

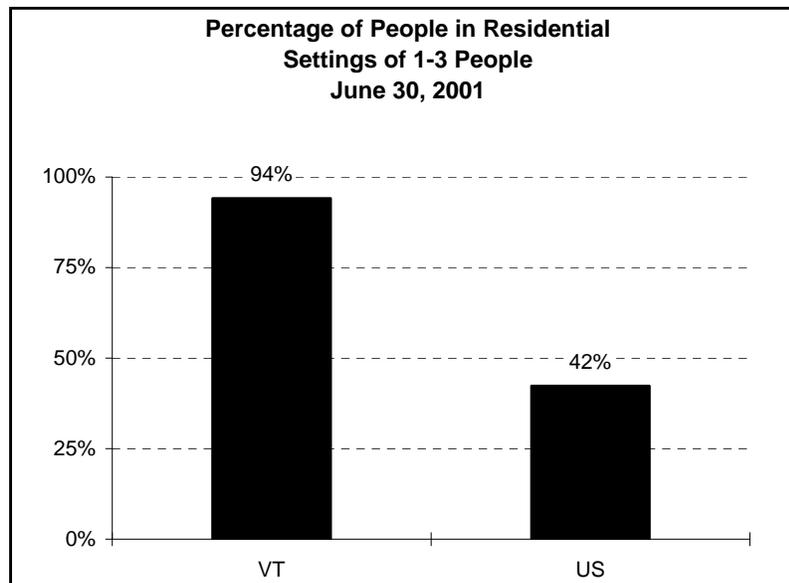
**PART I**  
**FOCUS ON OUTCOMES**

## ***QUALITY & VALUE***

**Individuals and their families want to be supported in their own homes and in their own communities. Self-advocates and families are talking more about what they want for themselves and their family members. 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.**

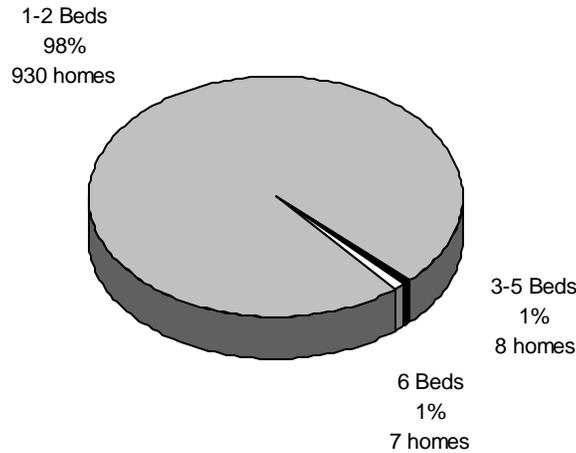
## **SUPPORTING INDIVIDUALS & FAMILIES**

**Vermont continues to increase in-home family support and individualized home support options while decreasing more costly, congregate residential settings.**

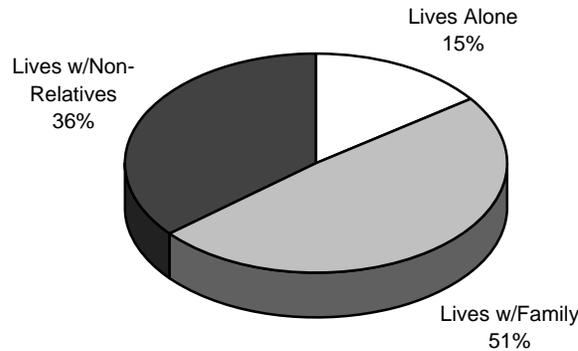


Source: Prouty, R., Smith, G. and Lakin, C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2001*. Research & Training Center on Institute on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, June 2002.

### NUMBER OF RESIDENCES BY SIZE OF RESIDENTIAL SETTING – FY 2002



### HOUSEHOLD COMPOSITION OF PEOPLE SERVED – FY 2002



- 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 consumers<sup>2</sup>.
- 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 3.2<sup>3</sup>.

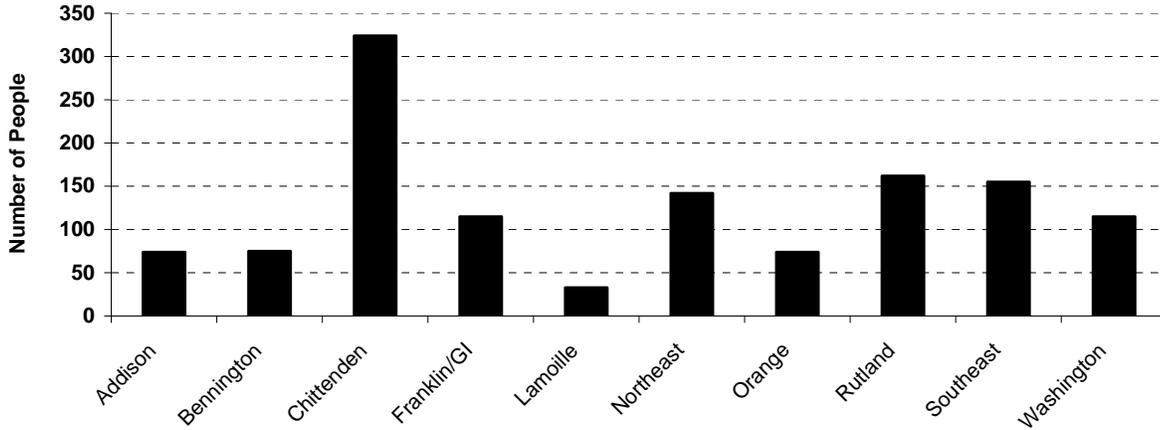
<sup>2</sup> Source: Prouty, R., Smith, G. and Lakin, C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2001*. Research & Training Center on Institute on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, June 2002.

<sup>3</sup> Ibid.

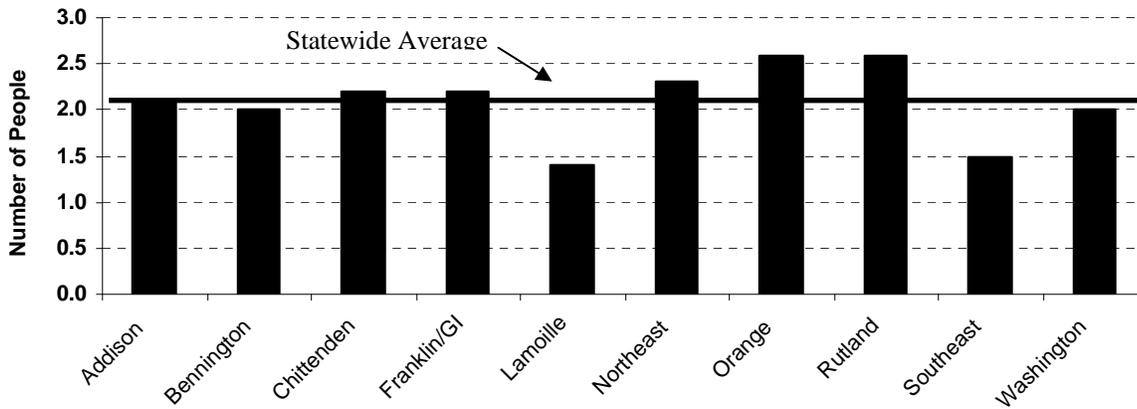
## FAMILY SUPPORT TO PEOPLE LIVING AT HOME (WAIVER & FLEXIBLE FAMILY FUNDING)

