

# Vermont Olmstead Plan

## *Abridged Version*

Prepared by the  
*Vermont Olmstead Commission*

**February 6, 2006**

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Vermont Olmstead Legislation

Olmstead Commission Members, Ad Hoc Members, and Staff

## Introduction

In 2002, the Vermont Legislature created the Vermont Olmstead Commission in response to the United States Supreme Court ruling in *Olmstead V. L.C.*, June 1999. In that case, the Court was asked by two women from Georgia who had spent years in institutions whether the anti-discrimination provision in the Americans with Disabilities Act of 1990 (ADA) requires a state to discharge people with disabilities to community settings once their treatment providers determine community placement is appropriate. The Court ruled that the ADA requires community placement for individuals with disabilities when:

- The “State’s treatment professionals have determined that community placement is appropriate,” and
- The community placement is not “opposed by the affected individual,” and
- The “placement can be reasonably accommodated taking into account the resources available to the State and the needs of others with mental disabilities.”

The Court suggested that one way state’s could comply with this ruling would be to have a “comprehensive, effectively working plan for placing qualified persons with mental disabilities in less restrictive settings, and a waiting list that moves at a reasonable pace...”.

Vermont has consistently been a national leader for integrating citizens with disabilities in their communities.<sup>1</sup> Policymakers, providers, consumers, and family members have worked hard and continue to work hard to ensure that Vermonters are not unnecessarily confined to institutions. For more than ten years Vermont has implemented policies and programs to promote consumer choice, independence and self-determination. To build on this previous work, the legislature formed the Vermont’s Olmstead Commission which is group of individuals representing consumers, family members, state government, advocacy organizations, and service providers. The purpose of the Olmstead Commission was to develop a comprehensive plan to identify existing capacities, gaps and financial implications for assisting the following individuals to avoid institutionalization and live in their communities:

- ❖ People with developmental disabilities living in nursing homes, group homes, and intermediate care facilities for persons with mental retardation (ICF/MRs).
- ❖ Elders and others with physical or cognitive disabilities living in nursing homes and residential care homes.
- ❖ Persons (all ages) with psychiatric disabilities confined to institutions or at risk of institutionalization or involuntary treatment.
- ❖ Persons (all ages) with psychiatric or developmental disabilities at risk of placement in correctional facilities.

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<sup>1</sup> For people who are deaf or hard of hearing, the term “integrated” may be more accurately described as “communicatively accessible.”

- ❖ Other persons with disabilities who are at risk of not receiving services or supports in the most integrated settings

Following is the vision statement developed by the Commission to guide its work:

### ***Vision Statement***

*Affirming that all Vermonters have the right to live, learn and work in the most integrated setting of their choice, it is our vision that people with disabilities and their families have access to the same community options and opportunities afforded to all Vermonters.*

A major part of the Commission's work was to gather the stories, experiences, and recommendations from people with disabilities, their families, and their providers and caregivers. The commission accomplished this through five statewide public hearings; focus groups designed for individuals unlikely to attend a public hearing; and by inviting written testimony. The Commission members also developed detailed topic briefs on areas that impact the lives of all people with disabilities and their ability to be full participants in their communities.

The Plan provides highlights of the public stories and testimony; provides a contextual overview within which the Plan was developed; describes the current status of Vermont services and supports for people with disabilities, including information from the topic briefs; and identifies challenges to full community integration and the fiscal and non-fiscal implications associated with each of these challenges.

## Context of Olmstead Plan Development

### ***Medicaid Crisis***

Medicare and Medicaid are essential health insurance programs for individuals with disabilities. Vermont has done more than many states to increase access to medical care and supports for people with disabilities through Medicaid. The state of Vermont has been a national leader in making affordable health coverage available to low income children and adults and people with disabilities. Vermont's average uninsurance rate is second lowest in the nation. Today nearly one-in-four Vermonters receive some coverage through the public Medicaid health insurance program. Vermont also has been very aggressive in obtaining federal Medicaid Waivers to assist people with disabilities to remain in their homes and communities and avoid institutional care.

Vermont's achievements in providing broad access to health care and disability supports are now being jeopardized by the ever escalating cost of health care and pharmacy costs, changes in support by the federal government for this program, and dependence on state revenue sources that do not grow at the rate of medical inflation. Like other states, the Vermont Medicaid program today faces the prospect of large and deepening annual deficits.

To help address this Medicaid crisis, as of October 1 Vermont entered into a new five year comprehensive 1115 federal Medicaid demonstration waiver called ***Global Commitment to Health***. The goals of the Global Commitment to Health waiver are to provide the state with financial and programmatic flexibility to help Vermont maintain, and possibly extend, its broad public health care and disability supports coverage. This waiver caps overall federal

contributions for Medicaid services over the next five years and, in return, provides program flexibility to enable the state to restructure the Medicaid program and address future needs in a holistic, global manner. It also will enable Vermont to bring in an estimated \$150 million in new federal funds without the need for new state funds – thereby reducing the projected five year deficit. While this waiver does contain some risks for the State, the legislature approved entering into the waiver agreement because of the potential financial and programmatic benefits for Vermont. However, even with the financial benefits of the new waiver, given the enormity of the state's predicted Medicaid budget crisis, difficult discussions and decision will need to occur over the coming five years if Vermont is to continue to provide the broad-based health care currently offered through its Medicaid program.

### ***Re-organization of the Vermont Agency of Human Services***

This Olmstead Plan also has been developed in the context of a recent re-organization of the Vermont Agency of Human Services. In July, 2004 AHS realigned its programs and established the new Department for Children and Families; new Department of Disabilities, Aging and Independent Living; and Department of Health to include Mental Health; and established the Office of Vermont Health Access as a separate entity. AHS also created a new Field Services Division within the Department for Children and Families to provide a strong agency presence in each region to focus on issues of access, service coordination, and the overall effectiveness of service delivery in the region. AHS also appointed an AHS Director for Housing and Transportation, and hired new specialists at the agency level for autism; deaf and hearing-impaired services; and trauma. As part of re-organization, AHS also adopted a set of Individual and Family Support Principles as standards to guide its work.

### Themes from Public Hearings and Focus Groups

- *Strict Eligibility Guidelines can leave out people with a great deal of functional Impairment*
- *Access to Information regarding Supports and Services is hard to find and is not integrated*
- *Income limits are too low: choosing to work or marry causes people to loose their benefits too quickly*
- *Personal Care Services and Respite are essential, yet extremely difficult to find and maintain*
- *Not enough has been done to change the presumption that the only option for the frail elderly is nursing home care*
- *Elders are worried about the future for their adult child with disabilities*
- *Integration and Participation is not possible without transportation*
- *People with disabilities in Corrections have unique issues.*

# Description of Vermont’s Service and Supports for People with Disabilities

## **ACCESS TO INFORMATION, REFERRAL, AND ASSISTANCE**

People with different types of disabilities need accurate, complete and unbiased information about their service and support options in order to make informed choices. There are several resources within Vermont that address this need:

- ❖ Vermont Parent Information Center (VPIC)
- ❖ Vermont Center for Independent Living (VCIL)
- ❖ Vermont Psychiatric Survivors and NAMI-Vermont
- ❖ National Family Caregiver Support Program
- ❖ Vermont Assistive Technology Project (VATP)
- ❖ Senior HelpLine
- ❖ Vermont 211 system
- ❖ Real Choices System Change Grant
- ❖ Resource Center grant

Even with the above resources, gaps still exist in the information, referral and assistance infrastructure for people with disabilities in Vermont.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Need for streamlined accessible information system.	It would require approximately \$480,000 to \$600,000 total for 12 navigators, depending on state or non-profit affiliation.	<ul style="list-style-type: none"> <li>• Promote use of 211 system</li> <li>• Implement recommendations of AHS Navigation Task Force</li> <li>• Implement Real Choices grant recommendations through the Resource Center grant</li> <li>• Ensure that the new state Strategic Enterprise Initiative includes a plan for accessible IT equipment and services.</li> </ul>
Specialized supports for people who are deaf, hard of hearing, late deafened and deaf blind	It would cost approximately \$30,000 annually to contract with a deaf related agency to handle information and referral.	<ul style="list-style-type: none"> <li>• Provide training for AHS staff regarding the needs of these individuals.</li> </ul>

## **HOUSING**

Affordable housing is essential for the full participation and integration of people with disabilities in the community. People with disabilities often have the lowest incomes and need housing located near transportation, services or support systems.

