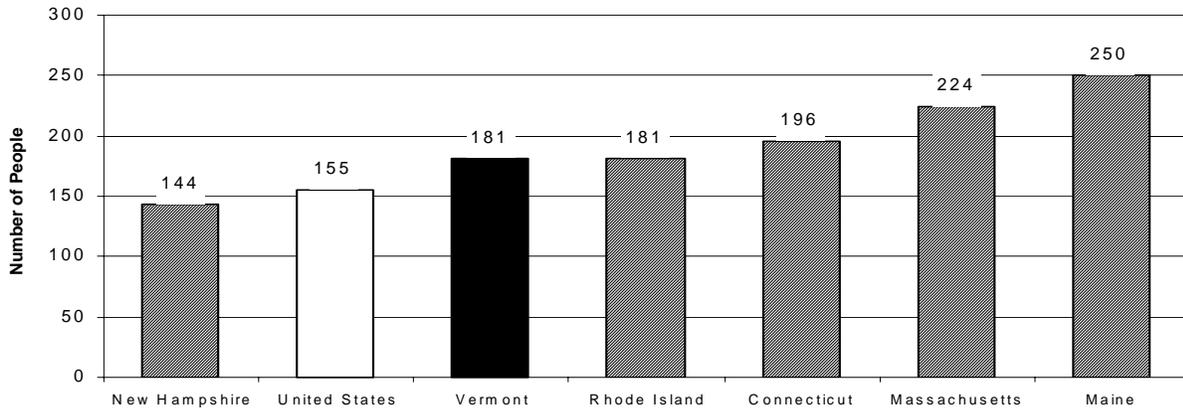
²⁶ Source: The State of the States in Developmental Disabilities, Department of Disability and Human Development, UIC, 2000.

PERCENT OF STATE MR/DD BUDGET PAID BY STATE FUNDS FY 1998



- **State funds (including state funds used for Medicaid match) account for a smaller proportion of the budget for MR/DD services in Vermont than in any other New England state. Vermont accesses a higher proportion of federal dollars than any other New England state.**

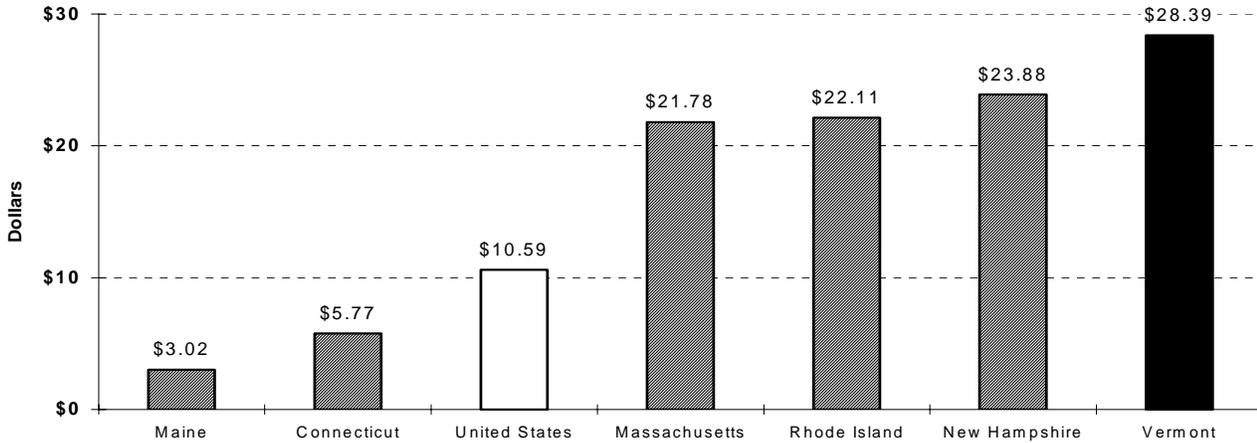
NUMBER OF PEOPLE IN MR/DD RESIDENTIAL SERVICES PER 100,000 POPULATION FY 1998



- **The number of individuals receiving residential services in the MR/DD service system in Vermont, per 100,000 of the state population, is slightly above the national average. However, Vermont is equal to or less than four other New England states²⁷.**
- **Cost Effectiveness: Vermont's residential services are provided at comparatively less cost due to an institution-free service system.**

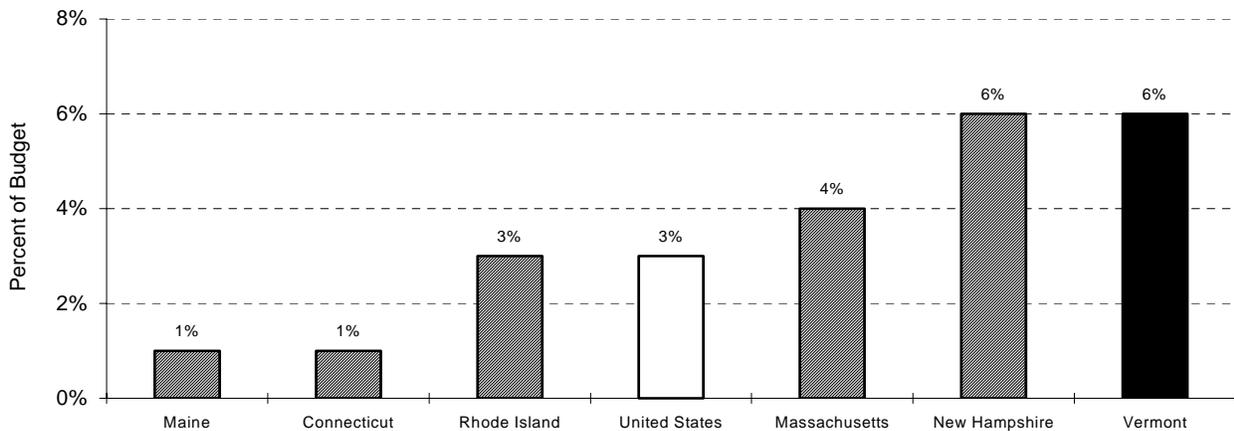
²⁷ Source: The State of the States in Developmental Disabilities, Department of Disability and Human Development, UIC, 2000.

**FAMILY SUPPORT FISCAL EFFORT: TOTAL SPENDING
PER \$100,000 PERSONAL INCOME
FY 1998**



- Vermont is ranked fifth in the nation, down from first, in total family support spending per \$100,000 personal income.
- Although Vermont’s national rating declined between 1996 and 1998, actual spending on behalf of families increased by 31%.
- Higher support of families results in lower costs overall.

**FAMILY SUPPORT SPENDING AS PERCENT OF TOTAL MR/DD BUDGET
FY 1998**



- Vermont’s family supports are ranked ninth in the nation in spending of total MR/DD budget and tied with New Hampshire as 1st in New England²⁸.

²⁸ Source: The State of the States in Developmental Disabilities, Department of Disability and Human Development, UIC, 2000.