**FY 2002**

**Total People Served  
(unduplicated)**



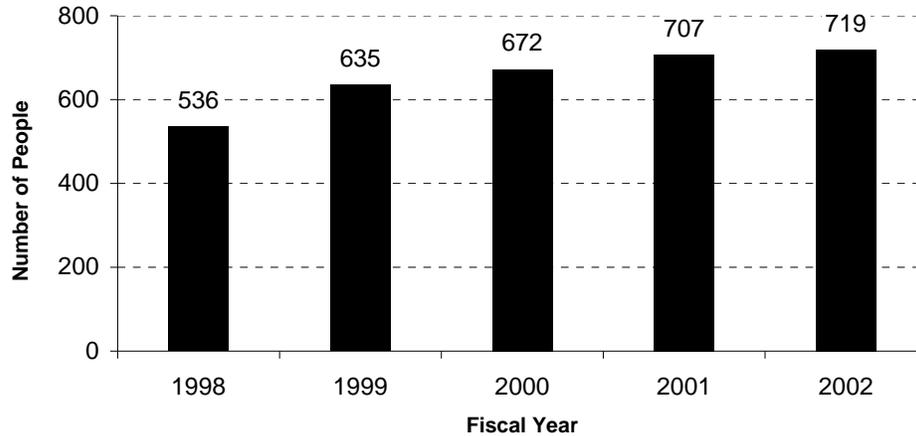
**People Served Per 1,000 Population  
(unduplicated)**



- Family support services to people living at home are provided statewide at an average rate of 2.1 people per thousand residents<sup>4</sup>.
- The rate of availability of family support services is lowest in Lamoille County and the Southeast and highest in Orange and Rutland Counties.

<sup>4</sup> Family support is defined as people living with their natural or adoptive family receiving waiver supports and/or Flexible Family Funding. Source population figures: U.S. Census Bureau, Census 2000 Redistricting Data. 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 1998 - FY 2002**



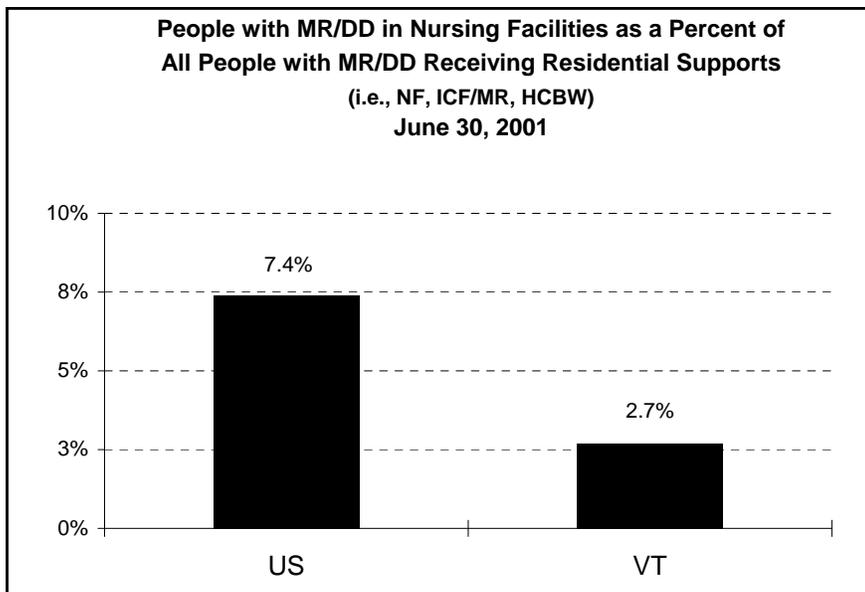
- **Until 1997, federal law limited Medicaid waiver-funded supported employment to only those people who had previously lived in an institution and were now receiving waiver services. Starting in FY '98, all people served under the waiver needing work supports can receive supported employment services.**
- **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.**
- **Vermont was ranked 1<sup>st</sup> in the nation (FY '00) in the number of people with developmental disabilities who receive supported employment services to work per 100,000 of the state population<sup>5</sup>.**
- **There was an overall increase in supported employment of 25% over the past four years.**
- **In addition, there were only 39 people total in group employment (14) and sheltered employment (25). There were no people in sheltered workshops in Vermont as of 7/1/02.**

<sup>5</sup> Source: The State of the States in Developmental Disabilities: 2002 Study Summary, Coleman Institute for Cognitive Disabilities & Department of Psychiatry, UC, January 2002.

**COMMUNITY SERVICES ARE EFFECTIVE**

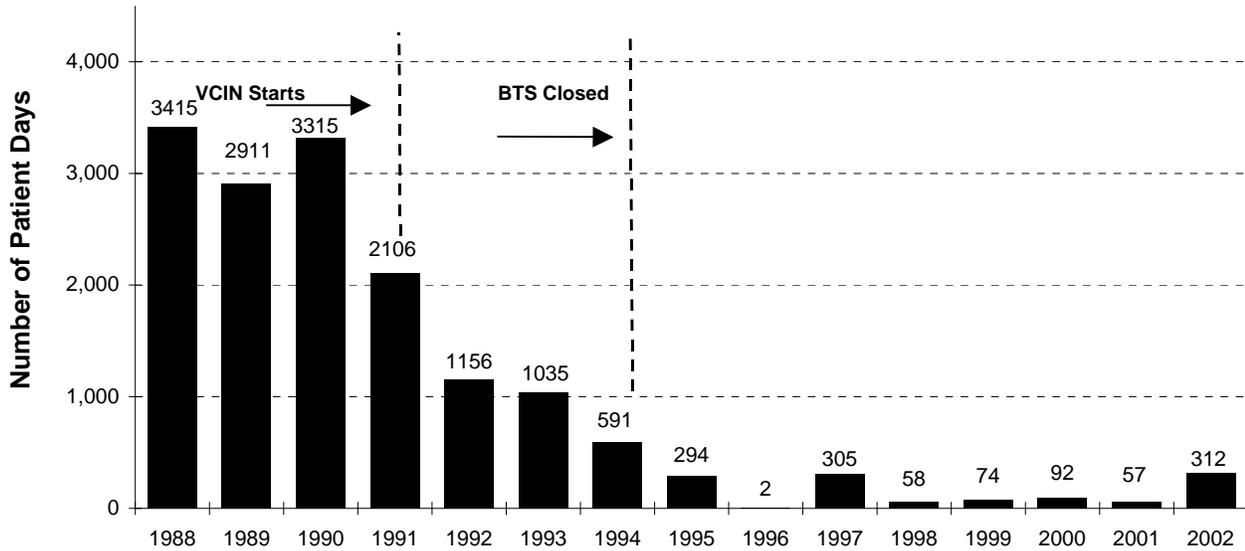
***Statewide Crisis Intervention:*** Ongoing use of the Vermont Crisis Intervention Network prevented a number of involuntary hospitalizations of people with developmental disabilities to the Vermont State Hospital in FY '02.

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



Source: Source: Prouty, R., Smith, G. and Lakin, C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2001*. Research & Training Center on Institute on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, June 2002.

