



Agency of Human Services

Department
of
Disabilities, Aging
and
Independent Living

**2014
Annual
Report**

January 2015

I am pleased to provide the Department of Disabilities, Aging and Independent Living Annual Report for State Fiscal Year 2014 (SFY14). As I write, Vermont remains determined to shape the future of healthy, supportive communities, inclusiveness and high quality of life for all. DAIL's mission - *to make Vermont the best state in which to grow old or to live with a disability, with dignity, respect and independence* - is as critical as ever.

DAIL continued its commitment to good leadership, good partnerships and good stewardship of the public trust and funds in SFY14. All DAIL units were trained in results based accountability and we have made increasing use of population indicators and performance measures in our reports, as you'll see in the pages that follow. Our goal is to show what we do, how well we do it and the ways in which people are better off as a result of DAILs' efforts and those of our community partners.

Our strategic plan guided our success in many key areas. Most notably, high rates of customer satisfaction across multiple divisions; meeting our goals in Choices for Care for choice, access, flexibility, quality, person-centered plans, and continued progress in rebalancing long-term care services; and, for the fifth consecutive year, record performance in achieving successful employment outcomes.

I am inspired daily by the commitment and dedication of DAIL staff, by the challenges and opportunities ahead of us, and by the individuals we serve. Their stories, which are filled with pride, hope, joy and some sorrow, keep us committed to helping ensure all Vermonters have the opportunity to choose their paths and to live well with dignity, respect and independence, in connection with others and in their communities of choice.


Susan Wehry, M.D.
Commissioner

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Note: Data used in the DAAIL Annual Report reflect both state (SFY) and federal (FFY) reporting periods and are indicated accordingly.

DAIL Mission

Making Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.

Core Principles

Our services are driven by our core values which promote and support self-determination, respect for all and full inclusion in the life of the community. These core values are reflected in our principles and actualized by the following commitments:

- The individual will be at the **center** of all plans and services.
- Individuals, families, providers and staff are treated with **respect**.
- The individual's personal and economic **independence** will be promoted.
- Individuals will **direct** their own lives.
- The individual's services and supports will promote **health and well-being**.
- Individuals are able to work, volunteer, and participate in local **communities**.
- Individual needs will guide our actions, requiring **flexibility**.
- Individuals' needs will be met in a timely and cost **effective** way.
- Individuals will benefit from our **partnerships** with families, communities, providers, and other federal, state and local organizations.

Stories...

How Individuals Are Better Off

These stories illustrate how DAIL supports individual Vermonters. Names are used with permission or changed to protect confidentiality.

‘Louise’

Louise is in her 60's and as the result of a traumatic brain injury, unable to manage on her own. Despite sizable financial assets and a financial guardian, she lived in a home without hot water, working light bulbs, or a working refrigerator; her primary companions, a dozen feral cats. She was often seen walking back and forth along the road, unsure of where she was. Within 72 hours of receiving the report, an APS Investigator acted immediately to coordinate community support and to arrange for long overdue medical care. Louise now lives in a clean home, in good working order with new appliances. She has a new guardian, a case manager to help her with life skills and other services, and ongoing support including shopping and participation in community events.

‘Doris’

Doris entered a nursing home 20 years ago after the death of her parents. Doris used a wheelchair and at the time was seen as permanently disabled. Fifteen years later, nursing home staff helped Doris begin to work with physical and occupational therapists and she became increasingly independent: she progressed from using a wheelchair to using a walker, learned to manage her medications, and became much more socially active. Money Follows the Person (MFP) staff approached Doris about the possibility of leaving the nursing home to live in an Adult Family Care Home. When first approached, she was scared and overwhelmed. Her team worked together to address Doris' hopes and fears and found a good match for her with a family with two young children. Doris is now very happy in her new home and new role as "grandmother".

'Rachael'

When Rachael walked into the VocRehab/VABIR office, she didn't know what to expect. She had not worked in a few years and was unsure about her prospects. She had struggled with opiate addiction, a history of abusive relationships, and the challenges of living with a psychiatric disability. When seen by a VABIR employment consultant and a VocRehab counselor, Rachael had already enrolled in a Suboxone addiction treatment program and was seeing a mental health counsellor.

"Rachael was very friendly and personable, and had a ton of great work history. I knew she was employable; she just needed a little extra support." After discussing her resume and employment opportunities, as well as factors that could be affecting her chances for a good job, they forwarded Rachael's resume to a contact at a local medical center.

"She was so excited when she got the interview; she told me she felt like she was rejoining the human race again..." Discouraged by a request she revise her resume, Rachael started to lose hope. "I kept being her cheerleader, telling her that something good would come of it. She changed her resume and was hired immediately. They were going to hire her at \$10.50 but with her experience, offered her \$12.50!" Rachael now has her own apartment and has purchased a car with the help of our Car Coaches – all due to her contact with VocRehab at a crucial point in her life, when she needed employment to make lasting change.

'Steve'

Steve was 61 years old and living alone in a garage he had renovated on family property, when his two sisters asked for assistance from the local Area Agency on Aging (AAA). Steve had received a letter that the town would put the property up for tax sale if his tax bill were not paid. Steve had no source of income and was mostly living on what he could grow in his garden. He had no phone and no electricity and neither he nor his sisters had any money to pay off the back property tax bill.

The AAA case manager asked the Office of Public Guardian for assistance and together came up with a plan. They facilitated getting his power turned on, enrolling him in 3Squares Vermont (food stamps) and fuel assistance, securing social security disability payments and Veteran's compensation, and set up his sister Linda as a Representative Payee. Steve's other sister

Lucy helped him apply for General Assistance for his electric bill and property taxes, and helped him get a medical checkup with the VA.

Steve now has plenty of food, electricity, a phone, and pellets for his stove. Lucy makes sure his property taxes are being paid. Lucy visits Steve on a regular basis, and takes him out into the larger community ...”overall”, she says, “Steve is doing pretty well”.

‘Cynthia’

Cynthia dropped out of college 20 years ago. Her Blind Services Rehabilitation Counselor saw great potential in Cynthia and encouraged her to try a position in the Randolph-Sheppard program, operating a small business in a cafeteria. She learned to use specialized technology and excelled as a business person and gained confidence to perform her work. She soon bid on other competitive cafeteria locations and grew to a larger operation.

Buoyed by success and the strong relationship with her counselor, Cynthia returned to college and before long, successfully completed her Bachelor’s Degree. Cynthia believes that access to assistive technology, along with the skills to use it, made her second college experience different from her first.

Cynthia now felt she had a solid foundation in academics and adaptive skills and decided to follow her passion and attend law school. Cynthia graduated in the top of her class, recently passed the Vermont Bar Exam and has just accepted a job at the U.S. Department of Education.

‘Ella’

Ella lived alone. A concerned neighbor alerted her local Area Agency on Aging (AAA) that Ella had no heat. A case manager visited her, established a relationship and eventually gained access to her home, which was filled with trash and in seriously deteriorating condition. The case manager assisted Ella in applying for 3Squares VT (food stamps) and Community Medicaid to support her staying in her home. When her health declined, Ella was emergently hospitalized and upon discharge, was admitted to a residential care facility, under Choices for Care. Ella is described as “happy and safe”.

'Catherine'

Catherine was living in a senior housing complex and had only recently moved back to Vermont when she was referred to her local Area Agency on Aging (AAA). Catherine was lonely and felt depressed and needed help to maintain her living space. Catherine was enrolled in the Choices for Care Moderate Needs program for homemaker services, and was encouraged to get involved in the activities and events hosted by the building. After a time, she blossomed and made many friends, including a gentleman with whom she eventually moved out of state. She sent a message saying she was happy and grateful for the help she'd received.

'Robert'

Robert wanted desperately to return to his home. Robert has a debilitating physical condition that his medical team felt required 24/7 facility based care; they were equally determined to have him stay in a nursing home. Getting a licensed nurse in his home for hours every day required applying for several programs and coordinating all of them so that Robert could receive dependable continuous care. After several months, thanks to his family, the Veteran's Administration, the nursing home staff, his Choices for Care case manager and his team of home health providers, Robert was able to live successfully at home for several months. When his condition changed, he re-entered a facility, grateful for the time he had at home.

'Magarin', in her own words

"The time while I was at the SUCCEED house really helped me to become more independent...It was a scary transition at first, but as soon as I was able to be flexible with the change, I was okay with it. There are so many things...I would not have been able to do without this support. I can now manage and buy my own medication. I have improved on my independent skills and I am thankful that I am now living independently on my own. During the time when I was at SUCCEED, I had a part time job. Now, I have increased my hours to nearly twenty hours a week. My goal is to eventually work forty hours per week... I am hoping soon I will be able to achieve this goal....and other goals in the future".

Highlights...

Actions, Projects and Events

DAIL's SFY14 strategic plan prioritized activities in several key areas. These highlights illustrate our activities and progress to date.

Health Reform

Vermont is in the second year of a three year health care reform demonstration grant known as Vermont Health Care Integration Project, or VHCIP. The VHCIP grant activities have become the hub of Vermont's health reform efforts. DAIL's Commissioner Wehry is a member of the VHCIP Core Team. DAIL staff work with other stakeholders in Vermont's health reform initiatives, including both advocacy and provider organizations, to represent the interests of aging Vermonters and Vermonters with disabilities. There are seven VHCIP workgroups, one of which is the Disability and Long Term Services and Supports workgroup.

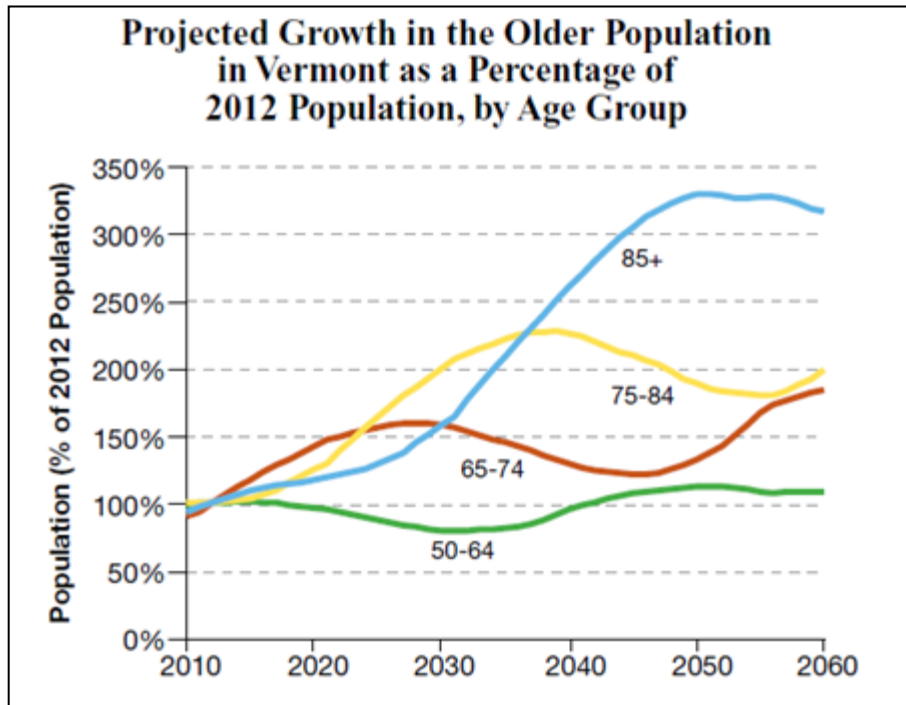
DAIL staff VHCIP activities include:

- Improving understanding of the social determinants of health and health care including housing, employment, and nutrition;
- Promoting understanding and use of person-centered practices including individual consumer access to health care information;
- Promoting integration of primary care, acute care, preventive care, and long term services and supports;
- Representing the importance of long term services and supports in standards of care, performance measures, quality measures, and payment models;
- Promoting universal design principles to ensure health care information is fully accessible;
- Supporting development of a 'universal transfer protocol' for health care information to improve individual experience and outcomes in transitions across settings and providers; and,
- Supporting workforce development activities that reflect the full spectrum of the Vermont health care workforce.

Aging and Mental Health Initiatives

DAIL has been a champion for enhancing mental health services for older adults for over a decade. In SFY14, we redoubled our efforts to address the mental health needs of older adults, which include serious mental illness, depression, anxiety, suicide, substance abuse, and dementia.

By median age, Vermont is the second oldest state in the nation and ranks fourth for the number of citizens over the age of 65. Vermonters are also living longer and Vermonters over the age of 85 are the fastest growing group. These demographics and the high prevalence of dementia in this oldest group combine to make dementia a significant public health issue for Vermont and a DAIL priority in SFY14.



Source: *Across the States: Profiles of Long-Term Services and Supports, Vermont (Ninth Edition)*. A. Houser, W. Fox-Grage, K. Ujvari. AARP, 2012.
http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2012/across-the-states-2012-vermont-AARP-ppi-ltc.pdf

Dementia

- DAIL's continued leadership in the Centers for Medicare and Medicaid Services (CMS) National Partnership to Improve Dementia Care resulted in further reductions in the inappropriate use of antipsychotic medications in dementia care in nursing homes. In 2012, when CMS launched their initiative, the antipsychotic use rate among long-stay residents in Vermont nursing homes was 25.2%, *above* the national average of 23.7%. Today, the rate of antipsychotic use is 18.3%, *below* the national average of 19.8%. Vermont achieved this goal through a partnership among DAIL, the Vermont Health Care Association (VHCA), and Vermont nursing homes through an audit and feedback approach coupled with training using the Oasis curriculum.

- DAIL has been a leading participant on the Governor's Commission on Alzheimer's Disease and Related Disorders (ADRD), which has focused its work in three areas:
 - Leadership and Public Education and Awareness about ADRD
 - Early Detection and Response to Dementia
 - Dementia Caregiver Supports

ADRD Commission Workgroups have developed over a dozen strategies to meet these needs including: the 1st Annual Town Hall on Alzheimer's, which helped raise awareness and create new linkages using social media; planning for a Joint Committee Legislative Hearing on ADRD; planning for a comprehensive statewide dementia caregiver survey; comprehensive outreach and training of family practices on early, routine screening for cognitive impairment; planning for workshops and presentations at a variety of professional educational venues; broad dissemination of regional caregiver support resources; and expansion of 'Powerful Tools for Caregivers' workshops to support family caregivers.

These efforts reflect the priorities of the Vermont State Plan on Dementia, and echo some of the principal recommendations of the February 2013 study completed by the University of Massachusetts Medical School entitled, Vermont Choices for Care: Alzheimer's Disease and Related Disorders.¹

- DAIL concluded a year-long review of residents living with dementia in nursing homes and determined a more strategic and outcome driven approach was needed to truly embed more person-centered dementia care. The legislature approved funding in the SFY2015 Appropriation to begin piloting this approach in five homes, which we've called the Companion Aide Project. This project allows nursing homes to receive enhanced funding for adding additional staff with specialized training in person-centered care. One outcome will be an increased willingness and ability of nursing homes to admit people who may be challenging to care for, including people who are spending more time than necessary in hospitals. Long stays for people with limited options emerged as an increasing problem in SFY14.

¹<http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-adrc-policy-brief-feb-2103-2>

- DAIL sponsored SASH (Support and Services at Home) to develop and implement an educational initiative in “Dementia Care Training through a person-centered lens.” Throughout the state, 425 caregivers participated in a series of Vermont Interactive Television trainings to improve their knowledge and skills in providing person-centered care for people with Alzheimer’s disease and other forms of dementia. The series² includes the following:
 - Addressing Reversible Causes of Cognitive Impairment
 - Assessing and Promoting Better Sleep in the Elderly
 - In-home Cognitive Assessment (includes Driving Safety Interventions)
 - Know the 10 Warning Signs of Alzheimer’s Disease and What to Do About Them
 - Safe In-home Medication Management
 - Building Rapport: A Person-Centered Approach to Dementia Care
 - A Person-Centered Approach to Responding to Challenging Behaviors and Safety Concerns
 - Case Studies in Dementia

- ‘EssentiALZ’: DAIL sponsored staff from six of Vermont’s Adult Day centers to complete a dementia care training program developed by the Alzheimer’s Association called EssentiALZ. Fifty two staff for six different Agencies received certificates verifying proficiency and completion of the training. Topics included:
 - Alzheimer’s and Dementia
 - Understanding Behavior
 - Communication
 - Person-Centered Care

Mental Health Promotion

DAIL was an inaugural sponsor and contributor for one of the most exciting developments in Aging in SFY2014, the successful launch of Full Circle Festival, The Art and Heart of Aging. 1200 people attend the festival which included more than 50 events at venues throughout downtown Burlington, using the arts to explore how we all, inevitably, are aging and will continue to age. Recognizing we are living longer than ever, the festival investigated

² <http://sash.forumchitchat.com/post/archived-memory-care-education-initiative-training-recordings-6840390>

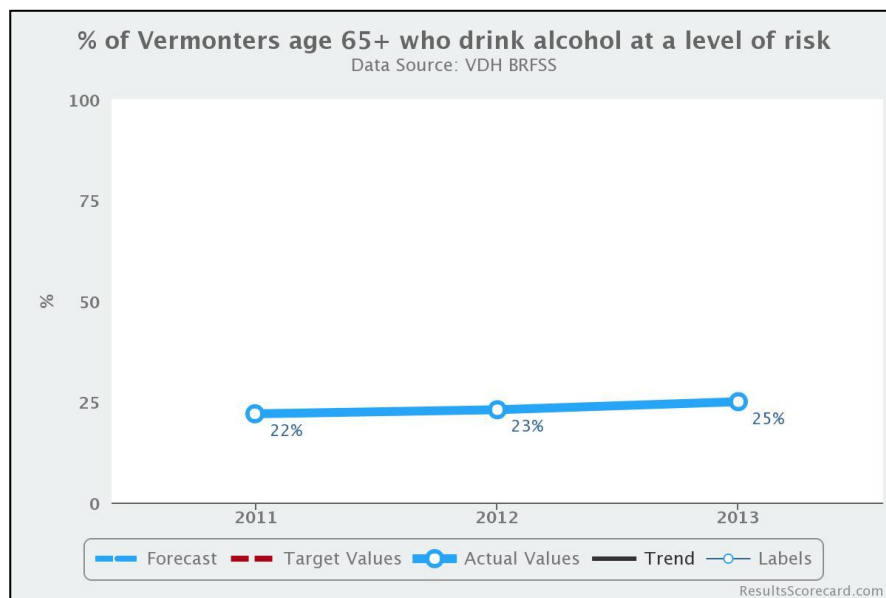
the creative potential of these extra decades and helped “ask big questions, bust myths, generate new perspectives — and have great fun together in the process,” in the words of the founder, filmmaker Camilla Rockwell.