Historically, federal programs have given state and local housing providers the means to make housing available to the neediest families and individuals. Recently however, the federal programs have shifted their national housing policies and the availability of vouchers and project-based assistance is decreasing.

People with disabilities also face significant fair housing challenges with respect to renting. Vermonters with the highest needs for access in a home also can face costs of more than \$50,000 to make home modifications (such as for homeowners who become quadriplegic, or people with mental health disabilities who require special accommodations throughout a home).

There are some positive developments in Vermont.

- ❖ There are several different sources of assistance for home modification.
- ❖ A coalition of state and local organizations devoted to housing have begun to jointly promote *Visitability and Accessibility standards* for housing development.
- ❖ There is a statewide comprehensive and searchable on-line directory of available subsidized rental housing, including information on units that are reserved for people with disabilities, units without such restrictions, and wheelchair accessible units.
- ❖ The state recently completed an update to its Analysis of Impediments to Fair Housing, which lists specific recommendations that will increase the number and availability of accessible and affordable units in communities across the state.
- ❖ Vermont has two HomeShare programs.
- ❖ The Housing and Supportive Services (HASS) program provides residential supports in congregate housing for elders and individuals with disabilities
- ❖ Many properties managed by VSHA have service coordinators who work to help keep seniors and other populations independent by matching their needs with social services while creating a sense of community among residents.
- ❖ The Stewart B. McKinney Homeless Assistance continuum of care programs address homelessness by trying to maximize resources and coordinate services.
- ❖ Housing for Persons with AIDS (HOPWA) is used to prevent homelessness by providing rental assistance to low-income persons with AIDS and their families.
- ❖ As of January 2005, Vermont had 112 residential care homes (RCHs) in operation with a capacity to serve up to 2,306 aged and disabled Vermonters in need of room, board, 24-hour supervision, and personal care.
- ❖ Vermont's Assisted Living Residences allow residents to live in a private apartment or suite and receive comprehensive services that increase with changing needs (aging in place).

- ❖ The new Real Choices Grant - Integrating Long Term Supports with Affordable and Accessible Housing - focuses on increasing supply of housing and adding services that are key to early and late aging in place.
- ❖ The Agency of Human Services has a new position of Director of Housing and Transportation to assist in coordinating the housing issues facing individuals and their families.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Reductions in HUD Section 8 vouchers.	An additional \$27 million per year from the federal government for rental assistance for the 5,000 Vermonters on waiting lists.	None identified.
Reductions in Section 515 Rural Rental Housing program and rural development funding for direct loans.	Unknown, as the USDA Rural Development appropriations bill for this fiscal year has not been passed.	None identified.
Lack of affordable housing in Vermont's existing housing stock.	Vermont could consider appropriating more revenue to develop more affordable housing units as an alternative to direct rental assistance.	<p>AHS and the Governor's Housing Council are considering how to coordinate highest priority needs of people with disabilities in the next Memorandum of Understanding between AHS and housing funders.</p> <p>USDA Rural Development's Vermont/New Hampshire office continues to coordinate priorities via the "highest needs place" list to assure that the highest needs remain competitive in national applications.</p> <p>Begin expending the \$100,000 annual set-aside of CDBG funds from the Department of Housing and Community Affairs</p> <p>Support existing organized efforts of the Affordable Housing Council, the Governor's Housing Council, the Vermont Housing Awareness Campaign and others to reduce "Not In My Backyard" / local resistance to affordable housing projects and to reduce pre-development costs so that more units can be developed/supported with existing resources.</p>

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Privately owned wheelchair accessible units are not fully utilized by tenants needing such accommodations.	None identified.	Explore creating a registry of such units based on a model developed by Massachusetts so that people with disabilities who can afford it can locate accessible units available through the private market and not just subsidized housing.
There are long Waiting Lists for Housing Modifications Programs	<p>The program is estimated to cost \$1,080,000 per year, and one-time funding of \$1,830,000 would eliminate the wait list.</p> <p>Specific accommodations for people who are deaf/hard of hearing would require \$440 per person for a visual alert system, smoke alarm, and door bell.</p>	<p>Maintain coordination of existing resources and the VCIL specialist position to assure that public funds are used as dollars of last resort.</p> <p>Develop a plan for the funding, production and promotion of a model universally designed, affordable home to raise awareness of consumers, designers, contractors and funders about the opportunity to increase the supply of accessible housing.</p> <p>Better publicize the VSHA Enable program.</p>
Residential Care Homes need preservation and stabilization.	Information not available.	None Identified.
Assistive Community Care Services payments are not keeping up with inflation.	It would require a total of approximately \$613,200 each year to increase the ACCS payments to an adequate rate.	Continue periodic meetings of government entities and the industry to assure the industry obtains all possible support to cope with the changing operating environment and to prevent closures wherever possible.
Development of additional Assisted Living Residences is jeopardized due to property taxes.	None identified.	Vermont Housing Finance Agency has worked with the Department of taxes to adjust the valuation of assisted living units to buffer this impact. The issue should be monitored to determine whether further action is needed in the future.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Residential settings that are adapted for people who are deaf/hard of hearing and have significant developmental disabilities and or mental health disorders may be needed.	Such a residence may cost approximately \$500,000-\$600,000 for start up and the same amount each year for operational expenses.	Provide consultation to staff who work in residential settings where a deaf / hard of hearing person lives.
HomeShare programs are not available statewide and the demand for this cost-effective alternative is far exceeding availability.	To develop three new regions would require \$15,000 in planning funds and annual operating support of \$84,000. If initial start-up funding is not available from Vermont Community development program, an additional one-time allocation of \$630,000 over three years might be needed.	None identified
New rules regarding access to Housing and Supportive Services (HAAS) may have a negative impact on individuals who would benefit greatly from services which could help stabilize their condition before they are clinically eligible for HAAS.	None identified.	Evaluate and closely track the impact of the new rules regarding access to HAAS for people who are not eligible.

## **TRANSPORTATION**

Access to transportation services which are reliable and responsive to the varied individual needs of people with disabilities is a necessity for individuals to be independent and able to live and participate in their communities. Following are transportation resources available to elders and Vermonters with disabilities:

- ❖ The Vermont Elders and Persons with Disabilities Transportation Program (E&D Transportation Program) provides a variety of services, including trips for medical appointments, adult day, senior meals, employment and shopping.
- ❖ Other programs provide transportation resources for people with disabilities in the form of passes, tickets, vouchers and/or contracts for services, vehicle or equipment purchases and repairs, and volunteer cars.
- ❖ In July, 2004, AHS created the new position of *AHS Director of Housing and Transportation*.
- ❖ A Memorandum of Understanding between AHS and VTrans was established to ensure collaboration between the agencies regarding activities affecting E&D transportation.
- ❖ DAIL maintains a database of E&D services to help to identify unmet needs and ensure that transportation services remain available and accessible.
- ❖ Vocational Rehabilitation (VR) also provides financial assistance to adults with disabilities to be able to obtain affordable modified vehicles and keep those vehicles in good repair.
- ❖ As the population of Vermont's elders and persons with disabilities increases, understanding the impact of urban design/form of aging in place is essential.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Inadequate resources to assist families that have children with disabilities and adults with disabilities to be able to obtain affordable modified vehicles and keep those vehicles in good repair.	Approximately \$935,000 would provide assistance to 11 adults on the waiting list for assistance with adapted van (at an average cost of \$85,000). Similar funds would be needed annually to avoid waiting lists.	None identified
The capacity of the Elders and Persons with Disabilities Transportation Program is not adequate to meet needs and expectations of program participants. This includes specialized accommodations for people who are hearing or visually impaired.	An annualized total of approximately \$2.6 - \$8.1 million would be needed annually to meet the needs due to increased populations and/or service expansion.	Transit providers and VTRANS should work with disability advocacy organizations and local planning commissions to plan and implement para-transit services for any transportation route covered under the new §5311 requirements.

Challenges	Financial Implications	Other Actions Needed
There is little to no accessible outreach or marketing about E&D Transportation program and services.	None identified	Increased outreach efforts to deliver a clear, accessible message about the types of services available and how they are accessed
The impact of urban design/form of aging in place needs to be emphasized.	None identified.	Opportunities to coordinate land use and transportation planning with human service program design should be pursued and explored. There may be potential to build on "quality community" initiatives sponsored by federal agencies.