**VERMONT STATE HOSPITAL UTILIZATION  
BY PEOPLE WITH MENTAL RETARDATION<sup>6</sup>  
FY 1988 - FY 2002**

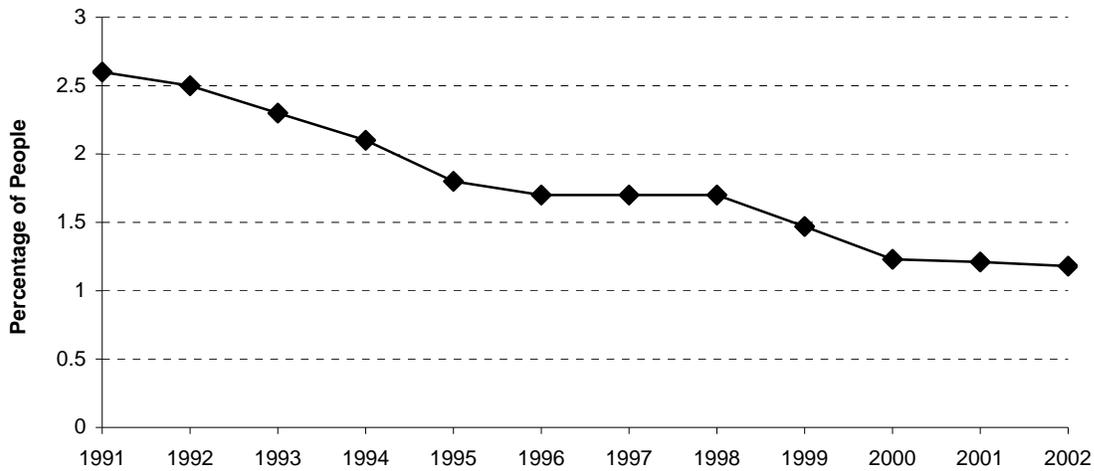


- **The inception of the Vermont Crisis Intervention Network (VCIN) in March 1991 greatly reduced utilization of the Vermont State Hospital by people with mental retardation. VCIN was expanded in FY '02 to include a second crisis bed in southeastern Vermont.**
- **Local community resources were developed as part of the Brandon Training School closure efforts (FY '91 - FY '94) and further enhanced during FY '01 - '02. All ten DAs are required to have a local crisis capacity.**

<sup>6</sup> These numbers do not include people with dual diagnoses who are being served through the mental health system and/or are not in need of developmental services. It does include people who were grandfathered into services by having received services on 7/1/96, but who are not diagnosed with MR/DD. As of FY '97, these numbers include people diagnosed with Pervasive Developmental Disorders (PDD). One person was at VSH in FY'97 (130 day stay) 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 FACILITIES<sup>7</sup>**

**1991 – 2002**



- **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 39 in 2001, and again in 2002.**
- **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 living in nursing facilities with developmental disabilities is estimated at 2.04% of the general population based on the federal definition of developmental disability<sup>8</sup>. The Vermont rate of occurrence for people with MR/DD living in nursing facilities was 1.2% in December 2002, well below the national average.**

<sup>7</sup> 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.

<sup>8</sup> Based on studies of developmental disability population figures acceptable to the Administration on Developmental Disabilities (Gollay Study) 1978.

## **SATISFACTION WITH SERVICES**

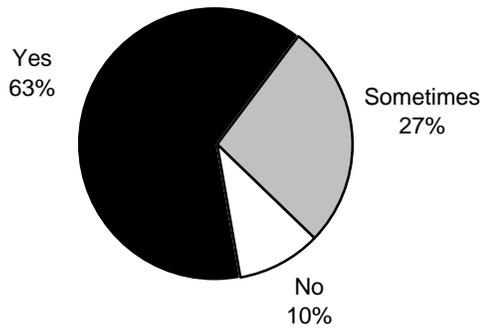
**Consumer and family surveys are used as a direct means to gauge satisfaction with services and look at the quality of services from the perspective of the individual.**

- **Independent interviewing of people who receive services is an effective way to learn how individuals feel about their lives and the supports they get.**
- **Surveys mailed to families who have a family member living at home provide an important perspective on services.**

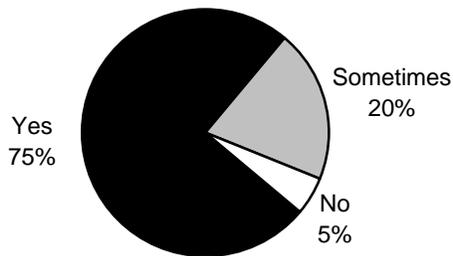
**Results from the surveys are anonymous and confidential and are analyzed for local providers as well as statewide summaries. Data are also reported to the National Core Indicators for comparison with other states.**

## FAMILY SATISFACTION WITH DEVELOPMENTAL SERVICES STATEWIDE RESULTS<sup>9</sup> – 2001

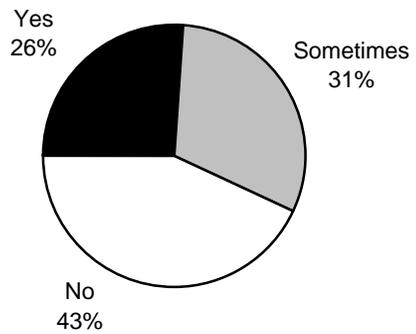
### Overall Satisfaction



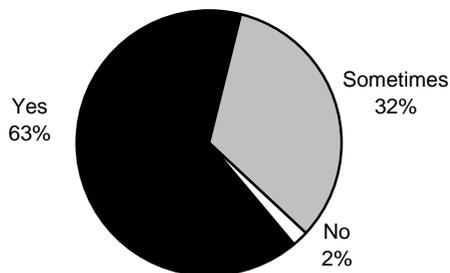
### Staff Respect Your Choices & Opinions



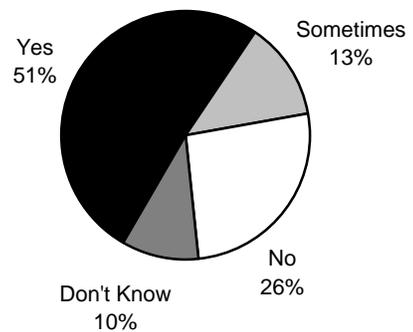
### Frequent Changes in Support Staff is a Problem



### Staff are Generally Knowledgeable & Effective



### Informed of Agency's Grievance Process



<sup>9</sup> Results published in *Vermont Division of Developmental Services Family Satisfaction Survey Statewide Results Fall 2001*.

**FAMILY SATISFACTION  
WITH DEVELOPMENTAL SERVICES  
NATIONAL COMPARISON<sup>10</sup> - 2001**

**Vermont Ranked *Above* National Average Among Participating States<sup>11</sup>**

Families of adults:

- ✓ Receive information about services and supports that are available
- ✓ Receive information that is easy to understand
- ✓ Have access to special equipment or accommodations
- ✓ Know how much money is spent on behalf of their family member

Families of both adults and children:

- ✓ Choose the support workers that work with their family
- ✓ Have control and/or input over the hiring and management of support workers
- ✓ Want control and/or input over the hiring and management of support workers
- ✓ Get to decide how this money is spent
- ✓ Receive assistance from the agency right away in an emergency when requested
- ✓ Staff/translators are available if English is not their preferred language
- ✓ Are satisfied with the way complains and appeals are handled

**Vermont Ranked *Below* National Average Among Participating States**

Families of adults:

- ✓ Staff respect family's choices and opinions
- ✓ Staff are generally knowledgeable and effective
- ✓ Supports offered meet family's needs
- ✓ There are enough staff available who can communicate with their family member
- ✓ Overall, their family member is happy and they are satisfaction with the services and supports they currently receive

Families of children:

- ✓ Information is easy to understand
- ✓ Family gets enough information to help participate in planning
- ✓ Staff are generally knowledgeable and effective
- ✓ Access is available to needed special equipment or accommodations needed
- ✓ Staff connect family to family supports in the community if wanted
- ✓ Family gets the services and supports needed

---

<sup>10</sup> Data based on survey results from fourteen (14) states that participated in the National Core Indicators 2001 adult family survey and five (5) states that participated in the 2001 children family survey. Results published in *Adult Family Survey: Final Report – January 2003* and *Children Family Survey: Final Report – January 2003*.