Self-Neglect

In SFY2014 DAIL issued grants to each of the five Area Agencies on Aging (AAA) to implement Vermont’s Self-Neglect Initiative. The objectives were to: 1) Create a community system for identifying and referring people who are self-neglecting; 2) Implement consistent standards for screening and assessing individuals who are self-neglecting; and 3) Create a ‘coordinated community response’ that engages local service organizations and community members in assisting people who are self-neglecting. All of these objectives were achieved by each of the Area Agency on Aging. In addition, 219 individuals were identified by the AAAs as self-neglecting and 100 received case management involving a coordinated community response. Participants in the Initiative develop individual goals related to personal care, home care and environment care. Participants are supported by Area Agency on Aging Case Managers, in partnership with community agencies. Outcomes that will be measured and available in SFY 15 include changes in individual self-neglect status measured by the Self-Neglect Severity Scale, and progress toward meeting individual goals.

Substance Abuse Services for Older Vermonters

DAIL staff collaborated with the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, in developing a plan to improve alcohol and drug abuse services for older Vermonters. This plan includes training and support to implement the SBIRT model (Screening, Brief Intervention, and Referral for Treatment) by practitioners in the relevant workforce including Elder Care Clinicians, Area Agency on Aging Case Managers, SASH (Services and Supports at Home) nursing staff, and Home Health Agency staff. The plan identified several strategies for preventing substance use and misuse by older Vermonters, and for creating guidelines for substance abuse treatment providers in treating older adults. The plan is being implemented in SFY2015 and seeks to ‘turn the curve’ on the high rate of unhealthy consumption of alcohol among older Vermonters.



Adult Family Care

In SFY2014 the Adult Services Division worked with stakeholders to launch a new Choices for Care home-based service option, Adult Family Care (AFC). Similar to a service option widely used in Developmental Services, this provides person-centered 24-hour care in a safe, family oriented home environment that supports autonomy, independence, and dignity. The home provider provides care and support in their own residence to no more than two people who are unrelated to the home provider. Approximately 14 people were enrolled in the AFC option during SFY14 at a cost of approximately \$4500 per person/per month. (Source: SAMS enrollments and Medicaid Claims Worksheet)

Moderate Needs Group ‘Flexible Funds’

In February 2014 DAIL received legislative approval to invest \$3 million in Choices for Care reinvestment savings to expand services for people with moderate needs. This allowed DAIL to increase funding allocations to providers to serve people on waiting lists and to implement a new Moderate Needs flexible funds service option. Outcome measures include 1) increased numbers of people served, 2) improved participant survey results regarding individual choice, control, quality and satisfaction, and 3) an increase in the percentage of provider funds expended.

Transition Age Youth

DAIL partners with four organizations that support transition age youth with developmental disabilities. Three programs help youth enroll in fully integrated post-secondary college coursework with collaborating Vermont colleges. A fourth program connects students in their final year of high school to internships located within host businesses to learn multifaceted skills that lead to employment at graduation. These transition programs have collectively enabled youth to attain occupations in media, public relations, human resources, data entry, baking, and human services and have attained an 88% combined job placement rate.

- SUCCEED – This HowardCenter program provides college academic support at the University of Vermont (UVM) and Burlington area colleges. Twenty-eight (28) students have graduated. Of the 19 who continue to be served by HowardCenter, 15 are employed. In addition to academic supports and career development, SUCCEED offers independent transitional living services to its students.
- Think College Vermont – This federally funded grant program of University of Vermont (UVM) – Center on Disability & Community Inclusion supports youth at UVM and Johnson State College. To date, 30 students have been enrolled in the two programs with 12 students completing the two-year certificate of higher learning. All were employed at graduation. The remaining students are on target to complete the certificate program in the future.
- College Steps – This independent non-profit supports youth at Johnson State College, Castleton State College, Southern Vermont College, and Lyndon State College. Nine students have graduated with eight employed at graduation and one student pursuing further education.

- Project SEARCH – This independent national program is affiliated with DAIL and several provider agencies. Employment skills are taught within a business setting to high school students in their last year of school through internships at Dartmouth Hitchcock Medical Center (DHMC). All of the eight program graduates from DHMC were employed at graduation. The Edge Sports and Fitness Center will become a host site in August of 2015.

Motivational Interviewing Initiative

Beginning in January 2014, the Division of Vocational Rehabilitation (DVR) began training all staff in the evidenced based practice of Motivational Interviewing (MI). Motivational Interviewing is a way of practice that evolved in the substance abuse treatment field and is now growing nationally in the fields of behavioral health and vocational rehabilitation. It is effective in helping people develop their own motivation for making a desired change using a conversational counseling approach based on the principles of partnership, acceptance, compassion and evocation. These underlying principles are complimented by a set of micro-skills that are used strategically and intentionally to assist people in discovering what they believe and most want to achieve. Direct service staff and supervisors received the most comprehensive training in an effort to improve the customer and staff experience of the vocational rehabilitation process.

Research on Motivational Interviewing shows an audio-recording analysis and sustainability plan are necessary to successfully integrate the approach into an organization. Initial training and audio-recordings have been completed with all targeted staff groups. VR is now moving into the sustainability phase.

Results Based Accountability (RBA)

There are many approaches to measuring and improving quality and performance. One of the simpler approaches is Results Based Accountability, or RBA. RBA focuses on the effects we have on the people we serve, including actions to improve our performance, while also being easy to understand and implement.

The three core RBA questions noted below can help bring a clearer focus to our work, and improve performance and outcomes:

- *How much did we do?*

- *How well did we do it?*
- *How are people better off?*

RBA has the added advantage of complying with Act 186³....as Newton might have said, RBA is not just a good idea, it's the law.

In SFY2014 the Agency of Human Services created an RBA scorecard,⁴ and DAHL laid the groundwork for broader use of RBA performance measures for core programs. In the past months DAHL staff have continued this work, creating a draft DAHL RBA scorecard⁵ to be refined in SFY2015 and beyond. Embracing RBA has required some investment in staff time, working with our own staff and with our partners to understand RBA terms and practices. This work is not always easy, but the focus on performance and outcomes is worthwhile. Put another way: RBA is not just the law, it's a good idea.

AHS Information Systems

DAHL staff are actively engaged in the development of a new AHS Health and Human Service Enterprise (HHSE) platform and the procurement of new solutions to replace the Access eligibility (IE) system and the Medicaid Management & Information System (MMIS). The new integrated systems will replace the legacy systems that are both high maintenance (i.e., it is difficult to make changes) and limited (i.e., limited ability to automate processes, produce reports, or share information with other systems). This improved technology will support our pursuit of the 'triple aims' of health reform to: improve the individual experience of care (including quality and satisfaction), improve the health of populations, and reduce health care cost.

- **Integrated Eligibility (IE):** The Department for Children and Families (DCF) is leading the effort to procure an eligibility solution to replace the current ACCESS eligibility system. The new Integrated Eligibility system will improve the accuracy and efficiency of eligibility processing for Vermonters, providers, and AHS departments.
- **Medicaid Management & Information System (MMIS):** The Department of Vermont Health Access (DVHA) is leading the effort to procure a new

³ <http://www.leg.state.vt.us/reports/2014ExternalReports/301873.pdf>

⁴ <http://app.resultsscorecard.com/Scorecard/Embed/8131>

⁵ <http://app.resultsscorecard.com/Scorecard/Embed/8865>

MMIS. The MMIS includes multiple elements including 'core services' such as claims processing, Pharmacy Benefits Management, contact center and Care Management.

Vantage Performance Measures

The TBI program was chosen to participate in the Financial Management Vantage Performance Measures pilot program. The program objective is to provide rehabilitation services to individuals with a moderate to severe traumatic brain injury to obtain their optimal level of functioning in a community-based setting. Last October the TBI program identified three Results Based Accountability (RBA) goals to measure the effectiveness of the program, described later in this report.

State Audit of Designated Agencies

Vermont provides significant public funding for developmental disability (SFY 14 Budget \$169,880,574 Million) and mental health services. In SFY2014 State Auditor Douglas R. Hoffer performed an audit to review how DAIL and Department of Mental Health (for mental health services) fund services provided by the Designated Agencies (DAs) examining 1) how the departments ensure consumers receive expected services, and 2) whether the DAs received duplicate Medicaid payments for services. The Auditor's report, *Designated Agencies: State Oversight of Services Could be Improved, but Duplicate Payments not Widespread*, contained six specific recommendations about how DAIL could improve state oversight and management of developmental disabilities services. The Department's response to the report (Appendix IV of the report) includes a complete description of our plans to implement the recommendations. They include working with providers and other state agencies to update and clarify policies; ensure proper procedures are in place to guard against duplicate billing; and improve and increase the monitoring and oversight of services provided.

Collective Bargaining Agreement

In 2013 the Vermont Legislature passed Act 48, authorizing collective bargaining between the state of Vermont and independent direct support providers. “Independent direct support provider” means a person who provides home- and community- based services to a service recipient and is employed by the service recipient, shared living provider, or surrogate through a covered program. Covered programs include Choices for Care, Developmental Services, and the Attendant Services Program. The legislation also established the Self-Determination Alliance, comprised of representatives from each program who manage their own services, and from DAIL and the Vermont Department of Health, to advise the State on issues relating to stabilizing the independent direct provider workforce and improving the quality of services provided to people with disabilities and elders who manage their services.

The Self Determination Alliance reviewed several studies and determined the 2008 “Legislative Study of the Direct Care Workforce in Vermont” provided a framework for the following recommendations:

- Preserve program characteristics most valued by people who manage their services..
- Increase direct care wages.
- Increase access to health insurance through group health plans.
- Create accessible and affordable orientation, training and professional development for direct care workers and their employers.
- Recruit direct care workers from new sources.
- Continue the support for development and full implementation of the direct care worker registry.
- Create standardized and portable career ladders for direct care workers.
- Ensure the Self Determination Alliance continues to participate in the implementation and monitoring of progress on the stated recommendations.

A two-year collective bargaining agreement was negotiated in SFY2014, becoming effective in SFY2015. Key elements of the agreement⁶ include:

- Minimum hourly wage: A new minimum wage of \$10.80 per hour.
- Other hourly wage increases: 'Fixed' wages (wages established by the State) that were above \$10.80 per hour were increased by 2.5%.
- Minimum daily respite payment: Payment for respite services was increased to a daily compensation rate of \$150.00.
- Committee: The agreement establishes a 'State-Provider Cooperation Committee' to discuss potential future changes in compensation rates, financial workforce benefits, payment methods and procedures, Provider registry and referrals, professional development and training, and release time.
- Grievances: The agreement establishes a grievance process within the Agency of Human Services to address Union complaints.

⁶ <http://humanservices.vermont.gov/news-info/collective-bargaining-agreement-between-the-state-of-vermont-and-afscme-relating-to-independent-direct-support-providers/collective-bargaining-agreement-between-the-state-of-vermont-and-afscme-relating-to-independent-direct-support-providers-effective-7-1-14/view>

Aging and Disability Service Networks

Older Americans Act Services

Older Americans Act (OAA) services support Vermonters age 60 and older and are designed to help older Vermonters remain as independent as possible and to experience a high quality of life. Services are provided through Vermont's five Area Agencies on Aging (AAA) and include case management; nutrition services and programs; health promotion and disease prevention; information, referral and assistance; legal assistance; and family caregiver support. The Senior Community Service Employment program is managed through Vermont Associates for Training and Development.

Performance (FFY2013):

- *59,495 Vermonters over the age of 60 received services.*

Nutrition

Two OAA-funded programs provide healthy meals and nutrition services for older adults: the congregate (or community) meals program and the home delivered meals program, also known as Meals on Wheels. These programs contribute to the food security of older adults and can play an important role in promoting good health, preventing disease, and lowering rates of disability, hospitalization, depression and mortality. Roughly 6% of Vermont senior households are food insecure, and the demand for senior meals is growing. Efforts are being made at the federal, state and local levels to strengthen and to develop innovations in nutrition services.

Performance (FFY2013):

- *4,519 Vermonters received home delivered meals*
- *760,687 meals were delivered to people's homes*
- *11,179 Vermonters participated in community meals*
- *380,002 community meals were served*

Senior Farmers' Market Nutrition Program

The Senior Farmers' Market Nutrition Program (SFMNP) connects income-eligible seniors with fresh, local produce through 'shares' in Community Supported Agriculture (CSA) farms. The United States Department of Agriculture (USDA) provides funding. In addition to receiving fresh produce, seniors have an opportunity to connect with other seniors and to develop relationships with the farmers who grow their food.

Performance (FFY2014):

- *863 Vermonters served*
- *22 Farms Participating*

Commodity Supplemental Food Program

The Commodity Supplemental Food Program (CSFP) improves the health of income eligible adults over the age of 60 by supplementing their diets with nutritious USDA commodity foods. These foods include ultra-high temperature fluid milk, cereal, juice, rice, pasta, peanut butter, canned fruits and vegetables, and canned meat and fish. DAIL partners with the Vermont Foodbank, which screens and enrolls participants, manages caseload, and packs and distributes food.

Performance (FFY2014):

- *2,990 Vermonters served each month*

Meals for Younger People with Disabilities

DAIL provides funds to the Vermont Center for Independent Living (VCIL) to provide home delivered meals for people with disabilities under the age of 60. Meals are provided to people who, because of their disability and/or chronic condition, are unable to provide their own meals and do not have meal preparation assistance available.

Performance (SFY2014):

- *438 Vermonters served*
- *54,968 Meals served*

Vermont's Aging and Disabilities Resource Connection

Vermont's Aging Disabilities Resource Connections (ADRC) initiative provides people of all ages, disabilities, and incomes with the information and support they need to make informed decisions about long term services and supports. ADRC builds on the infrastructure of ten core partners: the five Area Agencies on Aging (AAAs), the Vermont Center for Independent Living (VCIL), the Brain Injury Association of Vermont (BIAVT), Vermont 211, the Vermont Family Network (VFN) and Green Mountain Self-Advocates (GMSA). The VT ADRC supports "no wrong door" access to long-term services and supports, reducing the need to contact multiple agencies in order to get the assistance they need, when they need it. This initiative is described in more detail under the Adult Services Division.

Family Caregiver Supports

Family caregivers are critical to the success of seniors and people with disabilities living in the community. The Alzheimer's Association estimates that in 2012 30,000 Vermont caregivers provided 34 million hours of unpaid care to people with dementia, with a value of \$416 million; this does not include caregiving for people with other diseases and conditions (2013 Alzheimer's Disease Facts and Figures). DAIL supports family caregivers through a number of activities including Dementia Respite Grants, the National Family Caregiver Program (NFCP) and support to Vermont Kin as Parents.

The Dementia Respite Grant and the NFCP programs are managed by Vermont's five Area Agencies on Aging. These efforts help family caregivers by reducing stress, maintaining their health, and continuing their caregiving roles. Grants may be used to pay for a range of services including in-home care, respite care, homemaker services, and Adult Day services.

Performance (FFY2013):

- *268 family caregivers received Dementia Respite Grants*
- *513 family caregivers received services from National Family Caregiver Support Program*

Elder Care Clinician Services

The Elder Care Clinician program is a collaborative effort with the Vermont Department of Mental Health that provides mental health services to elders and caregivers. Elder care services are provided in both office and community settings. The most common problem areas are depression and difficulties in daily living, and women account for nearly 75% of the people served.