## **HEALTHCARE**

For many individuals with disabilities, health care and health care coverage or the lack thereof often serves as the resource- or barrier- that most significantly affects their ability to live in the most integrated setting and successfully participate in employment, education, recreation and community life. People with disabilities use medical services more than those without disabilities, but face a range of barriers to getting the health care they need. These barriers include limited access to care, lack of accommodations, and issues regarding eligibility and financing.

Vermont has developed the following initiatives to help address these issues:

- ❖ UVM Medical School has developed the Interdisciplinary Leadership Education for Health Professionals (ILEHP) to train allied health practitioners which provides specialized training on disability to practicing health professionals.
- ❖ Vermont's Office of Vermont Health Access has tested new uses of the "*Medical Home*" approach to help physicians and primary care practices build their capacity to provide effective services to individuals with disabilities
- ❖ A new 2 million dollar grant from CMS is designed to help Vermont coordinate the financing and delivery of acute and long term care to seniors and individuals with disabilities with Vermont.
- ❖ Vermont's Blueprint for Health is looking at ways to improve *treatment and reduction of chronic conditions* and could be implemented to promote the inclusion of individuals with diverse disabilities fully in the project with the goal to reduce secondary conditions experienced by individuals with disabilities.
- ❖ Vermont has developed some highly respected services, such as Adaptive Ski and Sports but is significantly behind many other states in the development of accessible wellness and athletic programs in local communities.

- ❖ The state's Disability and Health Promotion Project in the Department of Disability, Aging and Independent Living as been working with Vermont partners and with project in states with experience in accessible health and recreation programs, seeking ways to expand the accessibility and inclusiveness of Vermont programs and services. A pilot project is planned for fall of 05 which will test ways to make exercise and wellness services more available to individuals with disabilities.

However, Vermonters with disabilities still experience significant limitations in their medical and public health care services.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Individuals with disabilities receive significantly fewer prevention and intervention services than other individuals.	Information not available.	Vermont's Blueprint for Health and the new Real Choices initiatives should identify and promote preventive and health promotion interventions and services for individuals with disabilities.
Family Medicine specialists, physicians and midlevel practitioners lack formal training in providing health care to individuals with disabilities	Information not available.	UVM, Area Health Education Centers, the Departments of Health and DAIL, and VCIL and other interested organizations should explore ways to continue and expand the regional grand round educational forums on disability and health promotion held at regional hospitals in 2003 and 2004 and should explore ways to enhance disability education in degree programs and post graduate programs offered to medical practitioners in Vermont.
Issues of physical accessibility, communication barriers and universal design are not well understood or addressed within the health care and recreational communities	Information not available.	Vermont should look for ways to continue the initial planning for accessible and inclusive health, wellness and recreation programs begun in the Disability and Health Promotion Partnership Project.  DAIL should begin to assess the gap in specific accommodations for people with disabilities in health care offices, and work with the medical community to develop strategies to address them.

## **EMPLOYMENT**

The importance of employment for people with disabilities is evidenced by the numerous components of Vermont state government that are oriented towards assisting individuals to obtain and maintain jobs.

- ❖ *The Division of Vocational Rehabilitation (VocRehab Vermont)* is a federal program whose mission is to help Vermonters with disabilities prepare for, obtain, and maintain meaningful employment.
- ❖ The mission of the *Division for the Blind & Visually Impaired (DBVI)* is to help Vermonters who are blind and visually impaired to achieve or maintain economic independence, self-reliance, and community integration.
- ❖ While there are no state or federal statutes that require the *Department of Corrections* (DOC) to provide employment assistance, there are DOC Community Correctional Service Centers and Court and Reparative Service Units throughout the state that have developed informal networks and/or employment programs that provide individualized assistance to offenders seeking employment.
- ❖ The Community Rehabilitation and Treatment (CRT) program serves approximately 3,200 adults diagnosed with serious and persistent mental illness and about 36% receive employment services through mental health centers.
- ❖ *Division of Disabilities and Aging Services (DDAS)* supports community designated agencies to provide supported employment services to individuals with cognitive disabilities.
- ❖ *Department of Employment and Training (DET)* represents the State's efforts to provide services, information, and support both to individuals to obtain and keep good jobs, and to employers to recruit and maintain a productive workforce.
- ❖ *Vermont Association of Business, Industry, and Rehabilitation (VABIR)* is a private non-profit organization dedicated to increasing the employment of people with disabilities through education, employer outreach and direct job placement services.
- ❖ *Division of Economic Services (DES)* within the Department of Children and Family Services administers state and federal programs such as Medicaid, Food Stamps, and Reach Up to assist eligible Vermonters in need, including employment coaching and career planning
- ❖ *Governor's Commission on Employment of Persons with Disabilities* has a mission to promote equal access to employment for all of Vermont's citizens with disabilities.

To inform the Olmstead Plan, representatives of the above employment organizations developed the following list of the *effective programs and practices* that currently assist individuals with disabilities to become and remain employed:

- Supported employment - providing people with severe disabilities with intensive and long-term on and off work-site support.
- Interagency collaboration and excellent leadership that promotes collaboration.
- Benefits counseling - providing people receiving Social Security benefits with information about work incentives and how work will affect their benefits.
- Community Rehabilitation Treatment programs' case rate funding system.
- Professional development resources and technical assistance.

- VocRehab Vermont Transition counselors to assist students with disabilities transitioning out of high school.
- The Jump On Board for Success (JOBS) Program serving youth with emotional/behavioral disabilities.
- Apprenticeship programs.
- Increased focus on employment in the Agency of Human Services.
- Availability of assistive technology, particularly in the DET Career Centers.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Need for expanded supported employment programs.	A total of approximately \$2,380,000 would be required annually to address the unmet need for services for approximately 1,000 individuals.	Employer education; Service coordination
Need for targeted case management and supported employment services for those with disabilities that do not meet existing program criteria (e.g. IQ's between 70 and 80, mild to moderate traumatic brain injuries, etc.)	A total of approximately \$250,000 would be required annually to address the unmet need for services.	Assessment of need; Service coordination
Lack of summer youth employment programs	A total of \$522,000 would be needed annually to address this need.	Job development; service coordination with DOL.
Need for work experience and on-the-job training programs	A total of \$522,000 would be needed annually to address this need.	Job development; employer education; coordination with State Dept. of Human Resources
Need better transition planning for students receiving special education services to increase job readiness, job development, and long-term job placements.	None identified.	Increased communication between school districts and agencies that provide employment services for adults, including education to school districts about the IDEA federal requirement for transition planning

## **EDUCATION**

The federal *IDEA*<sup>2</sup> (*Individuals with Disabilities Education Improvement Act*) of 2005 and its implementing regulations mandate that children with disabilities who are eligible to receive special education be provided with a free and appropriate public education (FAPE) in the least restrictive and most integrated manner possible.<sup>3</sup> The Vermont Department of Education (DOE) has the ultimate responsibility to ensure the IDEA's implementation; the responsibility to provide a free and appropriate public education lies with the local educational agency (LEA) which in Vermont is the local school district, or supervisory union. Vermont's Agency of Human Services (AHS) and its member departments are responsible for supporting these children and their families toward successful outcomes in their broader functioning.

The following summarizes Vermont's efforts to meet these goals:

- ❖ In FY2000 a major piece of Vermont education legislation was passed known as *Act 117*, which requires a comprehensive plan to increase the consistency and quality of special education and to lower cost increases. The legislation assigned responsibility of the Educational Support System in every school system to superintendents and principals.
- ❖ The most recently signed "*Vermont Interagency Agreement*" to comply with part B of the IDEA provides expanded access to state and local interagency teams and to wrap-around programs.
- ❖ VR Transition Counselors are available in many Vermont high schools to exclusively serve youth in transition.
- ❖ Bridges to Self Sufficiency Project makes benefits planning and other assistance available to every student with a disability of transition age and provides accurate information to youth and their families on the impact of employment on all the federal and state benefits they receive.
- ❖ The JOBS Program offers vocational services and intensive case management to high-risk youth with emotional behavioral disabilities in 11 of 12 AHS districts through a partnership between VR, DMH, DFS and Corrections.
- ❖ The Vermont Assistive Technology Project provides evaluations, consultation and technical assistance to children with disabilities in public schools.
- ❖ The BEST project is an initiative of the Department of Education and the University of Vermont that works to build the capacity of educators in all regions of the state to develop effective strategies, interventions, and curricula for the students that are experiencing these challenges.