<sup>11</sup> The rankings are based on a difference of at least five-percentage points from the national average.

**CONSUMER SURVEY<sup>12</sup>**  
**NATIONAL COMPARISON<sup>13</sup> - 2001**

<b>Category</b>	<b>Vermont's Ranking (%)</b>	<b>Statistical Rating Nationally<sup>14</sup> (National Ranking - %)</b>
Community Inclusion	Highest (84%)	Significantly higher (78%)
Supports Related to Choices	Highest (77%)	Significantly higher (61%)
Personal Choice	Highest (86%)	Significantly higher (75%)
Satisfaction – Work/Day	Highest (98%)	(no statistical rating available)
Relationships	8 <sup>th</sup> (76%)	(no statistical rating available)
Satisfaction – Residence	Lowest (89%)	(no statistical rating available)

<b>Individual Questions</b>	<b>Vermont's Ranking (%)</b>	<b>VT's Relationship to National Average (National Ranking - %)</b>
Self-advocacy	1 <sup>st</sup> (69%)	Better (28%)
Mail opened without permission	1 <sup>st</sup> (8%)	Better (12%)
Feel safe in their home	2 <sup>nd</sup> (87%)	Better (80%)
Feel lonely	3 <sup>rd</sup> (44%)	Better (49%)
Service coordinator helps them get what they need	3 <sup>rd</sup> (88%)	Better (78%)
Feel safe in their neighborhood	4 <sup>th</sup> (85%)	Better (82%)
Had physical exam in past year	4 <sup>th</sup> (92%)	Better (83%)
Have adequate transportation when they want to go somewhere	all the same (79%)	Same (79%)

<sup>12</sup> Consumer survey data needs to be taken in the same context as any study of satisfaction, as a general reflection of a person's perspective on life.

<sup>13</sup> Data based on results from seventeen states that participated in the National Core Indicators 2001 consumer surveys as part of the National Core Indicators. Results published in *Consumer Outcomes – Phase IV Final Report – Fiscal Year 2001-2002 Data*. Data was analyzed by category (grouping of questions based on certain commonalities) and individual questions.

<sup>14</sup> The national average was calculated across all other states participating.

## ***COST ANALYSIS<sup>15</sup>***

**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.**

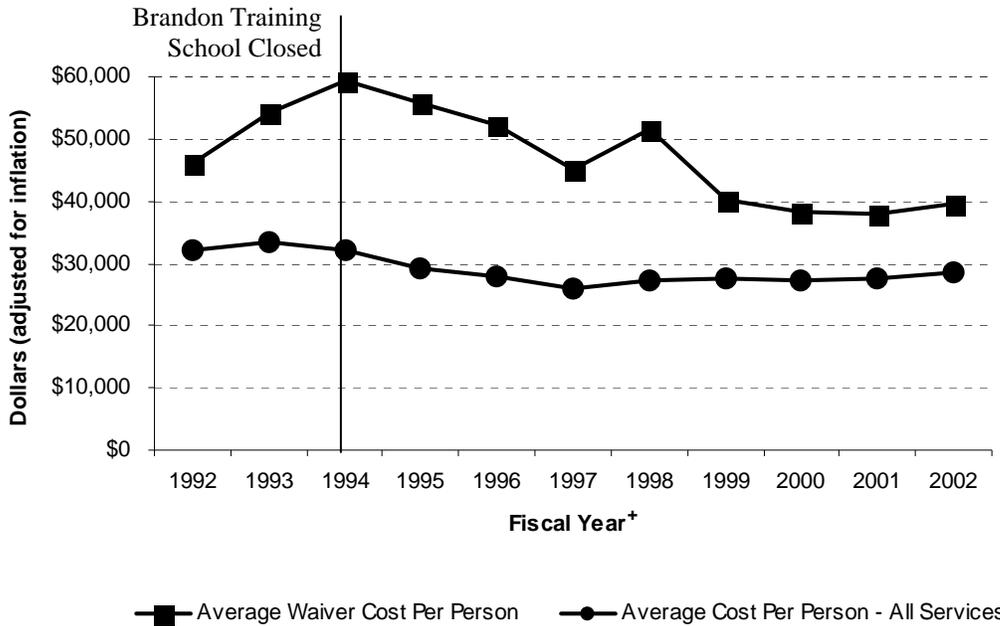
**Yet, state funds are limited.**

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

---

<sup>15</sup> See Attachment A for a general breakdown of the Division of Developmental Services' FY 2002 budget.

**AVERAGE WAIVER COST<sup>16</sup> PER PERSON  
AVERAGE COST PER PERSON – ALL SERVICES  
FY 1992 – FY 2002**



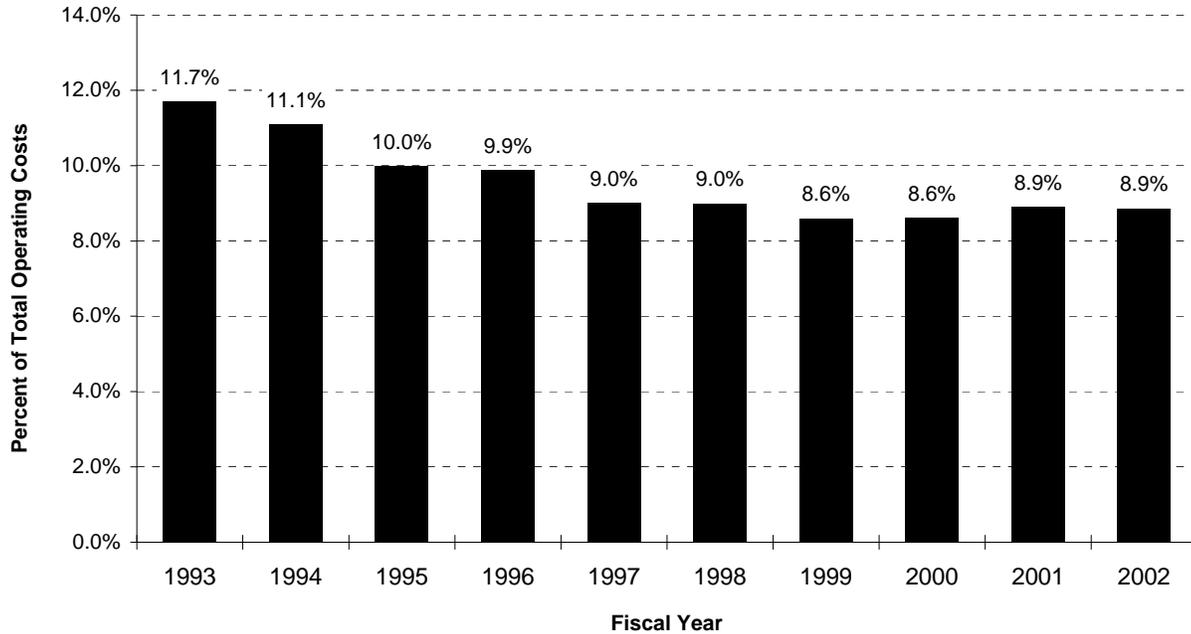
- The average waiver cost per person in FY '02 rose by approximately 5.8% primarily due to the suspension of services to new children in December 2001 (as the average waiver cost for children is generally lower than adults).
- The addition of 50 adults to 24-hour home supports also contributed to the increase in the average waiver cost per person in FY '02. By contrast, in FY 2001, the number of people receiving 24-hour-a-day support remained almost level with the year before (FY 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-hour-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 average cost per person for all services has remained about the same.