Performance (SFY2014):

- *510 Vermonters served*
- *In SFY2014 the Elder Care Clinicians began an RBA planning process that will produce performance measures in SFY2015.*

State Health Insurance Program

The State Health Insurance Program (SHIP) provides information, assistance and support to Medicare beneficiaries who need help selecting or managing public and/or private health insurance benefits.

Performance:

- *14,506 contacts for assistance (April 2013-March 2014)*

- *Vermont SHIP received a national performance ranking of fifth (among the 54 SHIP programs)*

Homeshare

DAIL supports two innovative Homeshare Programs in Vermont: **HomeShare Vermont** is active in Addison, Chittenden and Grand Isle Counties; **HomeShare Now** is active in Washington and Orange Counties. “Homesharing” arranges live-in ‘matches’ between Vermonters who have a living space to share and others who need a place to live and can offer support (such as personal care, housekeeping, and socialization). HomeShare Vermont also helps seniors and people with disabilities find paid caregivers to help them remain in their homes. The Homeshare Programs have been successful in helping people stay in their own homes, as well as in helping people find affordable housing. Of the people who applied for services this year, 71% were considered very low income by federal standards.

Performance (SFY2014):

- *381 Vermonters completed In-HomeShare Matches*
- *78 Vermonters served as In-Home caregivers*
- *173 Vermonters located affordable housing*
- *In a recent HomeShare Vermont survey 100% of people sharing their homes, including those who were only charging rent and did not want or need service, indicated an improvement of quality of life in at least one area; 38% of home sharers said that they would either be homeless or in an unsafe environment if they had not been matched through HomeShare Vermont.⁷*

⁷ <http://www.homesharevermont.org/wp-content/uploads/2014/10/Annual-Report-14-WEB2.pdf>

Adult Services Division

802-871-3069
www.ddas.vermont.gov

Mission and Philosophy

The Adult Services Division (ASD) supports older Vermonters and adults with physical disabilities to live as they choose, pursuing their individual goals and preferences within their chosen communities.

The Adult Services Division strives to:

- Ensure basic human and civil rights, health, well-being and safety;
- Provide effective leadership for disability and aging policy and services in Vermont; and
- Meet federal and state mandates by developing and managing public resources effectively.

In SFY2014, the Division expanded use of a performance measurement approach known as “results-based accountability” or RBA. We are engaged in using RBA to create performance measures for adult day programs, nursing homes, and home and community based services.

Organizational Structure and Staffing

The majority of ASD staff works from regional offices around the state, while central office staff and the Division Director are currently stationed in Williston. Staffing includes:

- Division Director
- Long Term Services and Supports program staff (19)
- Quality and Provider Relations staff (5)
- Money Follows the Person Grant staff (8)

The Division partners with a wide variety of local organizations, including:

- Adult Day Centers
- Area Agencies on Aging
- Designated Agencies and Specialized Services Agencies
- Home Health Agencies
- Nursing Homes
- Residential Care Homes
- Vermont Center for Independent Living
- Long Term Care Ombudsman Program

And with state and federal government entities, including:

- VT Agency of Human Services
 - Department of Vermont Health Access
 - Department for Children and Families
 - Department of Corrections
 - Agency of Education
 - Department of Health
 - Department of Mental Health
- Administration on Aging/Administration for Community Living
- Centers for Medicare and Medicaid Services

Programs and Services

The Adult Services Division (ASD) is responsible for a full array of long-term services and supports for older Vermonters and adults with physical disabilities. ASD works with private organizations to provide a broad array of long term services and supports, including:

- Residential Support
- Community Supports
- Case Management
- Family Supports
- Respite and Companion
- Employment Supports
- Crisis Services
- Clinical Interventions
- Assistance with Activities of Daily Living
- Assistive Technology
- Personal Care
- Nursing Home Care
- Rehabilitation Services
- Support to Live at Home
- Information and Referral
- Integrated Health Care
- Adult Day Services

Adult Day Services

The Adult Services Division (ASD) certifies all 14 Adult Day providers across the state for 1-3 years, depending on the number of issues identified during a review. ASD also provides quality assurance and improvement support as needed. Adult Day providers receive some limited state funding to support their core work. Eligible adult day participants receive funding for Adult Day Services through the Choices for Care program or Medicaid Day Health Rehabilitation program, or may pay privately based on a sliding fee scale. Adult Day Services offer community-based non-residential supports to assist adults with physical and/or cognitive impairments to remain as

active in their communities as possible. Adult day services also provide respite, support and education to family members and caregivers.

Performance (SFY2014):

- *An average of 500 people per month participated in Adult Day services, supported through State and federal funds. This is a 4% increase in participation from the previous year.*
- *The total State payments for Adult Day services were \$6.7 million.*
- *128 people per month served in CFC Moderate Needs, at a cost of \$1.5 million*
- *230 per month served in CFC Highest/High Needs, at a cost of \$3.3 million*
- *142 people per month served in Medicaid Day Health Services, at a cost of \$1.9 million⁸*
- *94% of Adult Day respondents described the services they received as excellent or good⁷*
- *83% of Adult Day respondents reported the services that they received helped maintain or improve their health⁷*
- *DAIL staff led its first RBA exercise with adult day providers. Two outcomes were identified and incorporated in the general funds grant agreement: 1) Participants are satisfied and have choice and control; 2) Caregivers have improved quality of life. These two outcomes will be measured by satisfaction and quality of life surveys administered by the Adult Day providers.*

Attendant Services Program

The Attendant Services Program (ASP) supports personal care services for adults with a “severe and permanent disability” who need physical assistance with activities of daily living (such as bathing, getting dressed and eating) to remain in their homes. In July of 2014, a budget rescission froze all new general fund expenditures, both for new applicants and increased awards to current participants.

Performance (SFY2014):

- *191 Vermonters were served including 97 people through Medicaid and 94 people with General Funds*
- *97% of respondents rated the quality of services they received from the Attendant Services Program as excellent or good⁹*

⁸ <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-survey-2013-1>

- *16% of respondents rated their health as much better or somewhat better than one year ago*⁸
- *ASD held two participant advisory committee meetings and one participant meeting in calendar year 2014*

Choices for Care – 1115 Long-Term Care Demonstration Waiver

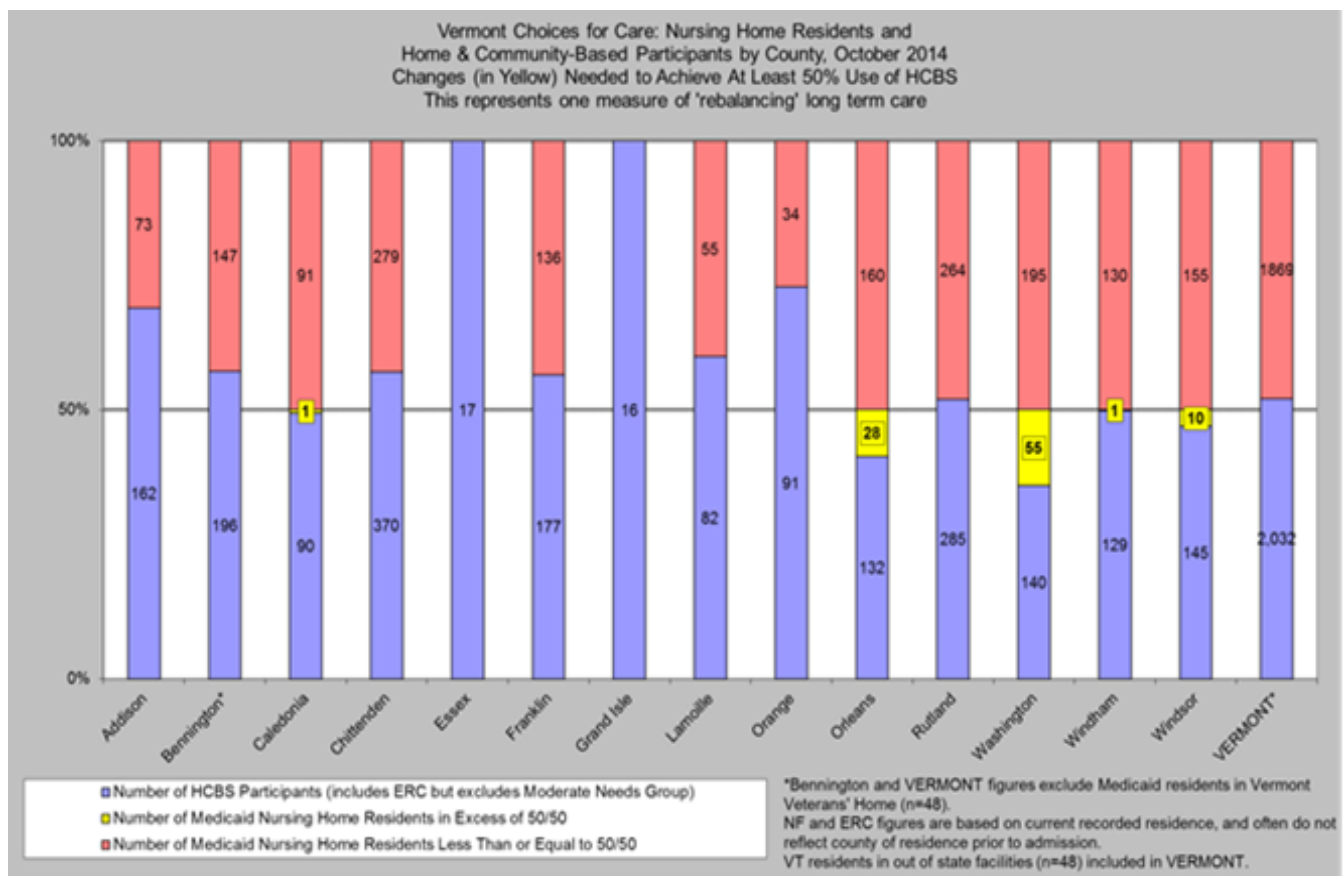
Choices for Care (CFC) is a Medicaid long-term service and supports program that serves older Vermonters and adults with physical disabilities. The overall goal of CFC is to give people choice and control over where and how their needs are met. For people who meet “nursing home level of care” criteria, services are provided in their own homes, Adult Family Care homes, Residential Care/Assisted Living Homes, or nursing facilities. Certified Home Health Agencies provide in-home services to many people. CFC offers a variety of self-directed options for people who live in their own homes who are able and willing to manage their own services, or who have a surrogate to manage services on their behalf.

Choices for Care provides limited funding for homemaker, adult day, case management, and ‘flexible fund’ services to people in the “Moderate Needs Group”. People in this group do not meet nursing home level of care criteria. The intent is to prevent or delay the need for more costly long-term services and supports by providing these services.

Performance (SFY2014):

- *Serve more people: At the end of SFY2014, the total number of people enrolled in Choices for Care was 5243, an increase of 323 people from the end of SFY2013. This is a 6.5% increase in participation.*
- *‘Rebalance’: A goal is to ‘rebalance’, serving a lower number/percentage of people in nursing homes and a higher number/percentage of people in alternative settings, consistent with their individual choices. As of October 2014, about 52% of people enrolled in Choices for Care Highest/High were served in an HCBS setting while 48% were served in a nursing facility.*

⁹ <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-survey-2013-1>



Data source: SAMS enrollment database

- *Increase service options: In early 2014, DAIL used increased funding to implement a flexible funding option for people with moderate needs.*
- *Reduce waiting lists: In September 2005, 241 people were on waiting lists for home and community based services; at the end of SFY2014, the number was 0. (Not including the expansion Moderate Needs Group).*
- *Manage the funding available: CFC seeks to manage spending to the limits of available funding. In recent years Choices for Care spending has been under budget, which has provided program stability as well as reinvestment opportunities. In SFY2014 \$177,514,437 was expended, about \$5.6 million (3%) less than appropriated.*
- *95% of Personal Care respondents rated the quality of home-based as excellent or good¹⁰*

¹⁰ <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-survey-2013-1>

- 88% of Personal Care respondents agreed or strongly agreed that the home-based the services they received helped maintain or improve their health¹¹
- 88% of Homemaker respondents reported the services received as excellent or good¹²
- 83% of Homemaker respondents reported the services they received helped maintain or improve their health¹³

Choices for Care Independent Evaluation

A team at the University of Massachusetts Medical School serves as the independent evaluators for Choices for Care. This team has produced an evaluation plan with goals and measures, and annual evaluation reports that describe Vermont's performance in meeting these goals¹⁴.

Choices for Care Policy Briefs

Each year the independent evaluation team produces policy briefs that address challenges in Choices for Care and make recommendations to Vermont to improve practices and outcomes:

- **Moderate Needs Group:** In recognition of the relatively low levels of satisfaction with Moderate Needs Group services, DAILE asked the team to examine this service and recommend ways to improve service satisfaction and outcomes. The report, *Flexibility for the Moderate Needs Group in Choices for Care* contributed to the development of the 'flexible funds' option.¹⁵

High Technology Home Care

High Technology Home Care provides skilled nursing care to people of any age living in home-based settings who are eligible for Medicaid and depend on medical technology to survive. Services include coordinating treatments, medical supplies, and sophisticated medical equipment. Adults age 21 and

¹¹ <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-survey-2013-1>

¹² *Id.*, <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-survey-2013-1>

¹³ *Id.*, <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-survey-2013-1>

¹⁴ <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>

¹⁵ <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/umass-policy-brief-flexibility-for-the-moderate-needs-group-in-choices-for-care>

over who qualify are served through DAIL and funded through the Department of VT Health Access (DVHA).

Performance (SFY2014):

- *An average of 36 people per month received Adult High Technology services.*
- *ASD staff worked closely with DVHA to revise the assessment and approval process for High Tech services. With the goal of creating efficiencies, reducing waste and meeting participant's high tech needs, ASD staff incorporated a plan to work with home health agencies to reassess all participants receiving Adult High Tech Home Care while implementing a consolidated reimbursement rate for services.*

Money Follows the Person:

In 2011, DAIL was awarded a five year \$17.9 million "Money Follows the Person" (MFP) grant from the Centers for Medicare and Medicaid Services (CMS) to help people living in nursing facilities overcome barriers to moving to their preferred community-based setting. The program provides participants the assistance of a Transition Coordinator and up to \$2,500 to address barriers to transition.

Performance (SFY2014):

- *541 nursing facility residents were educated about MFP*
- *73 people enrolled in MFP*
- *53 people residing in nursing facilities transitioned to a home and community based setting*
- *23 people graduated from MFP by completing 365 days of living in a home and community based setting.*
- *Since the beginning of MFP, a total of 252 people have enrolled, 139 participants have transitioned to the community, and 52 participants have graduated.*

For more information on Vermont's Money Follows the Person Grant, go to: <http://www.ddas.vermont.gov/ddas-projects/mfp/mfp>

Quality Management and Provider Relations

The Quality and Provider Relations team focused on advancing Results Based Accountability (RBA). The team conducted RBA exercises for Choices for Care Providers to assist them in measuring and improving their performance in helping service participants become "better off" as a result of their services. The Quality Unit has worked with the 14 Adult Day Agencies, Cathedral Square Cooperation, and 10 Aging and Disabilities

Resources Connection (ADRC) partners, Long Term Care Ombudsman Program, Money Follows the Person Program and a group of long term care nursing providers. New performance measures have been incorporated into 15 grants and contracts with Choices for Care Providers.

The Quality Management and Provider Relations Unit performed certification visits, maintaining active certification for 14 Adult Day sites and 16 Case Management Agencies, assuring compliance with Choices for Care Program Standards. Agencies received certification for 1-3 years depending on the number of findings during the visit. The Unit is currently partnering with Designated Agencies to develop a review process for Adult Family Care Home providers.

Wage Increase

In July 2014 DAIL increased wages for all consumer-directed and surrogate-directed employees in the Choices for Care and the Attendant Services Program. This was a result of the Independent Direct Support Workers' Collective Bargaining Agreement (CBA), which sets a new minimum wage for these workers at \$10.80 per hour.

Consumer Satisfaction Survey

Thoroughbred Research Group published the 2013 Vermont Long-Term Care Consumer Survey in January 2014:

“The results of the survey suggest that the large majority of consumers are satisfied with DAIL programs, satisfied with the services they receive, and consider the quality of these services to be excellent or good. The survey results are a clear indication that DAIL is in large part fulfilling its goal “to make Vermont the best state in which to grow old or to live with a disability ~ with dignity, respect and independence.” This high level of satisfaction continues a trend observed...since 2008. ...the survey results did not identify any major systemic problems with the programs and services provided by DAIL. DAIL is providing the services needed by the vast majority of its consumers in a manner that is effective, appropriate and that clients appreciate.”

- 91% of people rate the services as excellent or good.
- 93% of people rate the value of the services as excellent or good.
- 90% of people rate the reliability of the people that help them as excellent or good.

Survey results are used by the Department to inform program improvement efforts. The complete report can be seen at:

<http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>.

Vermont's Aging and Disabilities Resource Connection

Vermont's Aging Disabilities Resource Connections (ADRC) initiative provides people of all ages, disabilities, and incomes with the information and support they need to make informed decisions about long term services and supports.