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<sup>2</sup> Known as the Individuals with Disabilities Act, or IDEA, prior to this year's reauthorization. From July 1, 2005 through June 30, 2006, schools will operate under the new IDEIA statute along with state regulations promulgated under the IDEA of 1997. The department is preparing for the revisions of state regulations and will seek public comment during this process.

<sup>3</sup> For people who are deaf or hard of hearing, the term "integrated" may be more accurately described as "communicatively accessible."

- ❖ The State Improvement Grant (SIG) is a three-year grant that provides funding for training for speech language pathologist assistants; transition services for students with disabilities; and support for related service providers.
- ❖ The passage of Act 117 facilitated the hiring of an Autism Consultant within the Department of Education to provide technical assistance and presentations to school teams and other interested parties to increase Vermont’s capacity to serve children with autism and their families effectively.
- ❖ An AHS Autism Specialist was recently hired to provide technical assistance across all of AHS regarding service provision for people with autism.
- ❖ Department of Education’s Special Education Technical Assistance Line is available to parents, educators or other providers to speak with a special education consultant at the Department of Education.
- ❖ Community High School of Vermont (CHSVT) is a statewide alternative school that primarily serves individuals in the custody of the Department of Corrections.
- ❖ AHS has convened a transition work group to address issues related to youth aged 16 – 22. Recommendations have been forwarded to the Secretary.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Transition from school is difficult for some students due to differences in the categorical disability designation for “learning impaired” (developmental delay) for special education and the eligibility criteria for Adult Developmental Services.	None identified.	<ul style="list-style-type: none"> <li>• Review the eligibility criteria for the two systems to identify possible strategies for facilitating transition.</li> <li>• Better coordination between adult employment and human service agencies and schools to plan for transition.</li> </ul>
Transition services are not provided equitably due to lack of school personnel knowledge about transition planning	None identified	DAIL provides in-service training for key school personnel about transition planning and available services.
There is a lack of services within schools to assist students with transition.	Information not available.	Increase the availability of services within schools, such as case management and teaching Independent Living Skills for all students with disabilities.

Challenges	Financial Implications	Other Actions Needed
There is a waiting list for Community Based Transition Services due to lack of job coaches and lack of available transportation to access other community based transition services.	Information not available.	Transportation could be considered a related service and therefore a responsibility of the IEP team.
Limited access to Assistive Technology Evaluations, Equipment and Training in each school district.	It would require approximately \$1,650,000 annually to fund a .5 FTE for each school district	<ul style="list-style-type: none"> <li>• More accountability in IEP process around the use, purchase and support of AT</li> <li>• Provide more training for school personnel and other service providers about accessing AT and AT use.</li> </ul>
Limited Access to Adaptive Driver's Education, as there are only two places in Vermont that conduct adaptive driver's evaluations and almost no availability of interpreters.	Information not available.	None identified.

## ***FAMILY SUPPORTS***

Family support has been defined as “supports...provided to people with disabilities living with their natural or adoptive family,” or more broadly by family advocates as “whatever it takes to promote family integrity and enhance the quality of family life.” In the area of Family Support, Vermont ranks consistently at or near the top in the country across measures of developmental services, children’s mental health, and health care.

- ❖ The federal *home and community-based Medicaid waiver for developmental services* that offers comprehensive services is one of the primary vehicles for accomplishing a totally community-based system for people with developmental disabilities.
- ❖ In 1993 Developmental Services expanded the options in its respite program to create *Flexible Family Funding* which provides \$1,122 per family per year to use for anything they feel will strengthen their ability to maintain their child or adult with a disability at home.
- ❖ Vermont has a strong commitment to serve children and adolescents in their own home, school, and community as articulated in *Vermont’s System of Care Plan for Child, Adolescent, and Family Mental Health*.
- ❖ In 1996 the Vermont Legislature passed *Act 137*, targeted to prevent unnecessary release of children into state custody. Since the passage of this law the *numbers of children entering custody* as “unmanageable” and the number of families voluntarily relinquishing custody have declined dramatically.

- ❖ A new grant has been awarded to the Agency of Human Services from the federal Administration on Developmental Disabilities to provide supports for parents with disabilities.
- ❖ Public input from people with disabilities and their families is common practice in Vermont.

The lack of available support workers repeatedly tops the list of concerns for families of people with disabilities in Vermont. Studies have found the major barriers to recruiting and retaining a paraprofessional support workforce to be: lack of training, lack of benefits, and low wages. The state and non-profit advocacy organizations are attempting to work on these issues.

- ❖ In 2003, the Community of Vermont Elders (COVE) received a three-year grant from the Robert Wood Johnson Foundation to expand training programs, broaden the reach of support workers in rural areas, and advocate for higher wages and benefits for support workers.
- ❖ A professional organization for care providers has been formed and will make recommendations regarding support workers across providers.
- ❖ Vermont pays certain family members of adults to provide care.
- ❖ Self-management of services, which maximizes money available for direct support and increases personal choice and control for people with disabilities and their families, is available in Children's Personal Care Services, Developmental Services waivers and the Attendant Care Programs.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
<p>Support for a valued, adequately reimbursed and well-trained workforce.</p>	<p>see sections on workforce needs for Mental Health, Developmental Disabilities, and Elders and People with Physical Disabilities</p>	<ul style="list-style-type: none"> <li>• Develop a strategic plan for recruitment, including high schools, vocational programs, colleges, churches or synagogues, people who have attended CCV trainings</li> <li>• Collaborate with Refugee Resettlement to match workers to jobs</li> <li>• Compile statewide and regional registries of workers</li> <li>• Investigate new approaches to building job satisfaction in the Direct Support Workforce</li> <li>• Identify outstanding workers and “shadow” them, documenting with video, identifying elements of success</li> <li>• Investigate on-line courses from National College of Direct Support</li> <li>• Establish incentives tied to achievement of Individual Service Agreement objectives</li> <li>• Investigate equity in wage scales; establish clear criteria for competitive wages</li> <li>• Investigate rates for pooled insurance costs covering all direct support workers across system</li> <li>• Encourage workers to join new direct service worker organization</li> <li>• Hold an annual conference for direct support staff</li> </ul>

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Need for better service coordination, flexibility, service equity, and support for aging parents and parents with disabilities.	<p>see section on Developmental Disabilities</p> <p>Support for parents with disabilities would require an additional \$600,000 annually for 70 families to receive a minimum of 8 hours direct support plus 2 hours case management weekly.</p>	<ul style="list-style-type: none"> <li>• Develop the capacity in each AHS region for navigators, case managers, service coordinators, and community partners to work collaboratively as a team with the individual and family to provide integrated services and supports that are responsive and respectful.</li> <li>• Identify areas where rules can be applied more flexibly (and equitably across regions)</li> <li>• Educate families and service providers on Act 137 and about best practices</li> <li>• Hold a conference for aging parents with examples of successful strategies for building good lives in the community for their sons/daughters; have good service coordinators available to do pre-planning; have parallel meeting for individuals (similar to Real Choices workshops for students in transition and their families)</li> <li>• Investigate why some eligible individuals/families do not apply for funding/services</li> </ul>
There is a gap between those diagnostically eligible for developmental services and those who meet annual funding priorities for access to services.	see section on Developmental Disabilities	Explore implications of implementing the demand model within the Designated Agency Consultant report
Moratorium on Medicaid waiver services for children.	see section on Developmental Disabilities	see section on Developmental Disabilities
Need support services for deaf parents of either hearing or deaf / hard of hearing children.	Cost is unknown.	
Need for transparent appeals and complaints procedures, and inclusion of people with disabilities and their families in outcome reporting.	It would require a total of approximately \$50,000 annually to fund a DS Ombudsman.	<ul style="list-style-type: none"> <li>• Implement Real Choices Quality Assurance Grant</li> <li>• Assure uniform grievance and appeals processes across all programs under the Global Commitment to Health Medicaid Waiver</li> </ul>

## **ASSISTIVE TECHNOLOGY**

Nine percent (21,657) of Vermont households have someone who needs or uses assistive technology to help them work, attend school or manage day-to-day activities. Vermont is fortunate to have the Vermont Assistive Technology Project (VATP) whose goal is to expand the availability of AT services, devices, training and support to help Vermonters with disabilities to have greater independence, productivity and confidence in their homes, at work, at school and in the community.