<sup>16</sup> The numbers are adjusted for inflation.

<sup>+</sup> Average Waiver Cost: Waiver years 1992 –1997 ended on 3/31. From 1998 on, waiver years ended on 6/30. Due to this change over, waiver year 1998 reflects costs for a 15-month period. Average Waiver Cost – All Services: Uses year-end numbers.

## AGENCY TOTAL ADMINISTRATION COSTS<sup>17</sup>

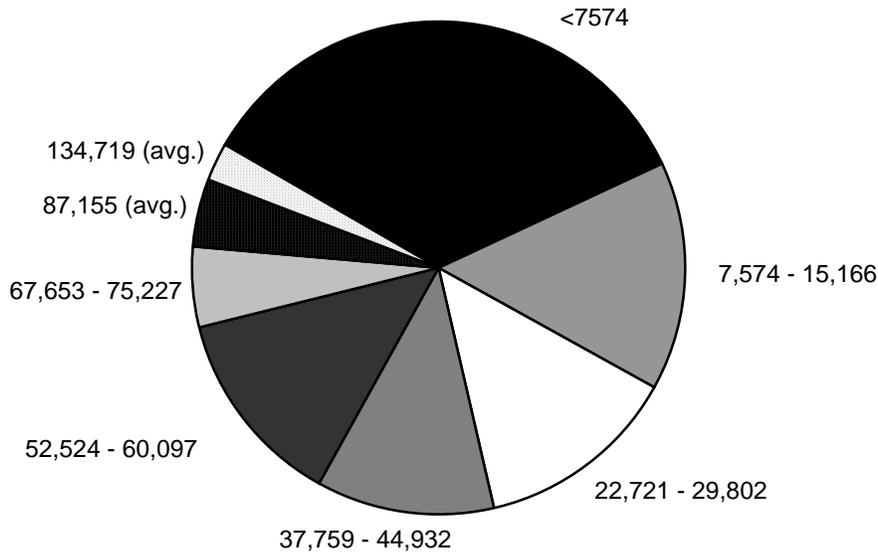
### FY 1993 - FY 2002



- Administrative expenses include those that are required to run the total agency. Management expenses (e.g., DS director, buildings, etc.) relating to major program areas (i.e., developmental services) are considered program expenses, not administration.**

<sup>17</sup> FY '96 and FY '97 do not include administrative costs for RCL.

**PER PERSON SERVICE RATES OF INDIVIDUALS SERVED  
(N = 2795)  
FY 2002**

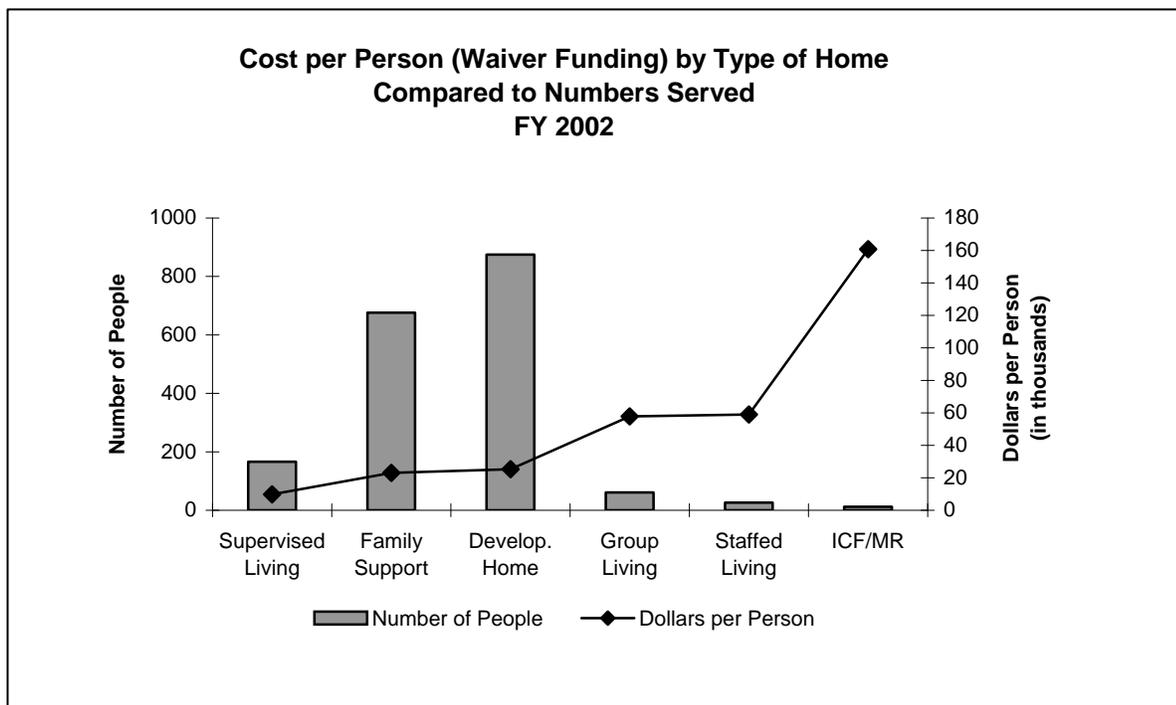


- **The average cost of all services per person in FY 2002 is \$28,675.**
- **One-half of all individuals served (50%) are funded for less than \$20,000/person/year.**
- **The average per person cost of supports in the most intensive community service category<sup>18</sup> is \$134,719 per year, which is still approximately 64% less than what the estimated annual per person cost would have been at the Brandon Training School in FY 2001 (\$211,496 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.**