The ADRC is actively engaged in several pilot projects as part of its Enhanced Options Counseling Grant (EOC):

Person-Centered Options Counseling (PCOC): PCOC is offered by nine of the ten ADRC partner agencies. Vermont has over 60 uniquely qualified Options Counselors who meet national core competencies. The ADRC is working to help develop a national PCOP training curriculum and certification.

Performance:

- *To date, this program has served over 350 Vermonters.*

Medicaid Reimbursement Pilot Project: The ADRC is piloting the use of Enhanced Options Counselors in two regions of the state. In partnership with the Department for Children and Families, the pilot seeks to build a sustainable Medicaid funding stream to support Enhanced Options Counselors to assist in the LTC Medicaid financial eligibility processes.

Performance:

- *To date, this program has served over 70 Vermonters.*

Care Transitions Pilot Project: This pilot is in partnership with the Southwestern Vermont Medical Center. Options Counselors from three of the ADRC partners are in the hospital on a daily basis to identify individuals who will benefit from Options Counseling and to support successful care transitions from the hospital back to the community. Outcome measures include reduced readmissions and better transitions of care.

Performance:

- *To date, this program has served over 40 Vermonters.*

The ADRC Veterans Independence Program (VIP): Currently serving over 40 Veterans statewide, the five AAAs in partnership with the White River Junction Veterans Administration Medical Center (VAMC) help Veterans to remain in their homes and communities through self-directed services. Veterans are able to decide how to use a flexible budget to meet their needs where they desire to live. This program has earned national attention.

Performance:

- *To date, this program has served over 35 Veterans.*

In SFY2014 ADRC began work on more robust outcome and performance measures, supported by the Adult Services Division, Quality Management staff. Measures are incorporated in SFY2015 grant agreements.

State Long Term Care Ombudsman Program

DAIL contracts with Vermont Legal Aid to operate the Office of the State Long Term Care Ombudsman Program (SLTCOP). The SLTCOP is charged with protecting the safety, welfare and rights of Vermonters in nursing homes, residential care homes, and people using Choices for Care home and community-based services. An Ombudsman's primary responsibility is to investigate and resolve complaints on behalf of individuals. They also provide information and consultations to individuals, family members, providers, the public, and other community partners. Staff includes a full time director (the State Long Term Care Ombudsman) and regional ombudsmen, located in five regional offices. A volunteer coordinator works with twelve certified volunteers, who are assigned to specific long term care facilities throughout the state.

Performance (FFY2014):

- *Responded to 521 complaints (approximately 14% related to home and community based services)*
- *Provided 549 consultations to individuals*
- *Provided 257 consultations to long term care service providers*
- *Approximately 84% of complaints were fully or partially resolved to the satisfaction of the individuals receiving services (or someone with authority to act on their behalf.)*

The Adult Services Division, Quality Management staff led an RBA educational exercise with the Ombudsmen staff as a part of its RBA outreach and education process.

Performance measures for the grant will be reviewed and updated in SFY2015.

Division for the Blind and Visually Impaired

888-405-5005 Toll Free

888-405-5005

www.DBVI.vermont.gov

Mission and Philosophy

The Vermont Division for the Blind and Visually Impaired (DBVI) provides and oversees specialized services for people who are visually impaired, using a rehabilitation model that starts when the person experiences vision loss. DBVI offers an array of services specifically designed for people who have lost visual function and independence.

DBVI's mission is to support the efforts of Vermonters who are blind or visually impaired to achieve or sustain their economic independence, self-reliance, and social integration to a level consistent with their interests, abilities and informed choices. Those who participate in DBVI services learn skills and become high achieving successful community members. Given appropriate adaptive skills training, and assistive technology instruction, many limitations due to blindness can be overcome. Quality of life, dignity, and full integration are the focus of DBVI.

DBVI practices a rehabilitation model that takes a holistic approach to working with the individual at the time of vision loss. The process begins with the individual and the DBVI counselor working together to develop an individualized plan aimed at helping him or her to achieve the highest level of independence and employment as possible. The rehabilitative process focuses on helping the individual to learn new adaptive skills that allow them to regain independence and self-confidence after the severe trauma of vision loss. DBVI services help people reestablish control and ability to complete independent living tasks that are usually taken for granted, such as preparing breakfast, getting dressed and navigating familiar and unfamiliar areas at work and in the community.

Organizational Structure and Staffing

DBVI services are provided by highly qualified professionals who possess specialized training and understanding of the implications of visual loss. Services are provided from four regional field offices in Montpelier, Burlington, Springfield, and Rutland where rehabilitation counselors and Rehabilitation Associates are responsible for ensuring that timely and

appropriate services are delivered to people with vision loss. One rehabilitation technology trainer covers the entire state, teaching people how to use assistive technology such as screen readers and screen enlargement computer software. The director of DBVI is located in the Department's central office in Williston.

Programs and Services

Vocational Rehabilitation Services

The goal of DBVI's vocational rehabilitation services is to help people with vision loss to retain, return, or secure employment. Each individual meets with a DBVI counselor to identify goals and develop a plan to reduce the limitations that result from a vision loss.

Performance:

- *74 people met their employment goals in FFY2014*
 - Counseling and guidance
 - Assessment of skills, interests, and abilities
 - Transition services for students
 - Assistive technology equipment, evaluation and training
 - Low vision services
 - Orientation and mobility services (Learning to use a white cane)
 - Rehabilitation training
 - Career exploration
 - Vocational training
 - Assistance with post-secondary education
 - Job-seeking skills
 - Employer assistance
 - Small business development
 - Job placement services
 - Coordination of services and access to programs

Transition Services

DBVI transition services provide high school students with opportunities for learning independent living and job skills. DBVI collaborates with several partners including the Division of Vocational Rehabilitation, Vermont Association for the Blind and Visually Impaired (VABVI), Vermont Youth Conservation Corps, ReSource, and the Gibney Family Foundation.

One specific transition program called LEAP (Learn, Earn, and Prosper) provides paid summer employment for youth in a residential setting. This program empowers students to take charge of their employment future by

gaining early employment success that can be carried into future employment pursuits. The goal is for all graduates to enter college, obtain further training, or join the world of work. A new addition to the summer work experience is the requirement for students to secure internships in their local community. The goal of the internships is to make connections in the local community where jobs will eventually develop and to expand a summer experience into year-long career exploration. LEAP has completed its seventh successful year.

Independent Living Services

DBVI provides assistance in maintaining independence. The DBVI Rehabilitation Associate meets an individual in his or her own home to discuss the individual's goals and develop a plan for services to achieve the highest possible degree of independence in activities such as traveling independently, preparing meals, and identifying medications. Once the individualized plan is developed, services are provided through a grant agreement with Vermont Association for the Blind and Visually Impaired (VABVI) which receives both federal and state funds from DAIL to provide services to adults over the age of 55 with visual impairments. Direct services include orientation and mobility, low vision training, and rehabilitation teaching.

Performance:

- *847 adults with a visual impairment served in FFY2014*

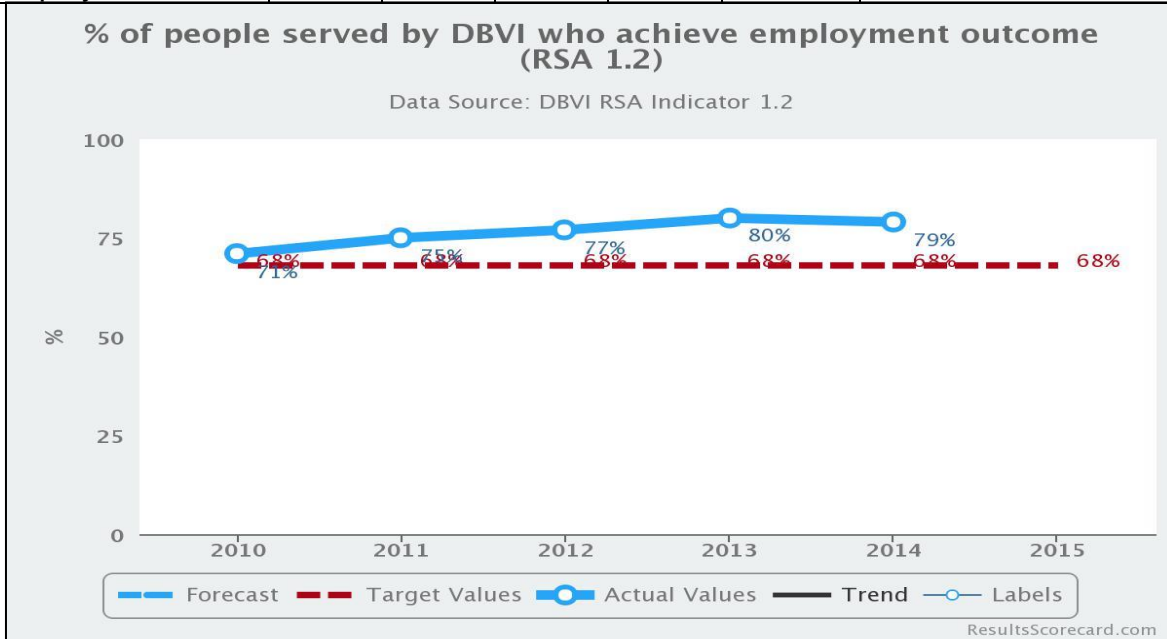
Technology

Maximizing the power of assistive technology is critical to people with vision loss. DBVI invests significant effort in staying current about new assistive technology, which will revolutionize employment access and eliminate other barriers caused by vision loss. Assistive technology plays a critical role in allowing an individual with a visual impairment to be connected with society, continue employment, and pursue a tremendous range of careers in mainstream society. This important service was used by 214 individuals in FFY 2014.

Performance Measures

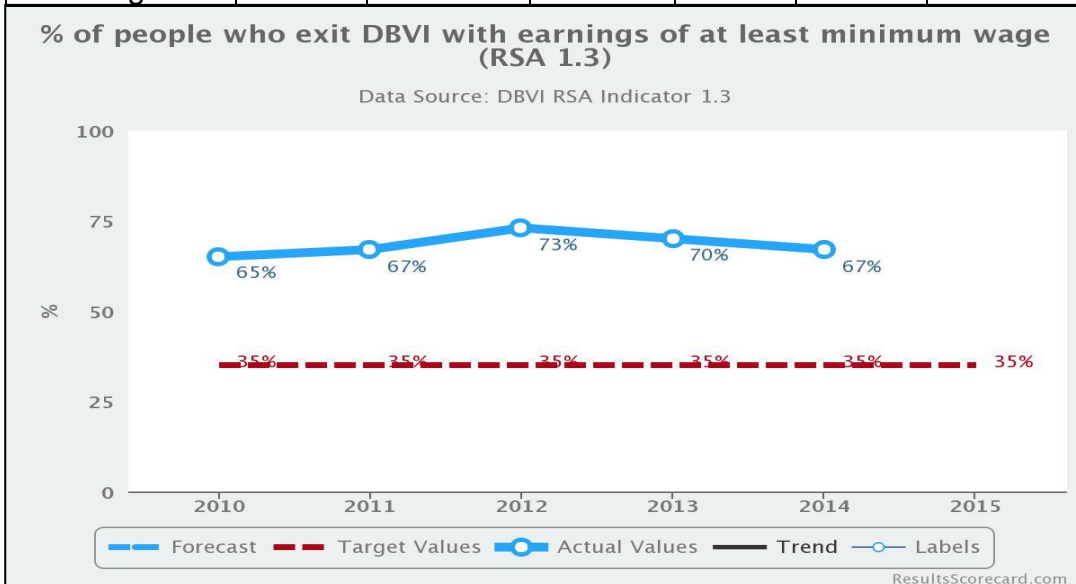
Employment Rate: The percentage of people served by DBVI who have achieved an employment outcome successfully attained vocational goal for a minimum of 90 days.

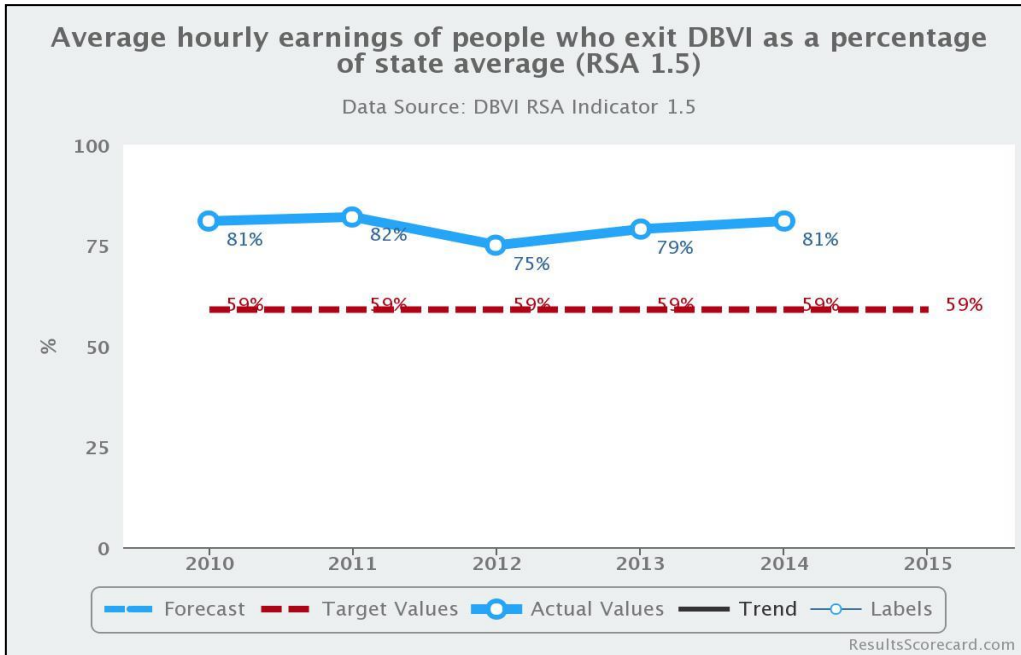
	2010	2011	2012	2013	2014	National Standard
Employment Rate	71%	75%	77%	80%	79%	67.11%



Wages: The percentage of all individuals who have achieved an employment outcome, with earnings equivalent to at least the minimum wage.

	2010	2011	2012	2013	2014	National Standard
% Above Minimum Wage	65%	67%	73%	70%	67%	35.4%)





Customer Satisfaction:

	2003 Market Decisions Survey (Formal)	2011 Market Decisions Survey (Formal)	2013 Closure Survey (Ongoing Informal)	2014 Closure Survey (Ongoing Informal)	2014 Market Decisions Survey (Formal)
Overall Satisfaction with services received	93%	92%			Available February 2015
Services provided met expectations	93%	90%			--
Staff were helpful to achieve vocational goals	98%	95%			--
DBVI delivered services well for me			92%	91%	
I did get the results I wanted from DBVI			93%	89%	

Story Behind the Curve

DBVI's primary indicators show a strong rehabilitation rate for people who are blind or visually impaired. While these results are above the national average in all areas, DBVI's objective is to help all customers reach their employment goals. For this reason, DBVI's SFY2015 research agenda

includes an analysis to determine why some individuals did not obtain employment.

DBVI also expects to help individuals get the best paying job possible. We realize that many individuals decide to develop their own small business, which meets their lifestyle needs, but may not have a strong income return in the beginning. Our research agenda also includes a look at what types of professions individuals are choosing and the incomes they are earning.

Vision loss causes a sharp initial decrease in independence and ability to do regular tasks previously done with normal vision. The DBVI program provides the opportunity for people to learn new adaptive skills to overcome functional limitations due to vision loss; the process may take months or years. Informal closure surveys show the top two services that help 'turn the curve' in building skills are Low Vision and Assistive Technology equipment and instruction. After individuals learn skills and use adaptive equipment, they can resume many activities and function more independently in the community and at work. Over 90% of DBVI customers surveyed at closure identified their attainment of new adaptive skills as the most important factor in their success. Customers share many examples of how their new skills have helped them adapt to vision loss, maintain employment, and improve their quality of life. They are better off because they can now:

- Obtain their employment goals.
- Access printed material with the use of assistive technology.
- Travel independently on the job and in the community with the use of the white cane.
- Use special magnification and lighting to access information on the job and at home.

Quotes include:

- "The best thing that happened to me while working with DBVI was that I got a CCTV to help me with my written material that I need to access for my job. I also learned how to use magnifiers as well."
- "I learned how to use a laptop and screen magnification to help me access information I need. It is great to have this new skill for my job. "
- "Without the DBVI assistance with surgery I would have lost my vision and my job."
- "I learned to use assistive technology that allowed me the freedom to continue to run my business."

- “I learned how to adapt and adjust to being a newly blind person. I can’t begin to tell you how valuable this experience was for me.”

The closure surveys also show that 92% of customers rated DBVI services highly, including the following:

- Staff is easy to contact.
- Services are timely.
- Services are useful.
- Services are easy to access.

Partners

DBVI considers the people we serve as partners. This year we conducted Town Meeting events in each of our 4 regions. The goal was to hear the “Voice of the Customer” about the results they expect from our program.

