



Vermont Developmental Disabilities Council

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TO: Senate Health and Welfare Committee (Sen. Ayer, *Chair*; Sen. Fox, *Vice Chair*; Sen. Lyons; Sen. McCormack; and Sen. Pollina, *Clerk*.)

FROM: Karen Schwartz, Executive Director

DATE: February 15, 2013

RE: Developmental Service System of Care

Thank you for the invitation to speak about the developmental service system of care.

This year marks the 20th anniversary of the closing of the Brandon Training School. At that time a promise was made to support people with intellectual disabilities to have full lives in the community. Now is the time to stabilize the system of care following years of cuts by ending constant changes to the system of care plan; restoring the level of quality assurance; and ensuring that decisions are based on a current needs budget that is grounded in a thorough assessment of people's needs.

During budget adjustment testimony you heard from both Agency of Human Services Secretary Racine and Department of Disabilities, Aging & Independent Living Commissioner Wehry about an increase in people and populations with significant needs.

We ask that you consider the following:

1. OUR SYSTEM ONLY SERVES A LIMITED NUMBER OF PEOPLE.
 - The State estimates that there are 13,050 people with a developmental disability in VT. Only 2647 people ~ about 20% ~ have service packages.
 - According to state estimates each year about 135 children are born, while 33 people die.
 - In order to get services and supports people have to pass through several doors
 1. They need to meet eligibility based on their disability by
 - Having an IQ of 70 or below OR an autism spectrum disorder **AND**
 - Deficits in daily living skills

AND THEY MUST ALSO

 2. Meet one of the "System of Care Funding Priorities.
2. THE SYSTEM OF CARE NEEDS TO BE REBUILT ~ NOT ROLLED BACK ~ AFTER YEARS OF EROSION.
 - The current System of Care funding priorities are bare bones, and have no room for further rollbacks.
 - Current priorities provide for funding only when there is a dire situation, except for students leaving school with a paid job. For example, children now qualify for a package of services only after repeated psychiatric hospitalizations.

- The priorities that were lost addressed the needs of people who are now left outside the system of care, and fostered core systems values like employment for people of all ages and moving to independence.

3. NEW CASELOAD FUNDING IS NOT KEEPING UP WITH ACTUAL NEEDS.

This year's projected shortfall is due in part to inadequate needs assessment

- The current System of Care Plan was not developed based on a thorough needs assessment, as required by law, that considered demographic trends like
 - People living longer
 - Aging family caregivers who can no longer provide care
- New caseload funding has been based on a past 3 year average that did not include recent trends
- Part of the increase in requests for services is from people who are already in the system who have significant needs.

4. RESULTS BASED ACCOUNTABILITY REQUIRES INVESTMENT IN INFRASTRUCTURE AND QUALITY ASSURANCE

- Results based accountability can happen only when there is base funding for infrastructure to be able to provide services.
- Since FY2009 four budget cuts have been implemented. Agency budgets are an aggregate of individual budgets, so each round of cuts also resulted in reductions in hours of care for individuals.
- Despite serving 2,600 people at a cost of \$160 million, developmental services has been downgraded from department level to a program within a division.
- Even more significantly, since 2006 developmental services quality review staff at DAAL have been reduced from 12 to 3.5 FTE .

5. SAFEGUARDS ARE NEEDED SO THAT PEOPLE WITH DEVELOPMENTAL DISABILITIES DO NOT HAVE THEIR ELIGIBILITY CURTAILED OR SERVICES CUT.

- The Developmental Disabilities Act provides a unique process for determining which eligible people may access services without Legislature review.
- Recent language rolls back the limited protections afforded by the DDAct for advisory board review.
- The process needs to provide more protection from rollbacks.

In closing I ask that any discussion of sustainability focus on sustaining the quality of care that supports people's lives in our communities.

Keep the promise made when Brandon Training School closed, and ensure that

- ◆ people are not turned away from services who meet current priorities
- ◆ quality assurance staff is restored; and
- ◆ the budget going forward is based on a thorough assessment of needs.

Thank you.

**FY2012-14 Vermont Developmental Services
System of Care Plan Funding Priorities**

1. **Health and Safety:** Ongoing, direct supports and/or supervision are needed to prevent imminent risk to the individual's personal health or safety. [Priority is for adults age 18 and over.]
 - a. "Imminent" is defined as presently occurring or expected to occur within 45 days.
 - b. "Risk to the individual's personal health and safety" means an individual has substantial needs in one or more areas that without paid supports put the individual at serious risk of danger, injury or harm (as determined through the needs assessment; see *Attachment E* for the needs assessment.)
 2. **Public Safety:** Ongoing, direct supports and/or supervision are needed to prevent an adult who poses a risk to public safety from endangering others. [Priority is for adults age 18 and over.] To be considered a risk to public safety, an individual must meet the Public Safety Funding Criteria (see Section Three, page 14).
 3. **Preventing Institutionalization – Nursing Facilities:** Ongoing, direct supports and/or supervision needed to prevent or end institutionalization in nursing facilities when deemed appropriate by Pre-Admission Screening and Resident Review (PASRR). [Priority is for children and adults.] Services are legally mandated.
 4. **Preventing Institutionalization – Psychiatric Hospitals and ICF/DD:** Ongoing, direct supports and/or supervision needed to prevent or end long term stays in inpatient public or private psychiatric hospitals or end institutionalization in an ICF/DD. [Priority is for children and adults.]
 5. **Employment for High School Graduates:** Ongoing, direct supports and/or supervision needed for a high school graduate to maintain employment upon graduation. [Priority for adults age 19 and over.]
 6. **Parenting:** Ongoing, direct supports and/or supervision needed for a parent with developmental disabilities to provide training in parenting skills to help keep a child under the age of 18 at home. Services may not substitute for regular role and expenses of parenting; maximum amount is \$7,800 per person per year. [Priority is for adults age 18 and over.]
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Developmental Services System of Care ~ Changes to Funding Priorities 2000 to 2010

Over the past 10 years, the following funding priorities have been suspended, eliminated, or changed:

- Support to prevent an adult or child from regressing mentally or physically (suspended 2002; eliminated 2005)
- Support to keep a child under 18 with his or her natural or adoptive family (suspended 2002; eliminated 2005)
- Support to assist an adult to be independent from DD-funded services, or to move to “minimal services’ within 2 years (suspended 2002; eliminated 2005)
- Support for a young adult aging out of SRS custody who is eligible for and requires ongoing services (eliminated 2003)
- Support to keep a person from losing a job (suspended 2002; limited to “support needed for a high school graduate to maintain paid employment” in 2005; changed qualifying age from 18 to 19 in 2006.)
- Prevent risk to health or safety (changed qualifying age from 18 to 19 in 2006)

FROM **Developmental Disabilities Services ~ FACT SHEET #2, To Help Inform System of Care Planning Input ~ Funding DAIL, Division of Disabilities & Aging Services (2010)**