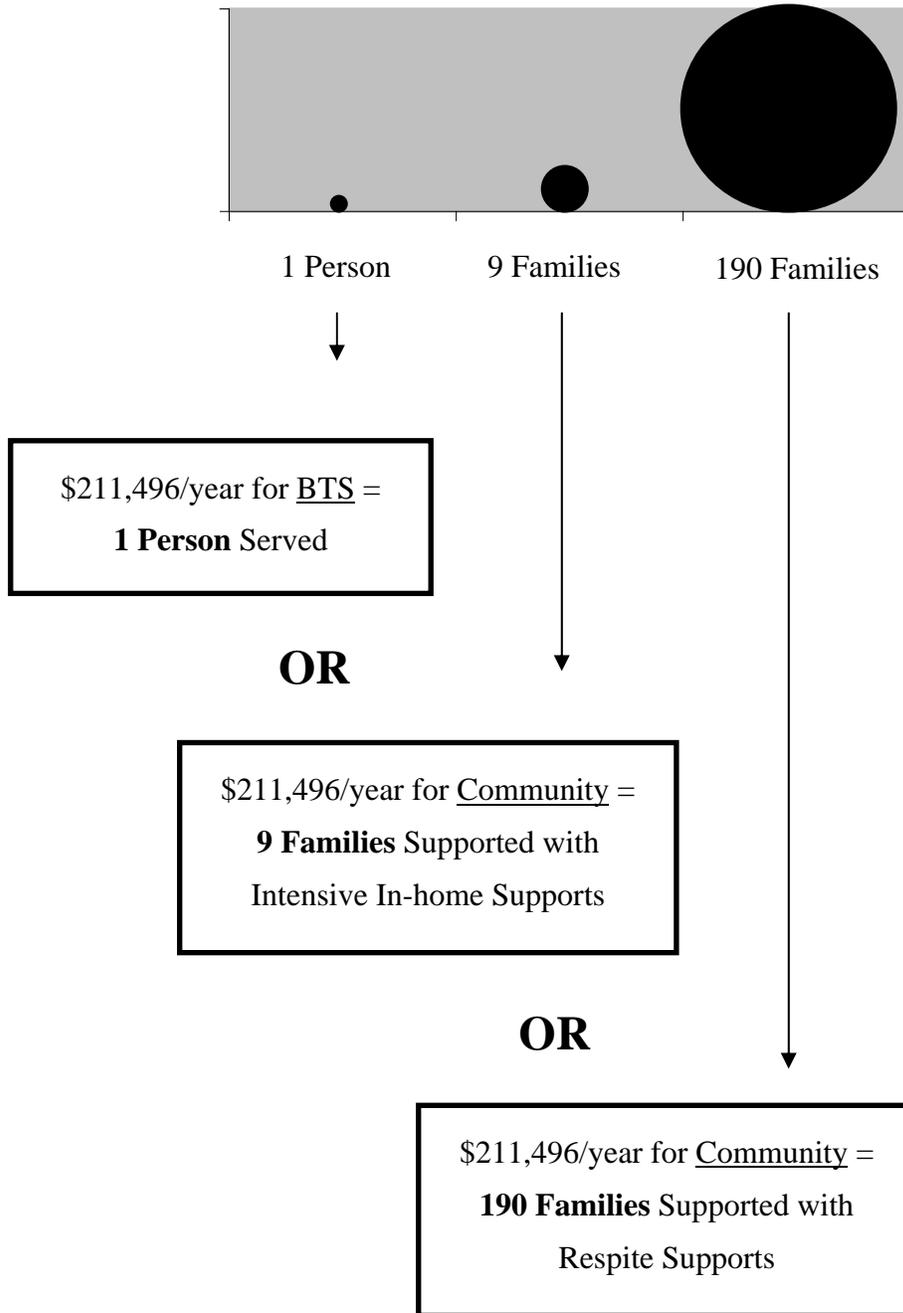
<sup>18</sup> The highest rate category includes 12 people with intensive medical needs in Intermediate Care Facilities for People with Mental Retardation (ICF/MR).

**EMPHASIZING COST EFFECTIVE MODELS**

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

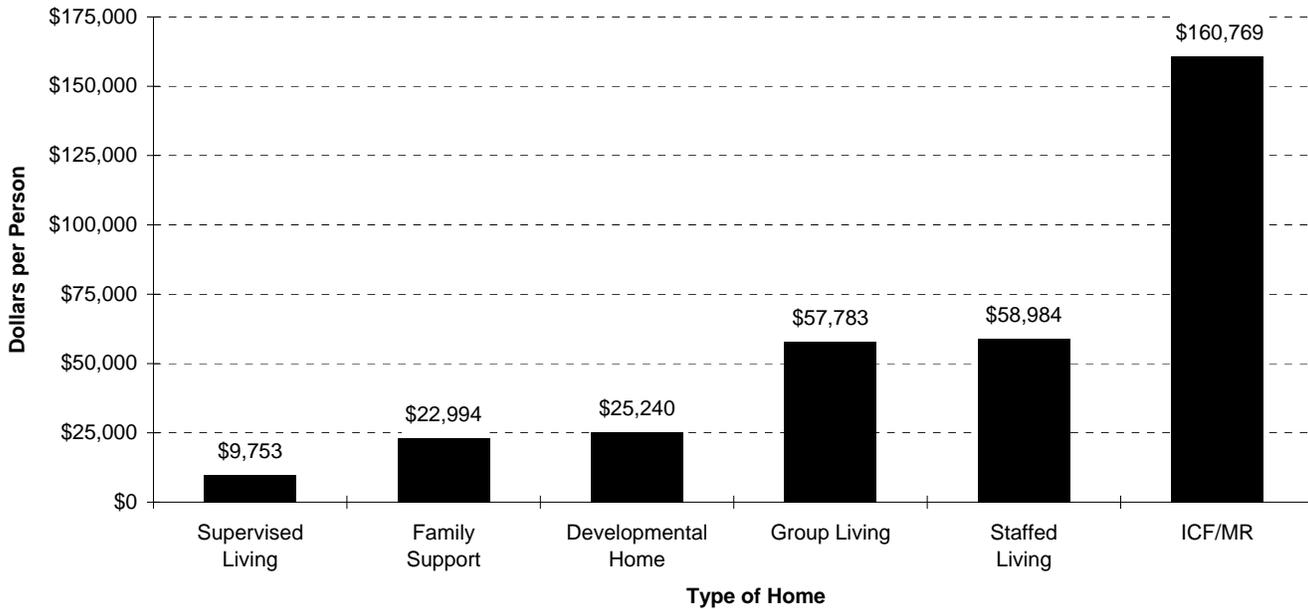


**UNIFIED SERVICE SYSTEM  
INSTITUTIONAL SERVICES COST MORE THAN COMMUNITY SUPPORTS<sup>19</sup>  
FY 2002**



<sup>19</sup> Costs are adjusted for inflation.