We also work closely with the State Rehabilitation Council, appointed by the Governor. The Council partners with DBVI to evaluate data and to develop goals and strategies.

DBVI is encouraged that our partnership with the Vermont Association for the Blind and Visually Impaired is helping customers to build the adaptive skills they need on the job and in the community. We are also encouraged that progressive employment strategies and our partnership with the Vermont Association for Business, Industry, and Rehabilitation (VABIR) is helping DBVI to partner effectively with businesses to provide opportunities for blind or visually impaired workers to demonstrate their abilities in the workplace.

The DBVI partnership with the Vermont Youth Conservation Corps is helping students and young adults build the skills they need in the workplace. VYCC helps DBVI run a summer youth employment program that provides the opportunity for students to learn employment skills and Independent Living Skills. These early employment experiences help build the confidence needed to succeed in college, in vocational training, and in the workplace.

What Works

DBVI’s customer satisfaction is a strength. These ratings consistently exceed 90% each year. Staff are described as responsive, easy to reach,

and helping people meet their goals. Comments at each of the 4 Town Meetings acknowledged that DBVI staff and services “gave them hope.”

Individuals who experience vision loss need to learn new adaptive skills, and DBVI strategies are designed to help people build these skills. In most situations, assistive technology is the key to opening the door for employment. Specialized software and hardware are often needed to access print, and specialized skills (including the use of specialized magnification and lighting) are needed to use the technology successfully. The combination of technology and the skills to use the technology helps individuals return to their jobs and community activities.

Our customers have used work experiences as a way to show employers that they can do the job. Many employers cannot conceive of how a blind person can do a particular job, until they learn that some simple low cost accommodations make it possible. This is also a great opportunity for people to build employment skills and to learn about jobs they like or don't like.

DBVI also makes a strong commitment to help individuals succeed in post-secondary and vocational training programs. These degrees and certificates usually lead to better paying jobs.

For students, DBVI's process involves strong communication with a team including the student, families, school staff, and teachers of people with visually impairments. Each DBVI counselor guides students and teams to develop specific action steps depending on the path they will take toward either more training or directly into work. Our role is to help students make a smooth individual transition into the world of work.

Action Plan

DBVI staff and the State Rehabilitation Council are reviewing the 2014 Town Meeting results and other performance data and will revise goals and strategies for the period July 2015 - June 2018.

Our research agenda includes looking closely at data about customers who did not achieve employment in FFY 2014. Staff will be investigating what new strategies might be needed for those who were not successful. This may include strategies to educate employers about the skills these individuals can bring to the workplace. It also may involve finding new

strategies to help individuals build the specific skills that are needed by employers.

DBVI has a commitment to customer-centered culture that continues to guide staff in making continuous improvements: listening to the voice of our customers, using this information along with performance measures to improve our current products and develop new ones. The new plan with new goals and strategies will be completed by July 2015.

Developmental Disabilities Services Division

802-871-3065
www.ddas.vermont.gov

Mission and Philosophy

The Development Disabilities Services Division (DDSD) supports Vermonters with developmental disabilities and traumatic brain injuries to live as they choose, pursuing their individual goals and preferences within their chosen communities.

The Development Disabilities Services Division:

- Seeks to ensure basic human and civil rights, health, well-being and safety;
- Provides effective leadership for disability policy and services in Vermont; and
- Meets federal and state mandates by developing and managing public resources effectively.

Organizational Structure and Staffing

The Developmental Disabilities Services Division (DDSD) plans, coordinates, administers, monitors, and evaluates state and federally funded services for individuals with developmental disabilities, traumatic brain injuries and their families within Vermont. The Division provides funding for services and is responsible for systems planning, technical assistance, training, quality assurance, program monitoring, and standards compliance. The Division also provides guardianship services on behalf of the Commissioner, to individuals who are under court-ordered public guardianship.

The central office of the Division is currently in Williston, with the majority of staff working from regional offices around the state. Staff includes:

- Division Director
- Assistant Director
- Administrative Staff (2)
- Program Development/Policy Analyst
- Developmental Disabilities Services Specialists (2)
- Supported Employment Coordinator
- Children's Specialist
- Public Safety Specialist

- Quality Management Team Administrator
- Quality Management Reviewers (2)
- Quality Management Nurse Reviewer/Traumatic Brain Injury Nurse
- Traumatic Brain Injury Program Supervisor
- Office of Public Guardian Staff (28)

The Division maintains partnerships with a wide variety of local service providers and other organizations, including:

- Brain Injury Association of Vermont (BIA-VT)
- Center on Disability and Community Inclusion/UVM (CDCI)
- Designated Agencies and Specialized Services Agencies (DA/SSA)
- Developmental Disabilities Services State Program Standing Committee
- Disability Rights Vermont (DR-VT)
- Green Mountain Self Advocates (GMSA)
- Support groups for people with brain injury
- Traumatic Brain Injury Service Providers (TBI)
- Vermont Center for Independent Living (VCIL)
- Vermont Coalition for Disability Rights (VCDR)
- Vermont Council of Developmental and Mental Health Services (VCDMHS)
- Vermont Developmental Disabilities Council (VT-DDC)
- Vermont Family Network (VFN)
- Vermont Legal Aid – Disability Law Project (DLP)

The Division also has a variety of partners within state and federal government, including:

- Administration for Community Living (ACL)
- Adult Services Division (ASD)
- Agency of Education (AOE)
- Agency of Human Services (AHS)
- Centers for Medicare and Medicaid Services (CMS)
- Division of Licensing and Protection (DLP)
- Division of Vocational Rehabilitation (DVR)
- Department of Vermont Health Access (DVHA)
- Department for Children and Families (DCF)
- Department of Corrections (DOC)
- Department of Health (VDH)
- Department of Mental Health (DMH)

Programs and Services

The Development Disabilities Services Division (DDSD) is responsible for services to people with developmental disabilities and traumatic brain injuries as well as guardianship services to adults with developmental disabilities services and older Vermonters. DDSD works with private organizations to provide a broad array of long term services and supports, including:

- Service Coordination
- Family Supports
- Community Supports
- Employment Supports
- Guardianship Services
- Residential Support
- Crisis Services
- Clinical Interventions
- Respite
- Rehabilitation Services

Developmental Disabilities Home and Community Based Services

Developmental disabilities services help people and their families to increase independence and be part of their local communities. These services provide funding to prevent institutionalization and address personal health and safety as well as public safety. Opportunity for full community inclusion is paramount. Vermont was the second state in the country to close its only institution for people with developmental disabilities, and the last sheltered workshop closed more than ten years ago. Typical employment and other community activities are now the norm.

Performance (SFY2014):

- *2,833 Vermonters received home and community-based services.*
- *1,127 people received supported employment services in SFY2014, a 4% increase in the number of people employed over the previous year.*
- *The average hourly rate of pay among people who were employed was \$9.48, well above the Vermont minimum wage.*
- *48% of people aged 21 – 64 who were served by DDS home and Community Based Services were employed (SFY2013):*

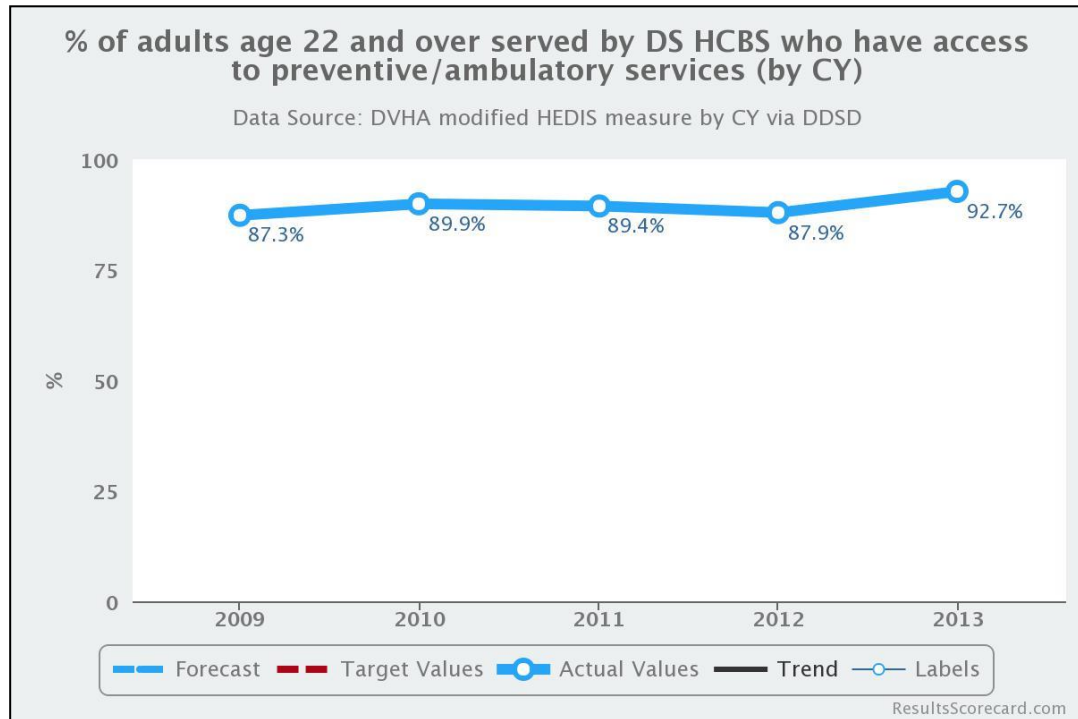
Employment rate among people age 21 to 64 who are served by DS HCBS

Data Source: DAIL, DS Agencies, DVR/DOL UI



- *Story behind the curve:* Technical assistance and progress review from DAIL; Access to VT Department of Labor database to identify all people employed served by agencies; Expansion of post-secondary educational options that lead to significant growth in employment rates.
- *Partners:* DA/SSAs Supported Employment Specialist; DDSD Employment Specialist; Division of Vocational Rehabilitation Employment staff; Center on Disability and Community Inclusion/UVM Grant Coordinator
- *What works:* Ongoing technical assistance; quarterly Supported Employment (SE) Coordinator's meetings to share resources and ideas; connecting youth to Project Search Industry base training
- *Action plan:* Develop regional youth transition teams; develop online SE certification course; increase post-secondary options

- 93% of adults age 22 and over served by DDS home and community-based services had access to preventive/ambulatory services (CY2013):



- *Story Behind the Curve:* Annual physical exams help assure that people have an “eyes-on” visit with a medical professional who will review chronic and other medical conditions and complaints.
- *Partners:* Service Coordinators and direct service workers; family members and guardians, health care providers, DAIL Quality Management Reviewers
- *What Works:* Team members help assure necessary medical appointments take place annually; individuals and families are educated and encouraged to make and attend medical appointments.
- *Action plan:* Continue high level of compliance; improve and increase education, training and technical assistance; evaluate data collection methodology

Flexible Family Funding

Flexible Family Funding (FFF) helps to support families as unpaid caregivers for children and adults with developmental disabilities. Families receive up to \$1,000 per year, used at the discretion of the family for

services and supports that benefit the person and the family. Common uses include assistive technology, household purchases, and respite.

Performance (SFY2014):

- *1,103 people served including 785 (71%) children under the age of 18*
- *395 (36%) of individuals who received Flexible Family Funding in SFY2014 were identified as having Pervasive Developmental Disorder (PDD)*

Public Guardian

The Office of Public Guardian (OPG) provides guardianship and other court-ordered supervision to people with developmental disabilities age 18 and older, and to Vermonters age 60 and older, when an individual is unable to make basic life decisions and has no friends or family able and willing to serve as guardian. Services include guardianship services; representative payee services; case management; court-ordered evaluations for Probate and Family Court guardianship cases; public education on guardianship; and recruitment and support for private guardians.

In SFY2014 DAIL added a new guardian position based in the Northeast Kingdom. Previously, this large geographic area was served by guardians from the surrounding counties. This improved our ability to serve people who live in the northeast region of Vermont, and also increased the efficiency of guardianship services through reduced travel.

Performance (SFY2014):

- *750 adults received guardianship services*
 - *655 adults with developmental disabilities, mostly through Family Court*
 - *88 adults age 60 and over through Probate Court*
 - *7 people received case management services*
- *339 adults received representative payee services*

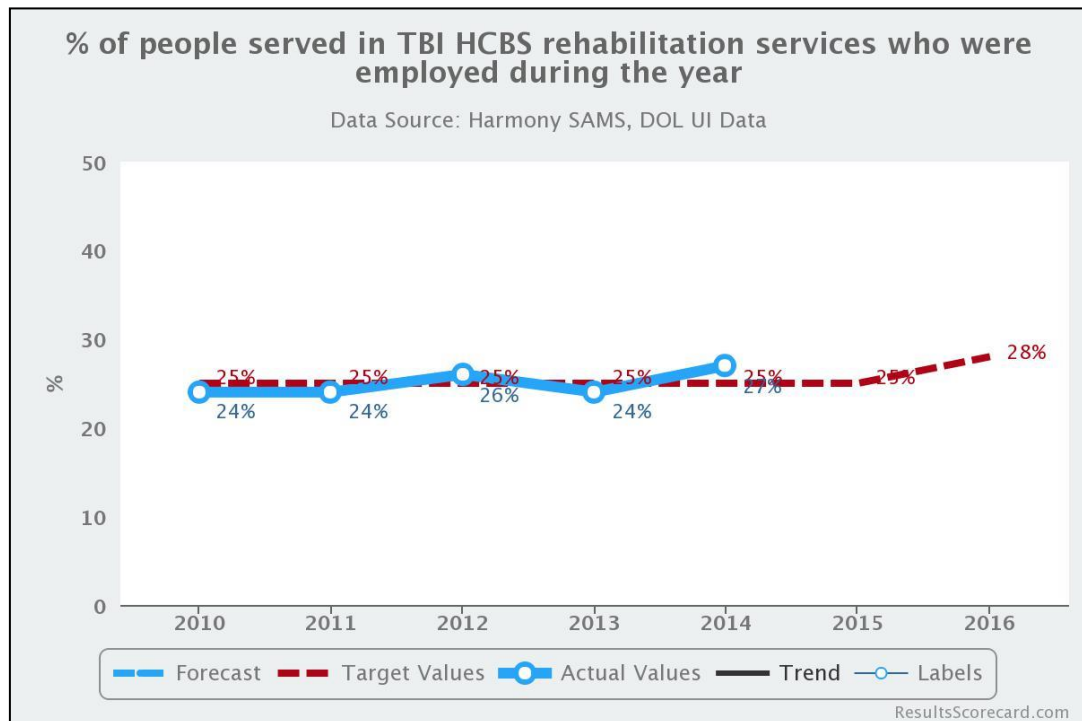
Traumatic Brain Injury Program

The Traumatic Brain Injury (TBI) Program serves Vermonters with moderate to severe traumatic brain injuries in community-based settings. The program supports people to achieve optimum independence and to return to work and independent living and live in Vermont communities of their choice with family and friends.

The rehabilitation program is highly structured, intensive, and short term (up to a maximum of three years). The TBI program manager provides ongoing technical support to providers and individuals receiving services. Active participation at quarterly team meetings has improved the focus on individualized services to achieve individual outcomes, resulting in both lower budgets and higher satisfaction among individuals and stakeholders. The program collaborates closely with the Division of Vocational Rehabilitation. TBI Specialized Long Term Services are provided to individuals who do not meet the eligibility requirements of other long term programs or require continued specialized support services from the TBI program. The long term program shifts focus from intensive short-term rehabilitation to ongoing long-term quality of life. Collaboration with the Adult Services Division allows a smooth transition to Choices for Care.

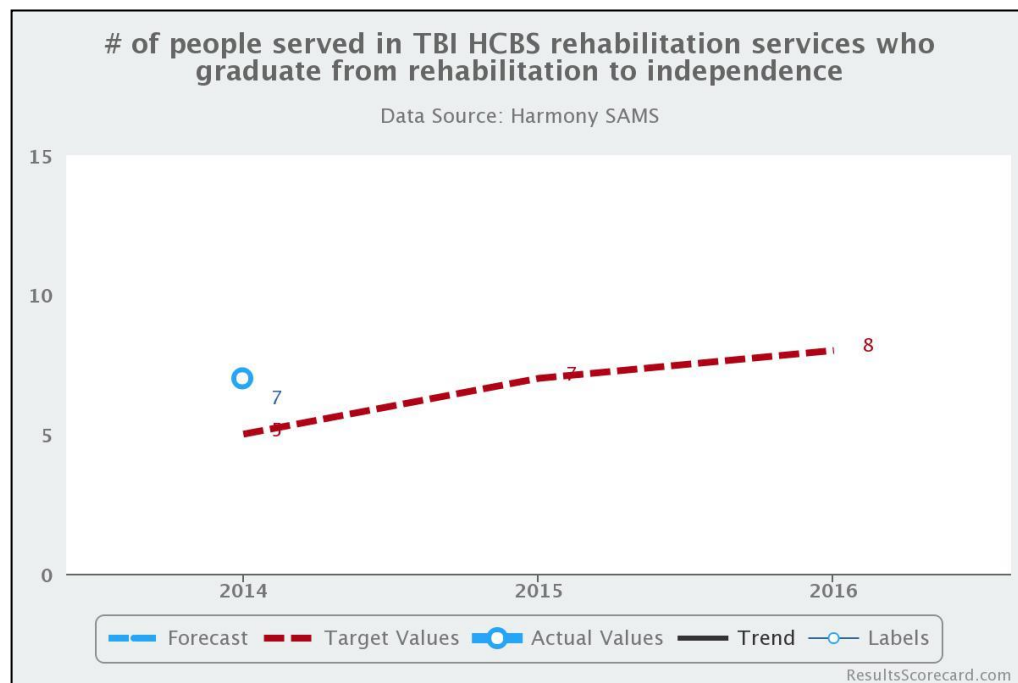
Performance (SFY2014):

- 83 Vermonters were served
- 27% of people served in TBI home and community-based services rehabilitation services were employed during the year (SFY2014)



- *Story Behind the Curve:* TBI providers support individuals with employment activities such as job coaching and making connections with the Division of Vocational Rehabilitation (DVR).