In part, VATP carries out its mission by coordinating with other organizations to provide education, outreach and information dissemination. In FY '04, VATP provided services to over 2,700 consumers, including technical assistance, awareness activities and training; demonstration, try-out and loan of AT equipment.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Limited access to affordable AT services, including assessment, evaluation and purchases.	It would require approximately \$600,000 annually to fund one Assistive Technology Practitioner in each AHS region to work with VR, DOL, DDAS, home health, nursing homes, etc. to assist people to use AT.	Inclusion of AT needs in discharge planning in hospitals and other healthcare and rehabilitation facilities.
Limited access to AT evaluations, equipment and training in each school district.	See section on Education	See section on Education
Specific assistive technology is not widely available for people who are deaf, hard of hearing, late deafened and deaf blind	Information not available.	None identified.

## **TRAUMA- INFORMED SERVICES**

Data indicate that up to 70% of the individuals accessing mental health and substance abuse services in Vermont have histories of significant physical and sexual abuse; more than 70% of women offenders in the Corrections system were abused as children, and the same percentage were abused as adults. The effects of these experiences can be devastating to individuals' abilities to succeed in life, and also can have consequences for the willingness of people to accept or engage in services and supports.

- ❖ AHS recently has hired a Trauma Coordinator who sits within the Secretary's Office. The Coordinator's role will be to develop a statewide plan for enhancing the delivery of trauma-informed services throughout AHS and its contracted providers.

- ❖ A long-standing AHS Trauma Policy Cluster has developed recommendations to assist the Agency to have a “trauma-aware and trauma-sensitive human services environment”
- ❖ AHS has provided trauma training and consultation for its leadership (in 2002) and promulgated an *AHS Policy Statement on Trauma* in 2004.
- ❖ Individual departments have supported various efforts to identify and work on issues related to trauma; including recent trauma training for all Department of Correction staff working on its women’s units, as well as over 600 AHS staff.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Need to create trauma- sensitive systems and work environments within AHS through staff training and though reviews of policy and practices and revisions.	\$30,000 Total annually (staff training)	Revision of policies and practices that are not conducive to serving people with trauma histories
Lack of availability of trauma-specific services that provide treatment and supports to individuals affected by trauma	See section on Mental Health Outpatient services	Inventory existing professional resources available throughout the state with the expertise to treat individuals with trauma histories.
Lack of information about best practices, and guides for finding trauma-specific services.	None identified	Develop best practice and resource guides for finding trauma services; broadly distribute in accessible locations and on the web

## **LEGAL SYSTEM AND PROTECTIONS**

The legal system and access to justice for people with disabilities is a key indicator of determining the degree to which Vermont is meeting the goals of state and federal disability policy. There are several organizations in Vermont whose mission is in whole, or in part, to provide legal services to protect and advance the human and civil rights of people with disabilities:

- ❖ Vermont Protection and Advocacy (VP&A) is a statewide independent agency dedicated to advancing the rights of people with mental health and disabilities.
- ❖ Vermont Legal Aid, Inc. has two projects that provide free legal services to Vermonters with disabilities: the Mental Health Law Project which represents people facing involuntary psychiatric treatment; and the Disability Law Project which represents people with disabilities in legal matters such as: discrimination, public benefit issues, special education, and guardianship.
- ❖ The Human Rights Commission conducts impartial investigations of discrimination complaints regarding housing, state government, employment, and public accommodations for people with or without disabilities.
- ❖ The Barrier Free Justice Project and the Communication Support Project are two grant-funded programs whose mission is to insure that people with disabilities have equal access to the justice system.

- ❖ The Disability Law Project, VP&A, the CDCI (Center on Disability and Community Inclusion) and other stakeholders have developed a curriculum relating to accommodations for people with disabilities in the legal system and are currently scheduled to begin training for Family Court Personnel in Rutland and DCF caseworkers statewide.
- ❖ Adult Protective Services (APS) is a public safety program within the Division of Licensing and Protection (DLP) charged with investigating allegations of abuse, neglect and exploitation of vulnerable adults in Vermont.
- ❖ AHS departments that contract with external agencies for services for people with specific disabilities also provide oversight regarding service quality and protections for vulnerable individuals.
- ❖ The Division of Licensing and Protection (DLP) within the Department of Disabilities, Aging and Independent Living provides regulatory oversight of health care facilities and agencies to ensure quality of care and services. Vermont's residential care services have relatively few regulatory deficiencies when compared to the rest of the country.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
<p>Better Training for Court, Corrections and DCF staff re: recognizing and accommodating people with disabilities.</p>	<p>All agencies receiving money from the Bureau of Justice Assistance (BJA) in the Department of Justice are eligible for free ADA training from BJA. Additional training specifically geared to judges and lawyers may be necessary, and would cost approximately \$4,000 per group (all judges) (all public defenders and assigned counsel).</p>	<ul style="list-style-type: none"> <li>• Implement training for Judges re: understanding developmental disabilities to avoid misunderstanding of individuals who appear before them.</li> <li>• Implement training for Public Defenders and Assigned Counsel re: recognizing persons with cognitive or mental disabilities and in advocating for the appropriate accommodations to enable safe community integration.</li> <li>• Incorporate specific accommodations for people who are deaf and hard of hearing into the training curriculum for court staff.</li> </ul>

Challenges	Financial Implications	Other Actions Needed
Defendants with disabilities have fewer resources to assist with Communication Barriers.	<ul style="list-style-type: none"> <li>• An annualized estimate of \$5,000 for communication support project persons to provide assistance to developmentally disabled persons in the court process.</li> <li>• Approximately \$40,000 per caseworker per year to assist in identifying and accommodating disabilities in the criminal and family court systems</li> <li>• Continuation of the Communication Support Project currently funded by the DD Council= approximately \$50,000 annually</li> <li>• Resources for qualified interpreters for the deaf to provide for communication between law enforcement and access to the justice system</li> </ul>	None identified.
More legal representation of people with disabilities is needed in the areas of mental health, access to health care, guardianship, and employment discrimination	An annualized amount of approximately \$720,000 would be needed to meet the need for legal representation in these areas.	<ul style="list-style-type: none"> <li>• Seek grant funding</li> <li>• Use law students to assist</li> <li>• Work with the Vermont Bar Association to try to fill this need.</li> </ul>
There is no system of regulatory oversight for home care agencies that do not participate in the federal certification program.	An annualized amount of approximately \$160,000 would fund staff to provide this oversight.	Examine need for any state statutory changes.

Challenges	Financial Implications	Other Actions Needed
There needs to be improved ability to respond promptly to allegations of abuse, neglect and exploitation against vulnerable adults and the capacity to focus on abuse prevention activities.	An annualized amount of approximately \$80,000 would fund staff to improve this capacity.	<ul style="list-style-type: none"> <li>• Review recommendations from APS study committee</li> <li>• Explore the need for revision of the APS investigative process to include a protocol for emergency abuse situations and placements outside of the home for abused vulnerable adults.</li> <li>• Domestic Violence programs develop and implement transition plans for facility and programmatic accessibility in partnership with DAIL and the Center for Crime Victim Services.</li> <li>• Explore implementation of activities to support prevention of abuse.</li> </ul>

## **VOTING AND CITIZENSHIP**

Vermont has put a special focus on eliminating barriers to voting for all citizens, especially those with disabilities.

- ❖ In August 2005, Vermont became the first state to certify “Inspire Vote-by-Phone”, a voting system that allows voters to cast their ballots using a regular telephone.<sup>4</sup>
- ❖ Vermont election law is designed to make it easy to vote with only four voter eligibility requirements (U. S. Citizenship; Vermont residence, 18 years or older by Election Day; take the voter’s oath on or before Election Day).<sup>5</sup>
- ❖ Vermonters with disabilities have many options in how they can register to vote and in getting assistance both in voting and in registering to vote.
- ❖ Vermonters in institutions also can vote. The Secretary of State’s Office ensures that all of the necessary information goes out to the Vermont State Hospital and correctional facilities.

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<sup>4</sup> Ibid. Inspire Vote-by-Phone is produced by IVS, a voting services company located in Louisville, Kentucky.

<sup>5</sup> 17 V.S.A. § 2121.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Actions Needed</b>
Need for improved physical access for voting in some jurisdictions.	None identified.	Work with Secretary of State's Office to standardize physical access for voting.
Need for improved communication accommodations for people who are deaf, hard of hearing, late deafened and deaf blind to participate in local governance and voting.	None identified.	Work with Secretary of State's Office to improve communication accommodations for town meetings, voting and citizenship classes.