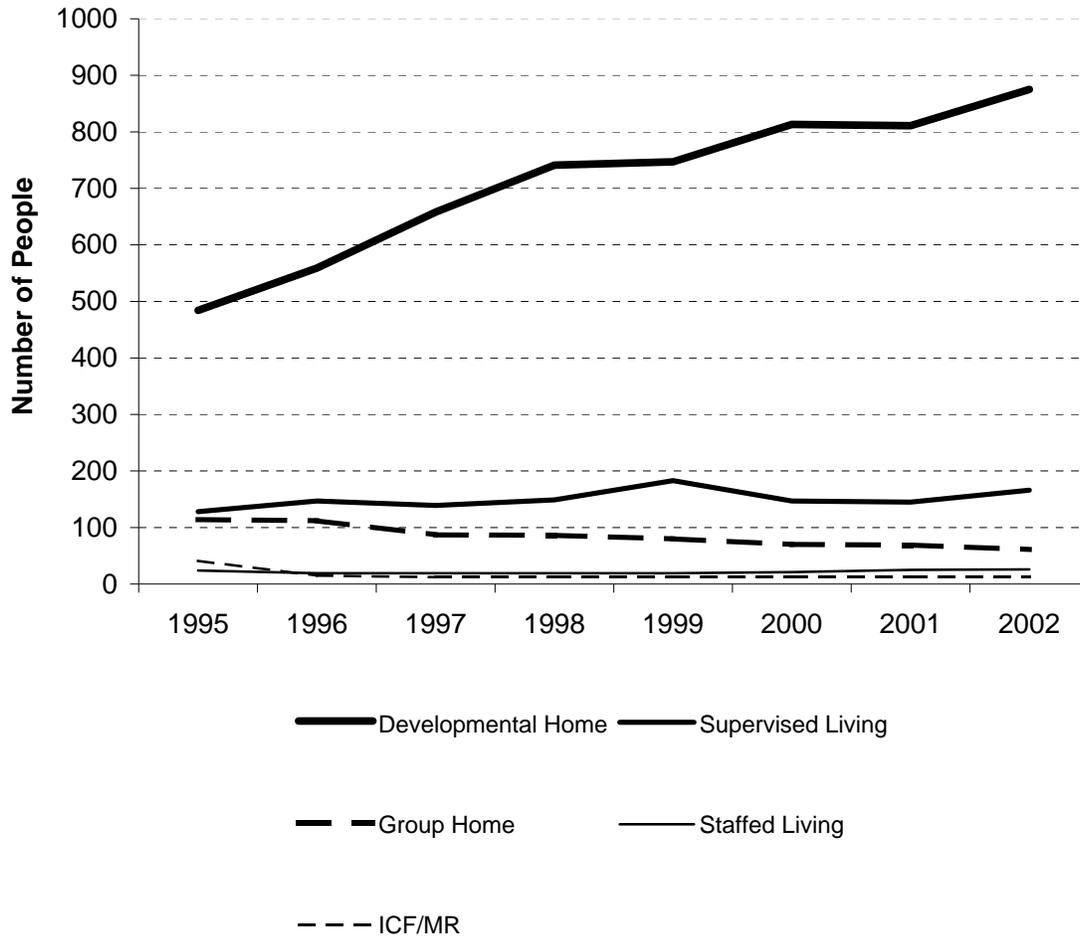
**AVERAGE COST PER PERSON BY TYPE OF HOME  
WAIVER AND ICF/MR  
JUNE 30, 2002**



- **Costs increase with the use of congregate, staff intensive settings. Supervised living, family supports and developmental homes cost less than group living, staffed living and ICF/MRs.**
- **While ICF/MRs are the most intensively staffed residential arrangement and therefore the most expensive<sup>20</sup>, there are only 12 people living in this type of setting.**

<sup>20</sup> 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 (e.g., service coordination, community or work supports, clinic services). Costs for the other home supports do not include the costs of additional services provided to the person.

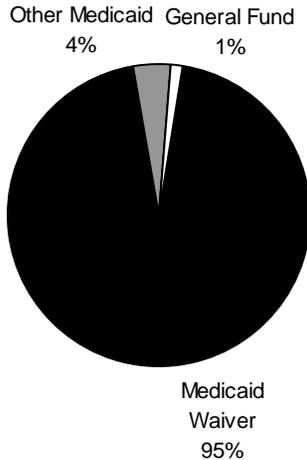
**RESIDENTIAL POPULATION CHANGE  
8-YEAR COMPARISON  
YEAR-END: FY 1995 & FY 2002**



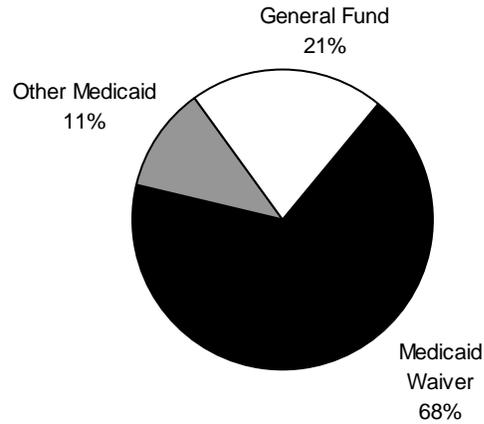
- **The reliance on more costly and congregate home supports, such as group homes and ICF/MRs, has continued to decrease over the past eight years.**
- **On the other hand, individualized home supports, specifically developmental homes and supervised living, have grown 70% in the past eight years. Developmental homes alone account for 77% of the residential placements in FY 2002.**

**PERCENTAGE OF FUNDING AND PEOPLE<sup>21</sup>  
BY DS FUNDING TYPE<sup>22</sup>  
FY 2002**

**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.**
  
- **Almost ninety-nine percent (98.7%) of developmental service funding is from Medicaid, making Vermont’s developmental services system among the top users of federal funds nationally.**

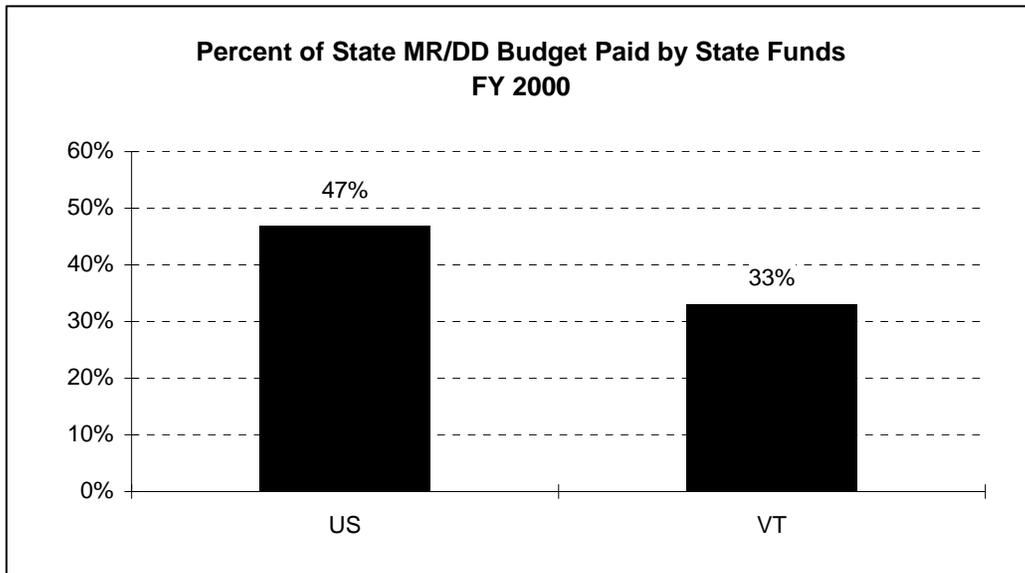
<sup>21</sup> The “Percent of People” are based on unduplicated count across funding types. Any duplication in people receiving both “General Fund” and “Medicaid Waiver” are included in the waiver count only. Any duplication in people receiving both “General Fund” and “Other Medicaid” are included in the GF count only.

<sup>22</sup> Other Medicaid = Targeted Case Management, Rehabilitation, Transportation, Clinic & ICF/MR. General Fund (GF) = Flexible Family Funding.