- *Partners:* Division of Vocational Rehabilitation
 - *What Works:* Activities to build skills for employment; quarterly team meetings; direct employment supports; relationship with DVR; increased job development and supported employment activities.
 - *Action plan:* Monthly meetings with DVR staff; review national data for trends; connect with Creative Workforce Solutions to enhance job development.
- 7 people served in TBI home and community-based services graduated from rehabilitation to independence (SFY2014)



- *Story Behind the Curve:* Maximize individuals' potential while assisting them to make the necessary connection in the community for a successful transition back to independent living. The nature and severity of injuries and disability is the biggest factor in determining if a person will graduate to independence or to ongoing long term services.
- *Partners:* TBI providers; family members; outpatient therapists; Division of Vocational Rehabilitation; community businesses; local housing authorities; health care providers.
- *What Works:* Comprehensive team with holistic approach; quarterly team meetings; connect with community resources;

- make or maintain natural connections in the community to create a circle of support.
- *Action plan:* Regular meetings with individuals and their teams to ensure goals are met; track progress; support effective transitions to independence.

Other Highlights

Summer Legislative Policy Work Group

The SFY 13 Budget Bill included a \$2.5 million savings target in Developmental Disabilities Services (DDS) and instructed the Agency of Human Services to convene a work group to “*determine what changes could reasonably be implemented in SFY 14 to manage the service needs within appropriated funds and to identify the SFY 14 amount, if any, of budgetary management that will be accomplished through existing System of Care Plan Processes.*” The work group identified a number of new and innovative approaches but stopped short of deciding whether or not they should be implemented. These ideas were then shared with the DDS *Imagine the Future* Task Force (See below).

Given that no cost saving ideas were identified that would generate the \$2.5 million savings, the Department implemented a reduction to DDS funding in SFY 14 of \$2.23 million. The reductions became effective January 1, 2014 and were spread across all DS providers’ existing caseload allocations. Providers were allowed some flexibility and were expected to involve individuals and their guardians in any decisions about how any reductions to services would be made. While agencies worked hard to find ways to avoid direct reductions in the amount of services statewide, 524 (19%) consumers and 298 workers were affected by the reduction.

Developmental Disabilities Services *Imagine the Future* Task Force

In November, 2013 Vermont celebrated the 20th anniversary of the closing of the Brandon Training School, the state’s only institution for people with developmental disabilities. With a desire to remember the past, recognize the many accomplishments and lessons learned and to think about what we want Developmental Disabilities Services (DDS) to look like in the future, the Department commissioned the Developmental Disabilities Services *Imagine the Future* Task Force (Task Force) to help create the long-range strategic vision for DD services in Vermont. The Task Force

brought together a diversity of people who receive services, family members, advocates, providers and other key stakeholders to develop this vision. Through this process, the Task Force developed a set of findings and recommendations.

Key points included:

- Need for greater clarity in how the DDS system will function within the framework of health reform and encouraged the Department to remain actively engaged to insure the unique needs of people with developmental disabilities are included in all reform initiatives;
- Need to further examine the question of who is and will be eligible for DDS. Any changes to the current eligibility criteria need more thorough analysis and full public input;
- Continue to serve both children and adults;
- Emphasis on quality review, assurance and improvement;
- The importance of best practices for working with a diversity of people with developmental disabilities, including people with Autism Spectrum Disorder, those who pose a risk to public safety, and new Americans, and to factor these into policy decisions and caseload projections;
- Desire to increase the number of people supported to successfully self-manage and family-manage services;
- Review of the work of small subcommittees that looked at innovative approaches to employment, housing and technology.

Integrated Family Services Pilot

Integrated Family Services (IFS) is an Agency of Human Services initiative with the goal of integrating services currently provided to children, youth and families through multiple departments to create a holistic, seamless system of service delivery. This is intended to improve outcomes while managing costs. The Northwestern Counseling and Support Services (NCSS), an IFS “early implementer” site, launched in April 2014. This is the second of two sites now operational. All children, regardless of diagnosis, go through one central intake, assessment, and eligibility process. The Department of Mental Health (DMH) administers the IFS contracts with the two early implementer regions.

DDSD contributed Bridge Case Management and Home and Community-based Services funding for children to the bundle. Some services still available to children, but which are not included in the bundled rate at

NCSS, are Flexible Family Funding (\$102,629) and Family Managed Respite (\$138,980). Monthly meetings are held with local NCSS IFS partners and state central office contacts from DDSD, DMH, and the Department for Children and Families (DCF) to problem solve systems or service issues that may have arisen.

Division of Licensing and Protection

802-871-3317
www.dlp.vermont.gov

Mission and Philosophy

The Division of Licensing and Protection (DLP):

- Monitors licensed or certified health care providers to ensure state and federal regulatory compliance through the Survey and Certification (S&C) program.
- Investigates allegations of the abuse, neglect, and exploitation of vulnerable adults through the Adult Protective Services program (APS).

The DAIL Mission is to make Vermont the best state in which to grow old or to live with a disability, with dignity, respect, and independence. DLP's philosophy compliments this mission. We believe that assertive surveys at facilities helps ensure vulnerable adults have dignity, respect, and independence. We also believe that when vulnerable adults have not received these three rights there should be an effective investigation and protective services put in place.

Organizational Structure and Staffing

The Division of Licensing and Protection has two branches that work to protect vulnerable adults, with the management of both sections and the division currently in Williston. **Survey and Certification (S&C)** is the State Survey Agency for the State of Vermont. In this role, S&C surveys licensed or certified health care providers to ensure regulatory compliance. **Adult Protective Services (APS)** investigates allegations of abuse, neglect, and/or exploitation of vulnerable adults.

Staff includes:

- Division Director
- Assistant Director
- Administrative Staff (4)
- APS Program Chief
- Long Term Care Licensing Chief

- Complaint Coordinator
- DLP Program Specialist (2)
- APS Investigator Field Supervisor (2)
- APS Investigators (10)
- Nurse Surveyor Field Supervisor (3)
- Nurse Surveyors (14)

All APS Investigators and Nurse Surveyors, including field supervisors, are home based.

Programs and Services

Survey and Certification

Overview: Survey and Certification (S&C) is the federal Centers for Medicare and Medicaid Services (CMS) designated State Survey Agency. S&C provides regulatory oversight of health care facilities and agencies under state and federal regulations. S&C conducts unannounced on-site visits both routinely and as a result of complaints received and self-reports from facilities. Providers receiving regulatory oversight and/or periodic review include:

Nursing Facilities	Residential Care Homes
Assisted Living Facilities	Therapeutic Community Residences
Home Health Agencies	Hospice Programs
Renal Dialysis Units	Ambulatory Surgical Centers
Rural Health Clinics	Acute Care Hospitals
Critical Access Hospitals	Portable X-Ray Units
Clinical Laboratories	Rehabilitation or Psychiatric Units
Assisted Living Residences	Federally Qualified Health Centers
Intermediate Care Facilities for those with Intellectual Disabilities	

Complaints and Self-Reports: S&C investigates complaints and self-reports from facilities to ensure regulatory compliance. CMS tracks S&C performance on complaints relating to federally regulated facilities, to include monitoring for timeliness and randomly auditing investigations completed for accuracy, and they continue to rate S&C satisfactory. S&C continues to provide timely responses to complaints or self-reports that

allege an immediate threat to the health and safety of people who receive care.

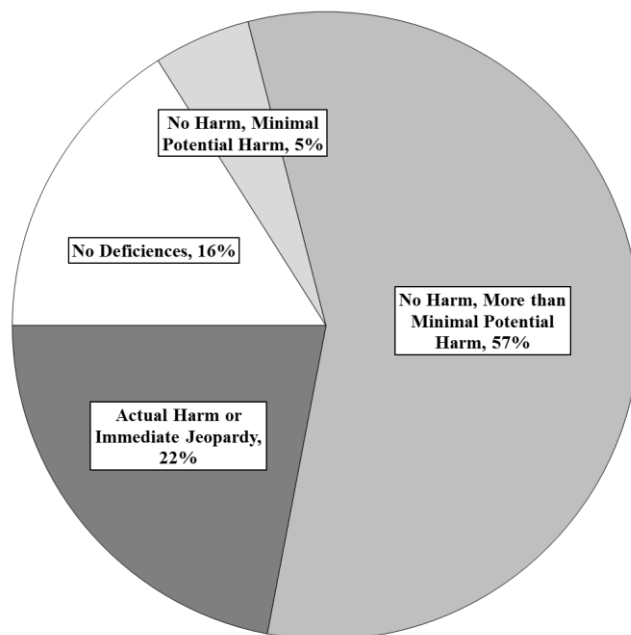
Performance (SFY2014):

- *Percentage of Federal Investigations Completed On Time:*
 - *Nursing Home Immediate Jeopardy reviews, requiring response within 2 days: percentage of responses within 2 days: 100% (11 of 11)*
 - *Nursing Home High Priority reviews, requiring response within 10 days: percentage of responses within 10 days: 94% (50 of 54)*

Surveys: S&C continues to conduct federal surveys within the timelines guidelines established by CMS. S&C continues to struggle with meeting the goal of visiting state regulated facilities every two years, and will evaluate the state survey program and performance in SFY2015.

Performance (SFY2014):

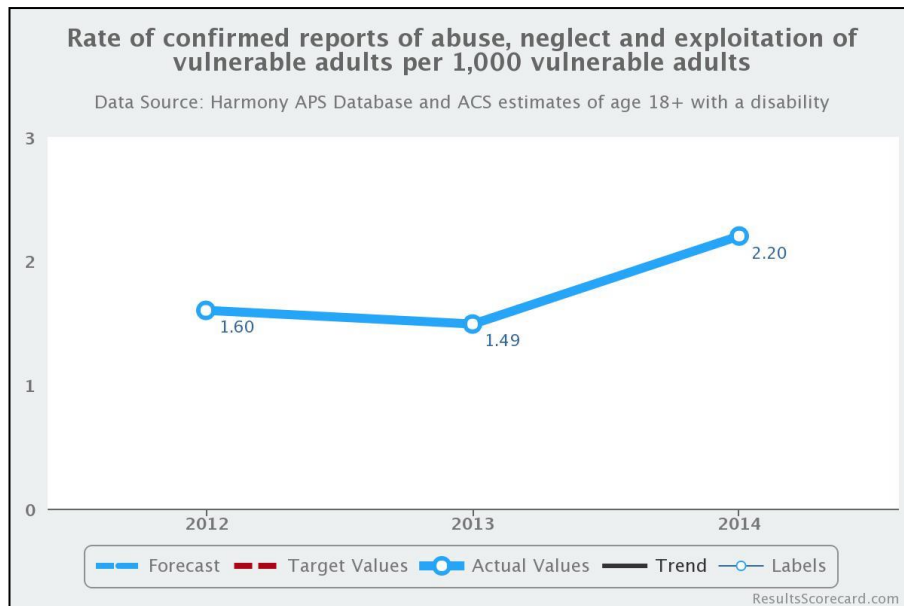
- *16% of Nursing Homes had no deficiencies.*
- *5% of Nursing Homes had only deficiencies that had the potential for minimum harm but no harm.*
- *57% of Nursing Homes had deficiencies reflecting no actual harm but the potential for more than minimum harm.*
- *22% of Nursing Homes had deficiencies reflecting actual harm or immediate jeopardy of residents.*



Adult Protective Services

Overview: Adult Protective Services (APS) is responsible for investigating allegations of abuse, neglect and exploitation of vulnerable adults under Title 33 of the Vermont Statutes.

Population Indicator: The calculated rate of adult abuse, neglect and exploitation is 2.20 per 1000 vulnerable adults.



DLP Intake: Two DLP Program Specialists provide intake, screening and determination services for all reports to the division. Reports pertaining to licensed or certified facilities are automatically forwarded to S&C for additional screening and/or investigation. Reports that include allegations of abuse, neglect and exploitation of vulnerable adults are screened to determine if an APS investigation should be conducted. When reports include allegations of abuse, neglect, and exploitation at licensed or certified facilities, APS and S&C conduct separate and independent investigations.

Performance (SFY2014):

- 4,037 intakes at DLP
- 1,328 complaints or self-reports forwarded to S&C
- 1,515 cases referred to investigation
- 165 cases of abuse, neglect, and exploitation substantiated by APS

Community Coordination: DLP Program Specialists and APS Investigators work closely with many community-based partners and service providers to help protect vulnerable adults, even if an investigation is not conducted. These include, but are not limited to: Disability Rights Vermont, Vermont Legal Aid, area agencies on aging; home health agencies; the Vermont Attorney General's office; Office of the Public Guardian; security officers of banking institutions; law enforcement personnel; staff from mental health and developmental disabilities programs; and personnel from licensed facilities. Building and maintaining cooperative partnerships with these and other organizations is essential for effective investigations and implementing protective services.

Protective Services and Referrals to Assistance: A key component of APS's work is ensuring protective services and referrals to additional assistance are offered to the vulnerable adult. The services needed are as diverse as the individuals assisted by APS, with the work covering a broad spectrum from informing individuals of helpful programs to filing restraining orders. With APS focused on investigations, coordination with the community partners above is critical in implementing these services.

Performance (SFY2014):

- *APS completed 392 Written Coordinated Treatment Plans.*

Adult Abuse Registry: APS is responsible for maintaining and managing the Vermont Adult Abuse Registry, which provides a confidential listing of individuals who have been substantiated for abuse, neglect or exploitation of a vulnerable adult. The Registry may be accessed by current or prospective employers of people who are or will work or volunteer with vulnerable adults and/or children.

Performance (SFY2014):

- *APS Performed 54,307 registry checks.*

Division of Vocational Rehabilitation

802-871-3068

www.vocrehab.vermont.gov

Mission and Philosophy

The Division of Vocational Rehabilitation (DVR) serves people with disabilities in Vermont who face barriers to employment. DVR's mission is to help Vermonters with disabilities prepare for, obtain, and maintain meaningful employment and to help employers recruit, train and retain employees with disabilities. Consumer choice and self-direction are core values that drive DVR's approach to providing services and developing new programs. DVR also believes in collaborating with other service providers to reach people facing the greatest challenges to employment. As a result, DVR has created innovative partnerships to serve youth, offenders, veterans, people receiving public benefits, and those who need ongoing support in order to work.

DVR's ability to help jobseekers succeed in finding and keeping jobs hinges on how well DVR meets the needs of the employers. Realizing this, DVR revised its mission statement in 2008 to acknowledge employers as a dual customer of DVR services and began to transform how it interacted with employers. An important step was bringing employment staff from many different agencies together in local coalitions. The goal was to foster information-sharing on job opportunities among employment staff and streamline contacts with employers. This set the stage for Creative Workforce Solutions (CWS), an Agency of Human Services (AHS) initiative that builds on DVR's initial work and in which DVR plays an important facilitating role.

DVR views its commitment to consumer choice, innovative programs, and recognition of dual 'customers' as key to high performance and high national rankings among VR programs.