## ***SERVICES AND SUPPORTS FOR PEOPLE WITH MENTAL HEALTH DISORDERS***

By state statute, publicly-funded services for people with mental health disorders and with developmental disabilities are provided by seventeen private, nonprofit community-based Designated Agencies (DAs) across the state provide. While Vermont's financial commitment to the services provided by the community-based DA system has been relatively high in absolute terms and as a percentage of state income, only a small and unpredictable amount of that revenue has been directed to cover workforce "cost of living" increases. These needs include the natural inflation requirements for staff salaries and benefits, dramatic increases in workers compensation rates which reflect their service provision for increasingly risky populations, and increases in health and liability insurance costs. This situation has led to very concerning rates of staff turnover, which affect access to services and quality of care. To address this issue, As a result, upon the advice of the Secretary of the Agency of Human Services, the Governor's FY2006 Budget contained a plan for a 3 year state funding increase for the designated agencies, equal to 7.5% of the current expenditure of state funds for each year. The portion of the 7.5% increase dedicated to meet inflationary demands, including workforce compensation, and the percentage dedicated to new services will be established each year.

These Designated Agencies provide acute and long-term behavioral health care services for adults, including the following:

- Emergency Services
- Adult Outpatient Services
- Elder Care
- Homeless Assistance
- Consumer/Family Initiatives
- Comprehensive Community Rehabilitation and Treatment (CRT) services for adults with serious and persistent mental illnesses
- Specialized services including services for people with co-occurring mental health and substance abuse services, trauma services, and services for elders.

The private, nonprofit, community-based DAs across the state also provide services for children and adolescents with a wide range of emotional, behavioral, and other mental health problems, and their families. Core capacity services provided by each DA include:

- Immediate Crisis Response
- Clinic-based Treatment
- Outreach Treatment
- Family Support
- Prevention, Screening, Referral and Community Consultation

In addition, statewide capacity exists for:

- Emergency or Hospital Diversion Beds
- Intensive Residential Services
- Hospital Inpatient Services

The Division of Mental Health (DMH) provides some financial assistance to independently operated consumer and family programs. These organizations provide assistance to over four hundred (400) individuals a month by:

- providing information
- offering support groups
- providing telephone emotional support
- offering education and training oriented towards recovery
- advocacy and referral
- training for providers

DMH also supports specialized services for people with particular needs. Some of the newer specialty services are organized into three groups: Evidence Based Practices, Value Based Practices, and Promising Emerging Practices.

In addition, the Division of Adult Mental Health, along with the Department of Disabilities, Aging and Independent Living, is the recipient of a federal Real Choices Systems Change grant from the Centers for Medicare and Medicaid Services (CMS). The grant provides resources for both departments to work collaboratively with broad stakeholder groups to increase community integration, real choice, and control for elders, younger adults with physical disabilities, people with developmental disabilities and their families, and adults with severe mental illness.

Vermont currently has one state-run hospital that is dedicated to providing inpatient psychiatric care: Vermont State Hospital (VSH). Today, the current average daily census at VSH is 45-50, and VSH serves adults with serious and persistent mental illness as part of a comprehensive continuum of care. Compared to other states, Vermont ranked twentieth in per capita state hospital admissions in FY03. The State has begun a process to develop a plan to replace the services currently provided at VSH within the next 3 years.

Vermont also has the capacity to provide local emergency psychiatric involuntary care at Designated Hospitals (DH). These hospitals provide acute behavioral health-care services

with a focus on keeping individuals close to their communities where they can receive ongoing services.

The provision of mental health services in Vermont’s correctional facilities is undergoing changes as a result of a new Comprehensive Mental Health Services Plan. This plan, which was presented to the Legislature in January 2005, provided recommendations and identified the necessary resources to improve mental health services oversight and delivery within the correctional system in the following areas: strengthen leadership and management; increase mental health service capacity; better support and supervision of staff related to the provision of mental health services; and improve accountability of service delivery.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Support for a valued, adequately reimbursed and well-trained workforce.	A total of \$3,610,500 would fully support the 7.5% state funding increase, much of which would be dedicated to workforce compensation.	see Family Supports section
Varied Emergency Service capacity across the state	An additional \$3,800,000 annually would be needed to support a state wide capacity for minimal outreach.	<ul style="list-style-type: none"> <li>• Develop and implement procedures to insure that minimal capacities are developed.</li> <li>• Provide systematic training for law enforcement personnel to better respond to crises involving people with disabilities.</li> </ul>
Limited access to Outpatient Services	Approximately \$1,070,500 would be needed at a minimum annually to meet current deficits.	DMH and the DAs need to develop a policy framework to implement decisions about priority populations and services within outpatient programs over the next few years.
Varied capacity for the full array of metal health services for children and adolescents in regions	Information not available.	Identify gaps and prioritize strategies for addressing them.
Needed improvement in mental health service delivery for Correctional Inmates	<p>7 additional mental health aides would cost \$210,000 annually</p> <p>Increase in contracted hours for mental health professionals would cost \$170,000 annually</p>	<p>Continued monitoring of the quality of mental health service delivery.</p> <p>Continued efforts must be directed to support the on-going close working relationship between DOC and DMH delivery systems, policy development, and administration.</p>

Challenges	Financial Implications	Other Actions Needed
Lack of accommodations for people with mental health disorders who are deaf, hard of hearing, late deafened and deaf blind.	Accommodations are estimated to cost \$200,000 annually.	None identified.

## **SERVICES AND SUPPORTS FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES**

With the closing of the Brandon Training School in November 1993, no Vermonter has lived in any state institution because of their developmental disability. As a result, approximately 3,100 people with developmental disabilities, 750 of whom are children under age 18, are served by the state through community-based services and supports provided through the Designated Agencies described above in the Mental Health section. The issues facing the Designated Agency workforce for developmental services are identical to those discussed in the previous section on Challenges facing Services for People with Mental Health Disorders.

There are no large congregate settings for people with developmental disabilities. Vermont is the only state in the country that has 100% of the people funded for home supports living in residential placements with six or fewer consumers.<sup>6</sup> One of the primary vehicles for accomplishing a totally community-based system of care is the existence of a federal home- and community-based Medicaid waiver for developmental services. In FY2004, 1,961 people received comprehensive services provided by the DAs that are based on individualized and flexible supports funded through individual budgets determined through an independent needs assessment process and incorporated into the person's individual support plan. This personalized approach has set the stage for people with disabilities and family members to have the option to self- or family-manage their supports, allowing for full control over the hiring of support workers and directing services.

In addition to the comprehensive services and supports provided through the Waiver, the state operates a Flexible Family Funding (FFF) program that provides limited funds to eligible families with children or adult family members with disabilities living at home to use at their discretion toward services and supports that are in the person's/family's best interest.

The State also provides Public Guardian Services for individuals with developmental disabilities and people aged 60 and over who have been determined by the Family or Probate 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.

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<sup>6</sup> Source: Prouty, R, Smith G. and Lakin C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2003*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, June 2004.

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Moratorium on Medicaid waiver services for children	It would require a total of approximately \$2,000,000 annually to eliminate the current waiting list of 72 children for these services; ongoing costs would be \$1,100,000 to serve approximately 40 children per year.	Restore Funding Priority for Children's Medicaid Waiver Services in the System of Care Plan
Waiting list and increased demand for Flexible Family Funding.	It would require a total of approximately \$71,000 to support the 28 families on the current waiting list and the estimated 30 additional families/ year who need this support; ongoing costs to serve approximately 20 families per year would total \$24,000 annually.	Insure continued flexibility for families given coverage of the program under the Global Commitment
There is a discrepancy between eligibility criteria in the Vermont Developmental Disability Act and the federal definition of developmental disability.	Information not available.	Explore a service system based solely on functional criteria rather than a combination of IQ, diagnostic criteria and adaptive functioning.
People who live with aging parents often need additional supports.	See Emergency Caseload below	Education and information to older parents to assure them that supports for their family member will be available
Need capacity for children aging out of the custody of the Department for Children and Family Services	See Emergency Caseload below	None identified
Offenders with disabilities need specialized supports	It would require a total of approximately \$1,375, 000 to fully support the estimated 25 newly identified offenders with developmental disabilities each year.	None identified.