### **COMPARISON WITH OTHER STATES**

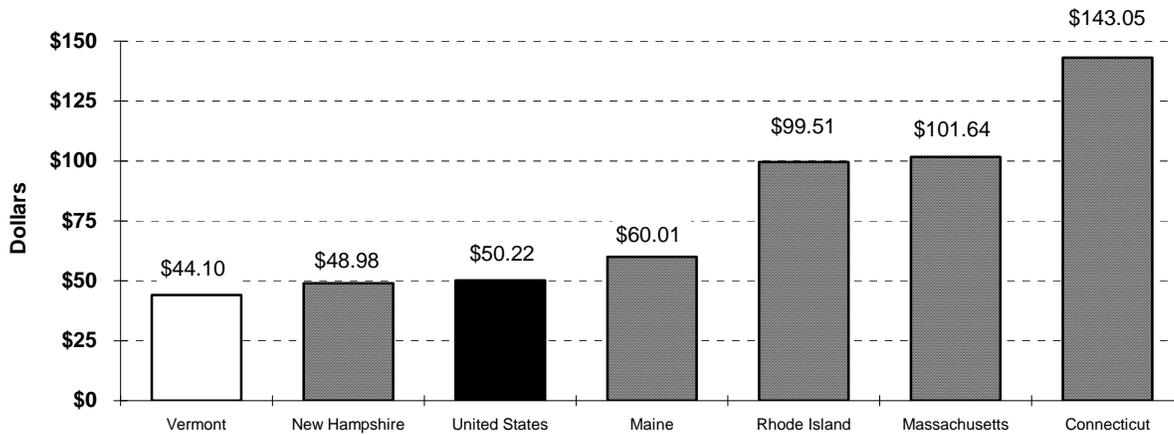
**Vermont spends fewer state dollars (including Medicaid match) per state resident for Mental Retardation/Developmental Disability (MR/DD) services than any other New England state and less than the national average.**

**Yet, Vermont serves more people in MR/DD residential services per 100,000 population than the national average. Therefore, more people are served for fewer state dollars.**



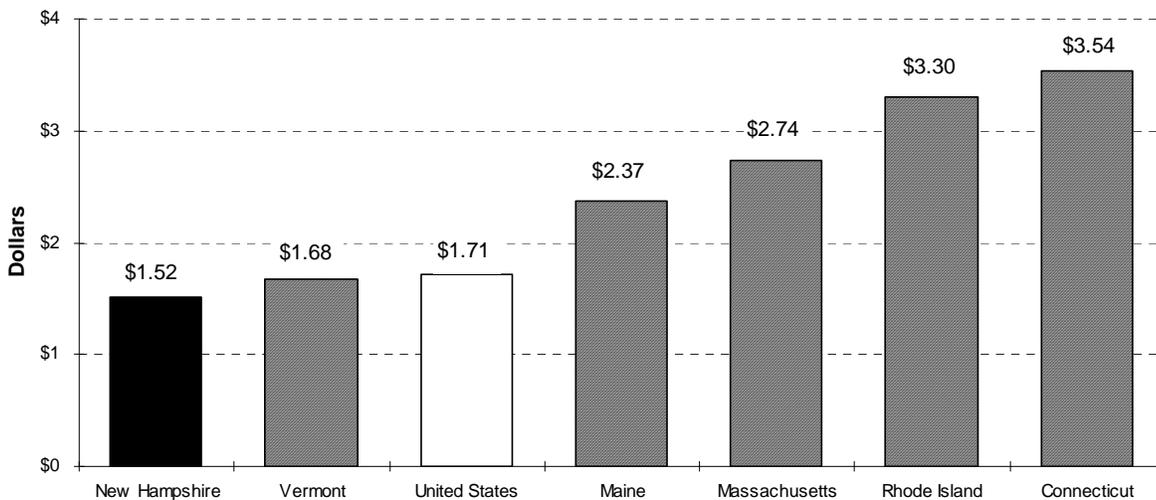
Source: The State of the States in Developmental Disabilities: 2002 Study Summary, Coleman Institute for Cognitive Disabilities & Department of Psychiatry, UC, January 2002.

### MR/DD STATE SPENDING PER CAPITA FY 2000



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

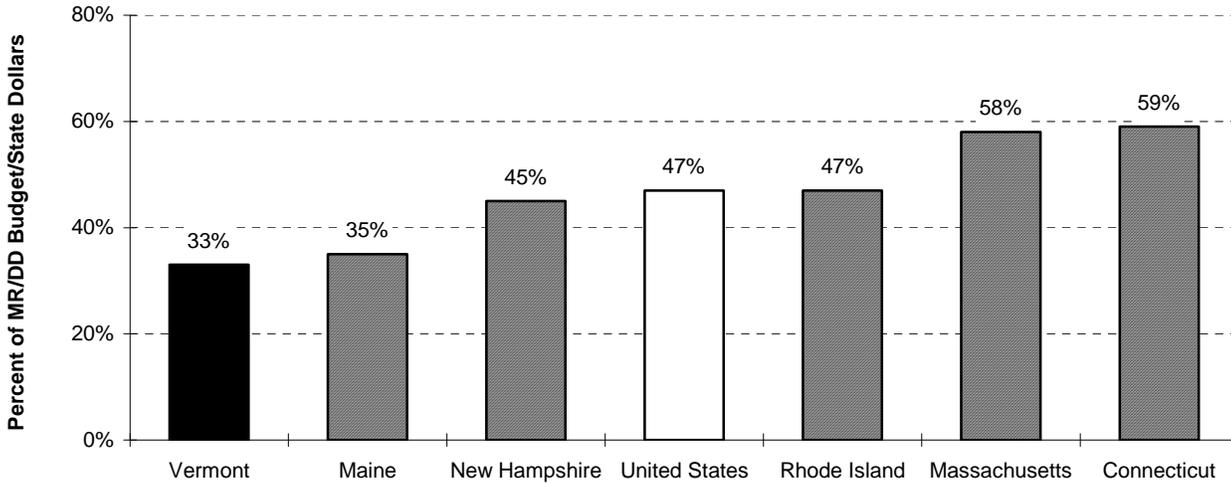
### STATE FISCAL EFFORT TOTAL MR/DD SPENDING PER \$1,000 IN PERSONAL INCOME FY 2000



- 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 average<sup>23</sup>.

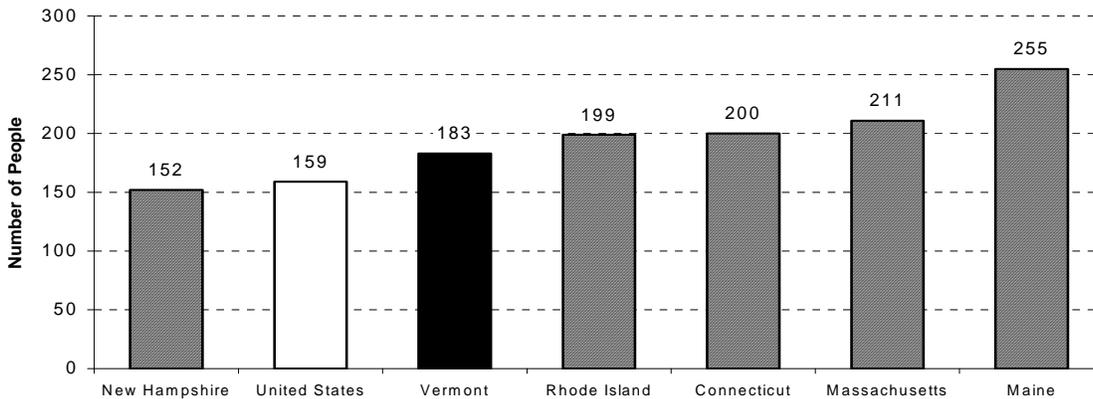
<sup>23</sup> Source: The State of the States in Developmental Disabilities: 2002 Study Summary, Coleman Institute for Cognitive Disabilities & Department of Psychiatry, UC, January 2002.

### PERCENT OF STATE MR/DD BUDGET PAID BY STATE FUNDS FY 2000



- **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 2000



- **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's numbers are less than all other New England states<sup>24</sup> except NH.**
- **Cost Effectiveness: Vermont's residential services are provided at comparatively less cost due to an institution-free service system.**

<sup>24</sup> Source: The State of the States in Developmental Disabilities: 2002 Study Summary, Coleman Institute for Cognitive Disabilities & Department of Psychiatry, UC, January 2002.