Organizational Structure and Staffing

DVR provides direct employment services to Vermonters and employers through 12 district field offices staffed by Masters-level Vocational Rehabilitation (VR) counselors. The counselors are supported by a team of business account managers, benefits counselors, case aides, and

contracted employment consultants and Social Security specialists. DVR also houses the Vermont Assistive Technology Program and Invest EAP (Employee Assistance Program). Staffing includes:

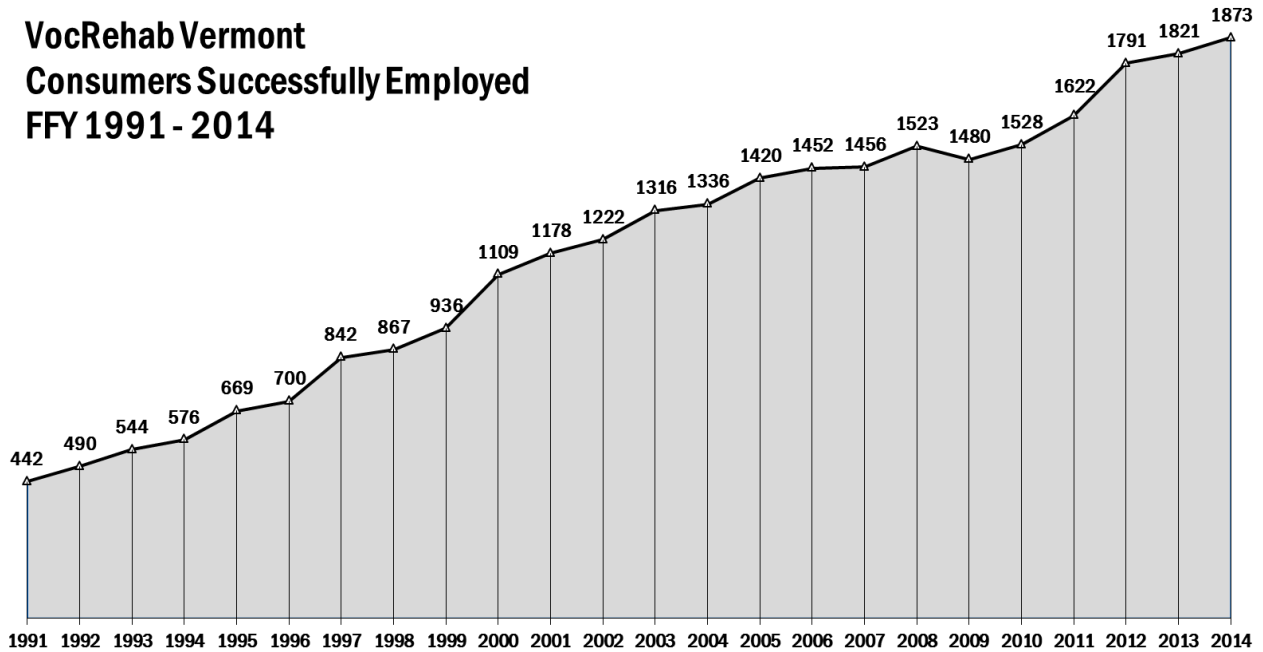
- Division Director
- Senior Central Office Managers (7)
- Regional Managers overseeing the 12 District Offices (7)
- DVR Counselors – General and BOND (35)
- DVR Counselors – Transition, serving Youth caseload(14)
- DVR Counselors – Reach-Up, serving TANF caseload(11)
- DVR Counselors – General Assistance (6)
- Rehabilitation Counselors for the Deaf (4)
- Benefits Counselors (7)
- Program Techs and Administrative Support Staff (19)
- Employee Assistance Manager and Specialists (6)
- Special Project Coordinators (4)
- Data Management and Program Evaluation Staff (2)
- Business Account Managers (3)
- Assistive Technology Manager and Staff (3)

Performance

As part of the State of Vermont's initiative to adopt Results Based Accountability, DVR identified three leading performance measures. All of these measures are also used by the federal Rehabilitation Services Administration to monitor performance of all VR agencies nationwide.

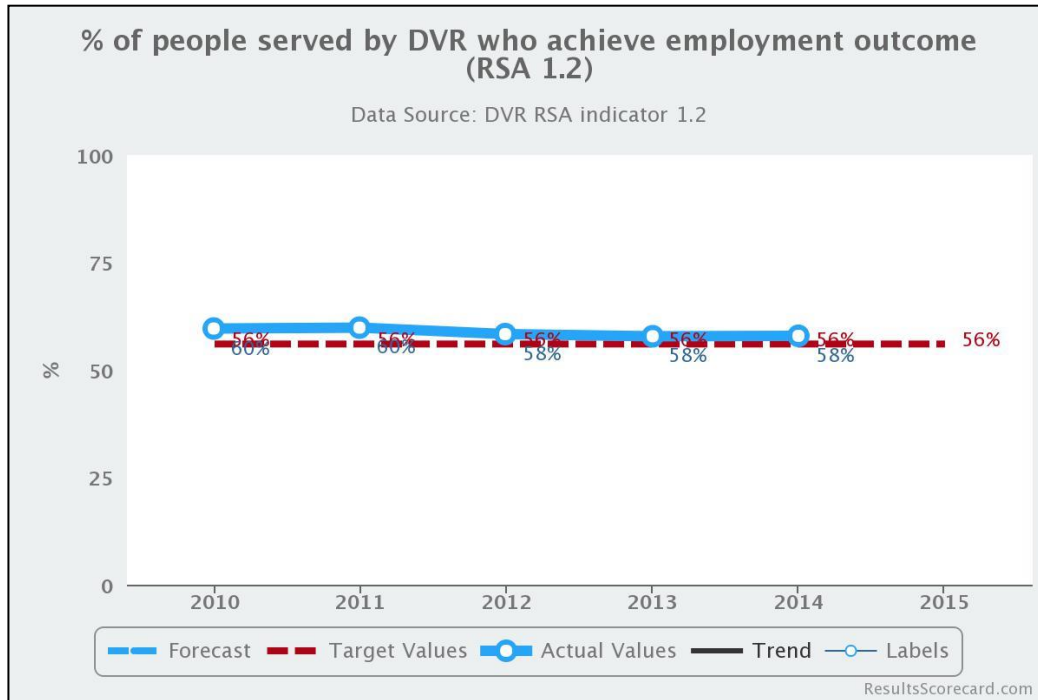
Total number of people served by DVR who achieve an employment outcome (RSA Indicator 1.1). Consumers are considered to have a successful employment outcome if they have remained stable in their employment for 90 or more days after they developed an individualized plan for employment (IPE) with VR staff, received VR services under that plan, and closed their VR 'case'.

**VocRehab Vermont
Consumers Successfully Employed
FFY 1991 - 2014**



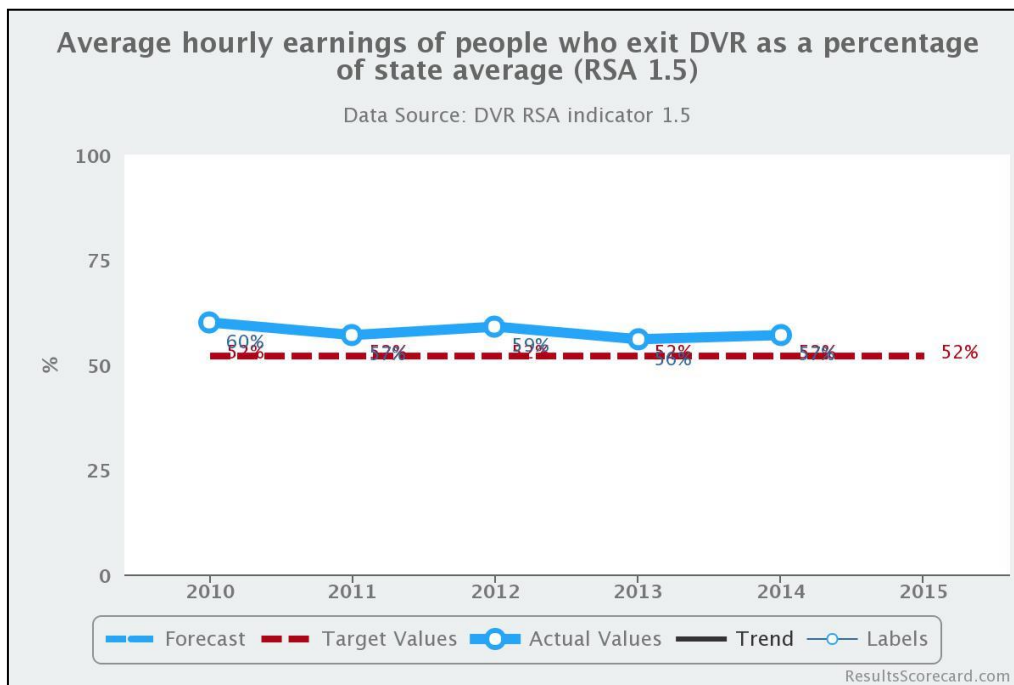
Percentage of people served by DVR who achieve an employment outcome (RSA Indicator 1.2). This is based on all the people who closed their VR case after developing an individualized plan for employment (IPE) with VR staff and receiving VR services. In FFY 2014, 3,235 cases were closed after receiving VR services; 1873 (57.9%) were successfully employed at closure.

	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Employed Successfully at Closure	1528	1622	1791	1821	1873
In VR Plan with Services at Closure	2563	2713	3071	3153	3235
Percentage Closed Successfully	59.6%	59.8%	58.3%	57.8%	57.9%



Average hourly earnings of people who exit DVR with an employment outcome as a percentage of state average hourly earnings (RSA Indicator 1.5). This measure is calculated using Federal Department of Labor, Bureau of Labor Statistics data that are not yet available. As a result, this measure can only be calculated on a provisional basis for FFY 2014.

	FFY 2010	FFY 2011	FFY 2012	FFY 2013	(Estimate) FFY 2014
Average Annual State Wage Current Year (Fiscal Year Wage) (Weighted Average)	\$ 39,312	\$ 39,815	\$ 40,716	\$ 41,795	\$ 42,484
Average Hourly State Wage Current Year (Fiscal Year Wage) (Weighted Average)	\$18.90	\$19.39	\$ 19.58	\$ 20.09	\$ 20.43
Ratio of Average Hourly VR Wage to Average State Wage	60%	57%	59%	56%	57%



Programs and Services

Vocational Rehabilitation Services

DVR services to jobseekers are voluntary and free. Any Vermonter may be eligible if they have a disability that is a barrier to work and need DVR services to become or remain employed. Services are tailored to the person and driven by his or her own interests, job goals and needs. Each person meets regularly with his or her VR counselor, who helps to develop an individualized plan for employment and manages the services and supports needed to realize the person's career goals. The core services of vocational assessment, counseling and guidance, job training, and job placement provided by DVR staff and partners are enhanced with a range of purchased services and supports.

Placement Services

VR counselors benefit from dedicated employment staff that provides job development, job placement, and workplace supports to help people find and keep jobs. DVR has longstanding partnerships with all the Designated and Specialized Services Agencies that deliver community mental health and developmental services throughout Vermont to provide supported employment services to people with significant disabilities. DVR also has an ongoing partnership with Vermont Association of Business, Industry,

and Rehabilitation (VABIR) to provide employment services to DVR customers. All of the programs funded by the Agency of Human Services are partners in the Creative Workforce Solutions (CWS) initiative. CWS also includes employment staff from Vermont Adult Learning (VAL), which serves Reach Up participants. (See, *infra*, page 68)

Employer Services

Employers are key customers of DVR and CWS services. When DVR and CWS work with jobseekers to assess their interests and skills, provide vocational training, and guide them towards promising job opportunities, employers also benefit. A unique service that DVR and CWS offer to employers is subsidized work trials, which minimize the risk to an employer in trying out a worker with a disability or other disadvantages. These “Progressive Employment” arrangements provide an opportunity for employers and jobseekers to work together toward a successful job match. These placements include several options, such as job shadows, work experiences, on-the-job training, and temp-to-hire models. Vermont employers value the work DVR does to pre-screen and recommend qualified candidates, and give both a risk-free chance to test out a job. Employers also value the increased coordination and streamlining offered through CWS.

Performance (SFY2014):

- *In a survey of businesses who have engaged in Progressive Employment activities, 88% felt it was a valuable tool for them.*
- *Individuals who secure employment after engaging in Progressive Employment achieved an 85% rehabilitation rate, versus 60% for the overall VR caseload.*
- *Of those workers who were placed after Progressive Employment activities, over half (53%) were hired by the business where they had their work experience.*

Other Support Services to Jobseekers and Employers

DVR capitalizes on its disability expertise and assessment skills in other ways to help Vermont workers and employers. For people with disabilities who need additional stability in their lives before engaging in employment, DVR offers assistance with Social Security disability applications through its Social Security Administration (SSA) Application Assistance Program. For those already receiving SSA disability benefits, DVR offers Benefits Counseling services to help beneficiaries understand and utilize SSA work incentives so they can return to work and reduce their reliance on public

benefits. In addition, DVR is an important resource to employers in identifying valuable tax benefits, consulting on the Americans with Disabilities Act and workplace accessibility, and providing assistive technology and employee assistance program services to help employers retain workers with disabilities.

Vocational Rehabilitation Program: The DVR program continues to grow, as does the number of Vermonters with disabilities who are successfully employed as a result of DVR services. After a brief dip in successful outcomes during the FFY2009 recession, DVR rebounded and hit record high outcomes in the past three years.

Performance (SFY2014):

- *9,742 Vermonters were served, in 10,140 open cases*
- *1,873 Vermonters achieved successful employment outcomes, representing 58% of the 3,236 individuals who closed their cases with DVR after having developed a plan for employment. This is an increase of 52 people over the prior year.*

In addition to DVR's general Vocational Rehabilitation program, which includes everyone served by a VR counselor, DVR offers special programs that extend or enhance these services to meet individual needs.

Creative Workforce Solutions (CWS): CWS is a disability initiative designed to increase the number and variety of employers recruiting, hiring and promoting candidates with disabilities. Since its inception in 2010, CWS has made direct contact with 4,481 businesses across the state. In SFY2014 alone, 1,950 ongoing business accounts were being managed by CWS staff. New contacts entered into Salesforce in SFY2014 ranged from 150-250 per month, with the majority being face-to-face meetings with key decision makers. CWS Business Account Managers are dedicated full-time to developing relationships with employers in their communities. They work to identify workforce trends, negotiate Progressive Employment options, and act as a bridge to the business community for candidates with disabilities and Reach Up participants being served by AHS, including those served by DVR.

This increased connection to our business customers has resulted in many more opportunities for Vermonters with disabilities to explore careers, build skills and connect to businesses in their community. In SFY2014, a total of 9,197 "opportunities" were identified by CWS employment staff, ranging

between 600 and 850 opportunities identified each month. “Opportunities” are broadly defined as any worksite experience offering candidates ways to build skills, gain experience and develop current references. Opportunities can include Progressive Employment options such as job shadows, company tours, time-limited work experiences and on-the-job training arrangements. Open positions available for direct hire are also included in this category.

Performance (SFY2014):

- *5,614 Vermonter received employment services with an open CWS case*
- *1,950 ongoing business accounts were being managed by CWS staff*
- *9,197 “opportunities” were identified by CWS employment staff*

AHS Office of Child Support Pilot: The Division of Vocational Rehabilitation (DVR) is in the third year of a pilot partnership with the Office of Child Support and Invest EAP called Work4Kids. Individuals who have been found to be in non-compliance of child support orders, and who indicate they are unable to obtain employment, are referred by the Court to Creative Workforce Solutions (CWS, an Agency of Human Services employment initiative facilitated by DVR) for assistance. Referrals are directed to a local Invest EAP Counselor who completes an initial intake, identifies barriers and service needs, and determines which CWS employment services are appropriate. Initial data indicates that 90-95% of referrals have significant barriers to employment, with a high percentage having one or more disabilities.

In a recent snapshot of payments by Work4Kids participants, employer-derived payments (the result of successful employment outcomes) were 5½ times higher for participants at the six-month mark than they were in the month prior to referral. This is a significant improvement, representing a more sustainable and consistent mechanism for meeting child support obligations. The Work4Kids project will continue in SFY2015, refining processes and gathering additional data.

Supported Employment Program: DVR customers with significant disabilities sometimes need ongoing support to maintain employment in the competitive job market. In supported employment, a job coach helps the worker to learn or perform job duties. The coach can also help ensure ongoing success by arranging for transportation, assistive technology, special training, or tailored supervision. DVR contracts with roughly 40

programs in community-based mental health and developmental disability agencies to provide supported employment services.

Starting in SFY2012, DVR's supported employment contracts converted to performance-based contracts that set a consistent standard for employment across all programs. One element of performance measurement is the count of successful VR employment outcomes ('rehabilitations') for VR customers receiving supported employment through the contracted agencies. Performance measures include the employment rate for the entire population served by each developmental services (DS) and community rehabilitation and treatment (CRT) service provider, not just those individuals who are enrolled with DVR and receive supported employment. In this way, employment is promoted as an overall goal. Contracts include bonuses for achieving high employment rates and penalties for failing to make adequate progress in meeting the employment performance standard.

Performance (FFY2014):

- *Approximately 5,300 Vermonters with severe mental illness, behavioral disabilities, developmental disabilities, and traumatic brain injury received supported employment*
- *Developmental Services outcomes increased from 170 to 223 VR rehabilitations (SFY2011 to SFY2014)*
- *Community Rehabilitation and Treatment outcomes increased from 85 to 142 VR rehabilitations (SFY2011 to SFY2014)*

Jump On Board for Success (JOBS) Program: The JOBS program is an innovative supported employment and intensive case management service for youth ages 16–21 with severe emotional difficulties that uses work as a means to engage them. These youth are out of school or at serious risk of dropping out and are also at high risk for involvement with Corrections, substance abuse, homelessness, physical abuse or abusive behaviors, and other concerning behaviors. JOBS programs in 14 sites offer career exploration and job placement; mental health and substance abuse treatment; and help completing high school education, learning independent living skills, and getting and keeping health insurance and housing.