## **SERVICES AND SUPPORTS FOR ELDERS AND PEOPLE WITH PHYSICAL DISABILITIES**

Services that help older Vermonters and adults with physical disabilities maintain their independence are provided through many programs:

- ❖ The Home-Based Medicaid Waiver and Enhanced Residential Care Medicaid Waiver (to be transitioned to the Choices for Care 1115 Medicaid Waiver) are the foundation of Vermont's home- and community-based services for Vermonters who are aged or physically disabled. These two waivers provide individualized services to Vermonters in their own homes and communities, preventing or delaying the need for placement in a nursing facility.
- ❖ Consumer-Directed and Surrogate-Directed service options, which give the consumer or his/her surrogate the ability to directly employ workers (including family members other than spouses), have helped to meet the growing demand for home and community-based care.
- ❖ The Traumatic Brain Injury (TBI) Waiver serves individuals 16 years and older recovering from a recent brain injury. The goal of this short-term program is to assist individuals in obtaining their optimal level of functioning and to successfully resume living and working in their own communities.
- ❖ The Attendant Services Program (ASP) has provided personal care services for adults with disabilities for over 20 years and has grown steadily during that time period. A nationally recognized program, participants hire, train and supervise their own caregivers.
- ❖ Children's Personal Care Services (CPCS) are available to children with physical, cognitive and emotional disabilities. As one of the few programs that provide 1:1 staff support for children with disabilities, there is an ever growing demand for CPCS.
- ❖ Children and adults who require and receive skilled nursing services in their home, including ventilator dependent children, receive services through Vermont's High Tech Home Care (HTHC) program.
- ❖ The Dementia Respite Program offers a range of educational, community and direct services to individuals with Alzheimer's Disease and Related Disorders and to their caregivers.
- ❖ The National Family Caregiver Support Program provides an array of services and support specifically designed for family caregivers, such as Information and Referral, Case Management and Respite.
- ❖ Currently 130 certified case managers provide case management services to assist elders and younger adults with disabilities to build upon their strengths, garner new resources, and achieve their goals.
- ❖ The Older Americans Act Nutrition Program supports good nutrition for both older adults and adults with disabilities. The program also provides opportunities for social interaction, volunteerism, and links to other important services.
- ❖ The Vermont Center for Independent Living (VCIL) home-delivered meals program provides meals for persons with disabilities under the age of 60 who, because of their disability and/or chronic health condition, are unable to prepare their own meals and do not have meal preparation assistance available.

- ❖ The Vermont Homemaker Program provides services, such as shopping, cleaning, and laundry, to elderly and/or disabled adults to assist them to maintain their independence.
- ❖ Adult Day Centers provide community-based non-residential day services to elders and adults with physical disabilities and also provide respite, support and education to families and caregivers.
- ❖ Over the past three years, DAIL has been working on the issue of sustaining a valued, adequately reimbursed and well-trained workforce through funding from a federal Real Choices System Change Grant, which supported the development of a statewide Vermont Association of Professional Care Providers (VAPCP) housed at the Community of Vermont Elders.
- ❖ In 1996 the Vermont legislature passed a law, Act 160, requiring the State to take saved dollars from reduced Medicaid nursing facility utilization and reinvest those funds in home-based long term care. In the following years, Vermont shifted the resource ratio from 12% for 30% or home based care.
- ❖ Beginning October 1, 2005, DAIL began implementation of an 1115 Medicaid demonstration waiver to restructure Vermont's long-term care Medicaid program to respond to consumers' requests for choice and equal access to home-based and nursing home services.

Challenges	Financial Implications	Other Actions Needed
<p>Support for a valued, adequately reimbursed and well-trained workforce, including increased wages and benefits, and aggressive recruitment</p>	<p><u>Information regarding wage and benefits not available</u></p> <p>An aggressive marketing campaign would cost approximately \$100,000 total</p>	<ul style="list-style-type: none"> <li>● Improve working conditions <ul style="list-style-type: none"> <li>- Promote involvement of care provider in care planning.</li> <li>- Develop strategies to provide recognition, status and respect.</li> <li>- Promote the new Vermont Association of Professional Care Providers</li> </ul> </li> <li>● Provide thorough orientation and training <ul style="list-style-type: none"> <li>- Apprenticeships, mentoring and job shadowing opportunities</li> <li>- Continuing education opportunities</li> </ul> </li> <li>● Strengthen supervision and management using inclusive and coaching management styles.</li> <li>● Establish partnerships with a range of social service providers working with persons changing careers, entering or re-entering the work force (e.g., Community Action Agencies, Area Agencies on Aging, shelters) and educational institutions. to tap into potential student interest in employment. Efforts to recruit older workers are also important.</li> <li>● Explore the cost to make the reimbursement for state-funded personal care service workers consistent with personal care workers under the Choices for Care program</li> </ul>
<p>Need for increased capacity within Traumatic Brain Injury Services.</p>	<p>Approximately 10 additional individuals each year require intensive, ongoing supports that are likely to be life long. Case management services could also prevent the need for more costly waiver services. Approximately \$550,000 per year would be required.</p>	<p>None identified</p>

<b>Challenges</b>	<b>Financial Implications</b>	<b>Other Actions Needed</b>
Need for increased capacity and wages within the Attendant Services Program.	It would require a total of approximately \$1,880,000 annually to serve the 61 persons currently on the waiting list and increase wages to be consistent with other attendant programs.	Examine the feasibility of covering individuals in the Attendant Services Program either through an expansion of the Choices for Care Program or the Global Commitment
Need for increased capacity for the Vermont Homemaker Program	It would require a total of approximately \$63,000 annually to meet the need of approximately 62 people on the waiting list.	Examine the feasibility of including all homemaker services in the Choices for Care Program
Increasing Unmet Need for Children's Personal Care Services.	It would require a total of approximately \$2,135,800 annually to address the estimated annual growth of approximately 20% in new demand for these services each year.	Issue program guidelines to help better inform recipients and providers.  Investigate the feasibility of expanding case management services to a subset of families

## IV. Conclusion

The statute that created the Vermont Olmstead Commission instructed the Commission to develop a comprehensive plan by undertaking the following activities:

- To meet, gather testimony from consumers, advocates, providers, other state advisory bodies, and interested others, and hold public hearings to identify barriers that prevent people with disabilities from living in the most integrated settings;
- Determine whether any existing state or federal administrative policies, rules, and organizational structures constitute barriers that prevent people with disabilities from living in the most integrated settings;
- Examine the current allocation of resources and identify what additional resources are needed to ensure that Vermont's comprehensive plan is effective.
- Propose to the general assembly, in consultation with the secretary of human services, a long-term financial plan supporting implementation of the comprehensive plan that includes anticipated revenues and expenditures, and any other information needed to insure financial sustainability.

There are very few Vermonters on waiting lists for community-based services, and most that are on waiting lists are not institutionalized, but rather are *at risk* of institutionalization. This is a testament to the commitment within Vermont to value all members of our state and the prioritization of (often) scarce resources to ensure that our most vulnerable members receive needed services and supports.

The directive from the Vermont Legislature required the State to broaden its focus to include the wide range of services and supports that would be needed to enable all people with disabilities and their families to have access to the same community options and opportunities afforded to all Vermonters, and to live, learn and work in the most integrated setting of their choice.

This Plan identifies challenges that face our State in order for us to achieve this vision. It also identifies both fiscal and non-fiscal (e.g., policies, rules, and organizational issues) implications related to these challenges. As identified in this plan, the costs to remove all of the current barriers to full integration of Vermonters with disabilities are quite substantial.

There is a general consensus within Vermont that we need to do as much as possible to embrace our citizens with disabilities as full community members. This Plan is a good foundation for our current policy and budget discussions. We recommend that the Plan be utilized by all stakeholders in collaboratively addressing community support needs of Vermonters with disabilities. The Plan can also serve as a guide for future decisions about resource allocations.

## **Appendix A: Vermont Olmstead Commission Legislation**

### **NO. 135. AN ACT RELATING TO REPORTS OF ABUSE, NEGLECT AND EXPLOITATION OF ELDERLY AND DISABLED ADULTS. (§.224)**

It is hereby enacted by the General Assembly of the State of Vermont:

#### **Sec. 19. POLICY**

Beginning more than a decade ago, the state of Vermont embarked upon an effort to enable persons with disabilities to live in settings they prefer and ensure they are not confined unnecessarily in institutional settings. In the ensuing years, Vermont has implemented policies and programs promoting consumer choice, independence, and self-determination, but more work remains to be done in order to realize the goal of ensuring that no Vermonter with a disability is unjustifiably isolated or denied the opportunity to live with respect and dignity in the community.

#### **Sec. 20. LEGISLATIVE FINDINGS**

The General Assembly hereby finds that:

(1) In June 1999, the United States Supreme Court ruled in *L.C. and E.W. vs. Olmstead* that the Americans with Disabilities Act (ADA) requires a state to provide community-based services for persons with disabilities when the state's treatment professionals determine that such placement is appropriate, the affected persons do not oppose such placement, and the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities.

(2) The Olmstead Court also suggested that development of a comprehensive, effectively working plan for placing qualified persons with disabilities in the most integrated settings and a waiting list that moves at a reasonable pace could be an important way for a state to demonstrate its commitment to achieving compliance with the ADA.

(3) Vermont now has an opportunity to plan its own future and reduce its vulnerability to claims that it discriminates against Vermonters with disabilities by developing a comprehensive, effectively working plan that takes account of:

(A) people with developmental disabilities living in nursing homes, group homes, and ICF/MRs (intermediate care facilities for persons with mental retardation);

(B) elderly Vermonters and others with physical or cognitive disabilities living in nursing homes and residential care homes because of the lack of personal care attendant and other community-based supportive services;

(C) persons with psychiatric disabilities confined to institutions or at risk of institutionalization or involuntary treatment;

(D) persons with psychiatric or developmental disabilities who are at risk of placement in correctional facilities;

(E) other persons with disabilities who are at risk of not having or receiving services or supports in the most integrated settings.

(4) An Olmstead advisory commission is needed to assist the secretary of human services with the development of a comprehensive, effectively working plan for placing qualified people with disabilities in the most integrated settings so that Vermonters with disabilities are not unjustifiably isolated and denied the opportunity to live with respect and dignity in the community.

Sec. 21. 3 V.S.A. § 3096 is added to read:

§ 3096. OLMSTEAD ADVISORY COMMISSION

- (a) The Olmstead advisory commission is established in the agency of human services.
- (b) The commission shall consist of:
- (1) three members appointed by the secretary of human services;
  - (2) the commissioner of the department of education, or his or her designee;
  - (3) the secretary of transportation, or his or her designee;
  - (4) four individuals appointed by the governor from a list of at least ten individuals recommended by the Vermont Center for Independent Living to represent the interests of Vermonters with disabilities;
  - (5) the commissioner of the department of corrections, or his or her designee;
  - (6) the executive director of the state housing authority, or his or her designee; and
  - (7) two individuals appointed by the governor from a list of at least ten individuals recommended by the secretary of human services to represent nongovernmental providers.
- (c) The commission shall be attached to the office of the agency of human services for administrative support. Consumer representatives shall be entitled to per diem compensation and reimbursement of expenses in accordance with section 1010 of Title 32.
- (d) The commission shall be authorized to meet no more than six times per year, and shall:
- (1) meet, gather testimony and other information from consumers, advocates, providers, other state advisory bodies, and other interested persons, and hold public hearings to identify barriers that prevent people with disabilities from living in the most integrated settings;
  - (2) determine whether any existing state or federal administrative policies, rules, and organizational structures constitute barriers that prevent people with disabilities from living in the most integrated settings;
  - (3) examine the current allocation of resources and identify what additional resources are needed to ensure that Vermont has a comprehensive, effectively-working plan for placing qualified people with disabilities in the most integrated settings and a waiting list for community-based services that moves at a reasonable pace. The commission, in consultation with the secretary of human services, shall propose to the general assembly a long term financial plan supporting implementation of the placement plan that includes anticipated revenues and expenditures by state agencies and community organizations, recommendations for aligning revenues and expenditures, and any other recommendations or information needed to ensure that the placement plan is financially sustainable.
  - (4) in consultation with the secretary of human services, develop a comprehensive, effectively working plan for placing qualified people with disabilities in the most integrated settings and a waiting list for community-based services that moves at a reasonable pace; and
  - (5) submit a status report on or before January 1 of each year to the governor and the general assembly.
- (e) All agencies of state government are directed to cooperate with the commission in providing information needed by the commission to accomplish its mission.

Sec. 22. SUNSET

3 V.S.A. § 3096 is repealed, effective July 1, 2005. Approved: June 13, 2002

## APPENDIX B: OLMSTEAD COMMISSION MEMBERSHIP

Statutory Requirement	Appointed Olmstead Commission Members
(1) three members appointed by the secretary of human services;	<ul style="list-style-type: none"> <li>• Susan Besio, AHS Director of Planning<sup>7</sup></li> <li>• Patrick Flood, Commissioner, Department of Disabilities, Aging and Independent Living<sup>8</sup></li> <li>• Theresa Wood, Deputy Commissioner, Department of Disabilities, Aging and Independent Living<sup>9</sup></li> <li>• (John Michael Hall, Principal Assistant to AHS Secretary)<sup>10</sup></li> </ul>
(2) the commissioner of the department of education, or his or her designee;	<ul style="list-style-type: none"> <li>• Michael Ferguson, Department of Education</li> </ul>
(3) the secretary of transportation, or his or her designee;	<ul style="list-style-type: none"> <li>• Lori Valburn, Chief, Civil Rights and Labor Relations, Department of Transportation</li> </ul>
(4) four individuals appointed by the governor from a list of at least ten individuals recommended by the Vermont Center for Independent Living to represent the interests of Vermonters with disabilities;	<ul style="list-style-type: none"> <li>• Susan Yuan, family member, Center for Developmental Disabilities, UVM</li> <li>• Deborah Lisi-Baker, Executive Director, Vermont Center for Independent Living</li> <li>• Heidi Pfau, consumer, Champlain Valley Agency on Aging<sup>11</sup></li> <li>• Ed Paquin, Executive Director, Vermont Protection and Advocacy</li> </ul>
(5) the commissioner of the department of corrections, or his or her designee;	<ul style="list-style-type: none"> <li>• David Peebles, Director, Community &amp; Restorative Justice, Department of Corrections</li> </ul>

<sup>7</sup> Current Chair; originally appointed as Commissioner, Department of Developmental and Mental Health Services

<sup>8</sup> Former Co-Chair

<sup>9</sup> Originally appointed as Director, Division of Developmental Services, Department of Developmental and Mental Health Services

<sup>10</sup> Original Chair; resigned from Commission in September 2003.

<sup>11</sup> Now at COVE

<b>Statutory Requirement</b>	<b>Appointed Olmstead Commission Members</b>
(6) the executive director of the state housing authority, or his or her designee;	<ul style="list-style-type: none"> <li>• Richard Williams, Executive Director, Vermont Housing Authority</li> </ul>
(7) two individuals appointed by the governor from a list of at least ten individuals recommended by the secretary of human services to represent nongovernmental providers.	<ul style="list-style-type: none"> <li>• (Todd Centybear, Executive Director, Howard Center for Human Services)<sup>12</sup></li> <li>• Marlys Waller, DS Staff Coordinator, VT Council of Developmental &amp; Mental Health Services<sup>13</sup></li> <li>• Janet McCarthy, Executive Director, Franklin County Home Health Agency</li> </ul>

### **AD HOC COMMISSION MEMBERS**

- Juanita Cook, Co-Chair, Statewide Independent Living Council
- Maureen Kelly, Vermont Center for Independent Living
- John Pierce, Assistant Director, Division of Mental Health
- Lila Richardson, Disability Law Project, Vermont Legal Aid
- Joan Senecal, Deputy Commissioner, Department of Disabilities, Aging and Independent Living
- Michael Sirotkin, Esq., of Sirotkin and Necrason
- Julie Tessler, Executive Director, VT Council of Developmental & Mental Health Services
- Cathy Voyer, Director, AHS Housing & Transportation
- Alicia Weiss, Executive Director, Vermont Coalition for Disability Rights
- Janet White, Advocate, COVE
- Peter Youngbaer, former Executive Director, Vermont Coalition for Disability Rights
- Carrie Foster, AHS Deaf and Hard of Hearing Services Director

### **OLMSTEAD COMMISSION STAFF**

- Bessie Weiss, Olmstead Commission Coordinator
- Karen Vasseur, Administrative Assistant
- Candi Young, Administrative Assistant

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<sup>12</sup> Resigned from Commission in November 2003.

<sup>13</sup> Replaced Todd Centybaer