Starting in July, 2011, the JOBS Program (along with other community supported employment programs funded through AHS) was given employment goals for participants that they were required to achieve. If

they exceeded the stated goal, they would receive bonus funds from Voc Rehab; if they failed to meet the goal, funds would be withheld. For the past 4 years, JOBS Program staff has worked hard to increase the number of youth who have work experiences and achieve competitive employment – and many reached or exceeded their goal. This year, the results are positive across all JOBS Programs.

Performance:

- *511 Vermonters under age 22 were served (CY2014)*
- *100% of all JOBS programs statewide exceeded their employment goals (SFY2014). The programs will receive bonus funds from Vocational Rehabilitation (exceeding \$45,000 total) as part of their SFY2015 grants.*

Youth in Transition Program: Since 2001, DVR has steadily expanded the availability of staff dedicated to serve youth. The initial focus was on developing DVR Transition Counselors to enhance outreach and integration with schools and provide the progressive work experiences (described in the employer services section of this report) and post-secondary educational opportunities youth need to succeed in the transition to adulthood. DVR Transition Counselors now serve all 60 Vermont high schools and typically focus on youth still in school and under age 21. Transition aged youth (14 – 24) are now 35% of the VR cases and account for 34% of VR rehabilitations, almost double the performance rate when the program began.

DVR's has expanded Youth Employment Specialist (YES) capacity to 7 in various local VR offices around the state. The YES provides intensive supports to youth and employers as they interact while the youth moves along the path from early career exploration, pre-employment training, work experiences, through to competitive job placement. The YES staff meets quarterly with the Transition Program Director and has presented a workshop at two conferences.

This past year, DVR created a Transition Unit at Central Office which includes a Transition Program Director and Coordinator. A Coordinator was hired in February. Additionally, Senior Transition Counselor positions were created in 4 areas of the state by upgrading present transition counselors and increasing their responsibilities and roles to include: mentoring, coaching, facilitation and leadership to the VR Transition Team members

by gathering and sharing information, resources, good practice, and their own experience.

Performance (FFY2014):

- *3,054 youth had open cases*
- *2,070 youth were served by DVR Transition Counselors*

Reach Up Program: DVR has partnered with the Department for Children and Families (DCF) since 2001 to help Vermonters with disabilities receiving financial assistance under Reach Up, Vermont's Temporary Assistance to Needy Families (TANF) program. Recipients with a disability that is a barrier to employment are referred by DCF to DVR for services, where they are assigned to a specialized VR counselor who also serves as the person's Reach Up case manager. A single counselor then provides all services, blending the resources of both DVR and DCF to provide vocational services and case management. This DVR Counselor works collaboratively with a VABIR Employment & Training Specialist to engage a person in progressive employment activities that lead to competitive employment.

As part of CWS, DVR continued to manage grants to all employment service providers serving any Reach Up participants with work requirements in SFY2014: VABIR, VT Department of Labor (VDOL), and Vermont Adult Learning (VAL). Referrals of Reach Up participants to VABIR, VDOL, and VAL are based on the type of progressive employment activity the person is able to engage in as a step toward financial self-sufficiency.

Performance (SFY2014):

- *853 Vermonters were served by specialty DVR Reach Up Counselors*
- *327 Vermonters were served by general VR counselors*
- *CWS members worked with 3,209 people who were receiving a Reach Up grant to help them engage in competitive employment*

General Assistance (GA) Program: Since February 2011, DVR has been providing counseling, guidance, and social security application assistance for Vermonters receiving ongoing General Assistance. GA is a small benefit that is paid with 100% State general funds to individuals with disabilities who do not have dependent children or any source of income or resources. It is an "empty pockets" program where consumers must reapply every 28 days. In the new system, applicants are required to go to DVR for their ongoing GA benefits where DVR provides vocational guidance and

counseling; monthly GA eligibility determination and benefits issuance; referral and support for treatment; progressive employment opportunities; access to training, job search, placement, and retention services; and Social Security application assistance.

Performance (FFY2014):

- *1,222 Vermonters served*
- *658 people moved off of GA benefits through employment, other benefits, SSI or SSDI awards, were no longer eligible, etc.*
- *67 GA recipients were successfully employed for 90 days or longer*
- *On average, 445 consumers were engaged in employment related activities each month*
- *Approximately 245 people were receiving assistance with SSI or SSDI applications*
- *Savings: When consumers apply for GA benefits, they sign an agreement allowing Vermont to recoup GA benefits if they are found eligible for federal SSA benefits. Any funds recouped are returned to the General Fund. \$241,694 was recouped, which helps fund services for others.*

Offender Re-Entry Employment Services (ORES) Program:

Employment is critical in helping ex-offenders successfully reenter their communities and avoid re-offending. DVR assists them in finding jobs that match their skills and interests. Designated VR counselors in each district office serve as a single point of contact for DOC. In addition, DVR has had a program in Burlington, jointly funded by DVR and DOC, to provide employment services to ex-offenders. The Employment Consultant runs group meetings with offenders with disabilities and provides information and support, working in collaboration with the Probation and Parole office. Individuals are referred to DVR through DOC staff, including people who were incarcerated or under DOC supervision.

Performance (FFY2014):

- *723 Vermonters were served*

Progressive Employment Program: Progressive Employment options such as job shadows, work experiences, on-the-job training, and temp-to-hire arrangements provide jobseekers and employers a chance to test out employment in a risk-free environment. Originally launched using American Recovery and Reinvestment Act (ARRA) funds, the program was so successful that DVR developed a set-aside fund to continue to offer this program to employers and DVR candidates.

While securing employment is certainly a primary outcome for the use of Progressive Employment, it is also being used to identify career options, assess skills, acquire new skills and establish recent references and experience. Employment Consultants work to identify opportunities that will help candidates become more competitive in the labor market, while at the same time allowing employers the time to assess a candidate prior to making a hiring decision.

A preliminary independent evaluation of DVR's Progressive Employment program found that total earnings of participants were about three times the earnings of nonparticipants with similar characteristics. This difference results from nearly twice as many program participants being employed during this study period and, among the people who were employed, earnings about 60% percent higher than those of non-participants.

DVR and the Institute for Community Inclusion at the University of Massachusetts in Boston have been awarded a 5-year research grant from the National Institute on Disability and Rehabilitation Research (NIDRR) to establish Progressive Employment as an evidence-based practice in VR. DVR staff will be working with four states to develop and implement the Vermont model and will work closely with ICI to study the effectiveness of Progressive Employment as it is launched in those states. In SFY2014, DVR staff piloted the research design phase of the project in partnership with Nebraska's Division of Vocational Rehabilitation. The pilot continues to examine the feasibility of research designs, implementation strategies and data collection approaches. Information from the pilot will inform the full research design for the ensuing four-state project, which is slated to begin in SFY2015.

Performance:

- *Since its inception in 2009, over 2,230 VR participants have engaged in Progressive Employment activities, resulting in more than 1,060 successful employment outcomes*

Social Security Application Assistance Program: People with disabilities serious enough to qualify for Social Security disability benefits often rely on other benefits such as Reach Up and General Assistance, largely because the Social Security Administration (SSA) application process is onerous and denials are common. SSA benefits bring greater income stability and access to health care benefits that can be a critical foundation for eventual employment. It also preserves state resources for

those who have no other option than Reach Up and General Assistance. In fact, the state can be reimbursed by SSA for benefits paid out by General Assistance if the person is found eligible for SSA benefits for the same period.

In working with people who receive Reach Up, General Assistance, or are ex-offenders, DVR has found many people with severe disabilities that were never been properly diagnosed or treated. While employment is the goal, it may not be a viable option in the near term. Stability comes first. To address this need, DVR joined with the Social Security Administration, the Department of Corrections and the Department for Children and Families to create a process for helping customers of these departments who have significant disabilities to secure SSA disability benefits. Based on a triage assessment by DVR counselors, appropriate candidates are referred to our partner organization, VABIR, for assistance in the application and appeals process. The customer's connection with DVR and Benefits Counseling services is also established, keeping the door open for employment.

Performance (SFY2014):

- *238 people were successful in obtaining Social Security disability benefits*
- *Vermont recouped over \$241,694 from SSA for General Assistance benefits that had been paid*

Benefits Counseling Program: Vermont is a leader in promoting employment among SSA beneficiaries who have the most serious disabilities and face the greatest disincentives to working. DVR has dedicated benefits counselors who advise Social Security Administration (SSA) benefit recipients on available work incentive programs and help them manage benefits as they transition into employment, increase their income and gradually reduce their dependence on public benefits.

The Vermont DVR Benefits Counseling program also operates as a Work Incentives Planning and Assistance (WIPA) Program. WIPA is an SSA program providing work incentives counseling to SSA beneficiaries with disabilities and an interest in pursuing employment. Services under WIPA are delivered by a nationwide network of providers, including DVR. The WIPA program ended in June 2012 due to an end of Federal funding, and began again last year when funding was restored. As the DVR Benefits Counseling program had maintained its infrastructure and continued to

provide services to SSA beneficiaries, the restart of WIPA in Vermont was accomplished in a timely manner.

Vermont DVR continues to participate in the SSA Benefit Offset National Demonstration (BOND) as part of a consortium of providers in the Northern New England region. BOND is based on an earlier Benefit Offset Pilot Demonstration in which Vermont DVR is also participating that allows a gradual reduction of SSA disability benefits for beneficiaries who go to work instead of the “cash cliff,” which results in a sudden elimination of benefits when a person earns even one dollar over SSA’s income threshold.

Performance (FFY2014):

- *1,497 Vermonters were served, including 446 new enrollees.*
- *Another 172 Vermonters received brief information and referral services, without having a case opened.*
- *Since the project’s inception in FFY2012:*
 - *65 Vermonters received Enhanced Work Incentive Counseling*
 - *113 Vermonters received Basic Work Incentive Counseling*

Vermont Assistive Technology Program (VATP):

Assistive Technology (AT) includes devices or strategies intended to provide access and increased independence for people with disabilities. Use of AT can be the pathway for full involvement in the community, education and employment. The VATP is Vermont’s Federal Assistive Technology Act program and serves Vermonters of all ages and need statewide. The program’s mission is to increase access and acquisition of AT, and to promote policies and practices to ensure AT is available to Vermonters. VATP works with individuals with disabilities, family members, educators, employers, rehabilitation professionals, and others supporting AT users. Services include information and assistance; alternative funding options for the purchase of AT; public awareness activities; hands-on demonstrations; short and long term equipment loans; AT device and services training; equipment reuse and recycling; technical assistance to organizations; advocacy and information about rights to AT services; and assistance with statewide activities that increase access to AT.

During SFY2014, the VATP partnered with UVM to develop a pilot project providing technical assistance and consultation to school teams in Colchester on the implementation of a nationally recognized model for AT consideration. The Student, Environment, Tasks and Tools (SETT) Framework is a multi-disciplinary approach to making informed decisions

and implementation plans for students who need AT. The pilot demonstrated improved competency on the part of IEP teams regarding AT Consideration and the service has been expanded across Caledonia Central Supervisory Union.

Performance (FFY2014):

- *12,130 Vermonters reached through public awareness activities, newsletters, and webinars*
- *159 Vermonters trained on specific AT devices and services.*
- *1,308 Vermonters received information and assistance on Assistive Technology tools, services and funding*
- *392 Vermonters participated in device demonstrations*
- *ATP loaned 493 pieces of equipment to facilitate informed decision making on AT across Vermont*

Vermont Assistive Technology Reuse Project: Since 2008, a major focus for VATP has been facilitating equipment recycling through its Assistive Technology Reuse Project, a partnership with the Vermont Family Network. The project helps ensure the availability and affordability of AT for Vermonters and extends the useful life of AT devices. It has two components:

Vermont Community Exchange - GetATstuff website

(www.getATstuff.com) is part of a regional web-based exchange program bringing together owners of AT that is no longer needed with people who are seeking new or used AT devices for themselves or others.

Vermont AT School Exchange (www.Vermont.ATschoolswap.com) is a similar web exchange for public school districts that helps them buy, sell, and share AT equipment that was purchased for Vermont students and is no longer being used. Currently, the majority of all Supervisory Unions/Districts are participating, with potential for significant savings.

Through a partnership among AOE, VR, and VATP a waiver was developed, requested, and granted by the US Department of Education from federal policies regarding the disposition of equipment. This allows Vermont schools to exchange federally purchased equipment through the AT School Exchange. This created a process that can now be accessed by other states to facilitate the creation of school-based equipment exchanges across the country.

Performance (SFY2014):

- *134 AT exchanges were made via the Community and School Exchanges*

Invest EAP – Employee Assistance Program (EAP): Many people with disabilities are already working. When personal or workplace problems arise that challenge employment, the Employee Assistance Program (EAP) provides people with immediate access to confidential help to ensure their continued success in employment. Employers widely embrace the program statewide, particularly because it helps all of their employees – not only those with disabilities – ensuring a healthy and productive workforce. The EAP also supports DVR’s relationships with employers in the private sector. EAP’s prevention-oriented focus minimizes employee stress and accidents and thus helps to prevent disabilities and chronic illness.

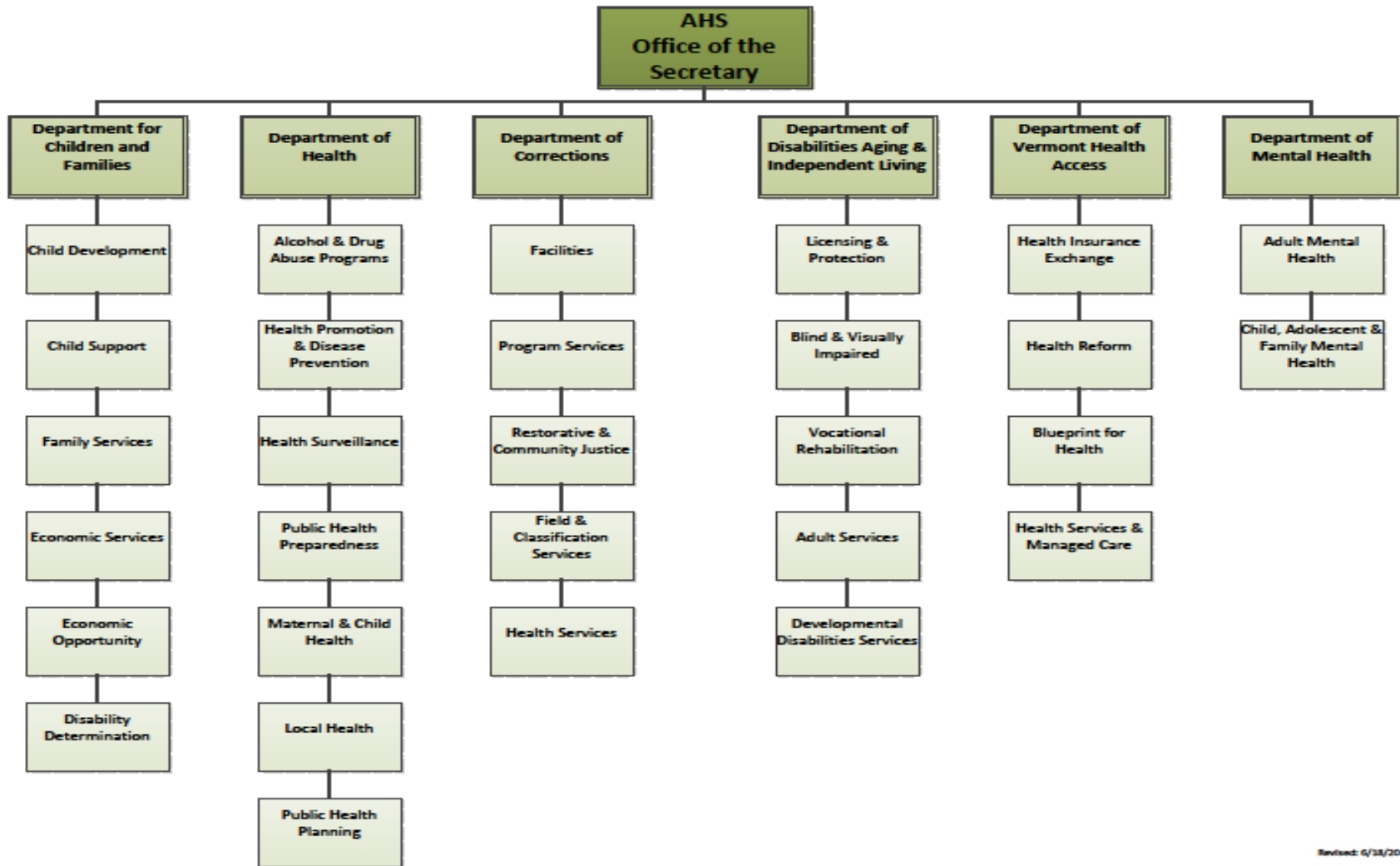
The EAP is integrally involved in Vermont’s healthcare reform efforts. It has received two grants to conduct demonstration projects that will assess the impact of its early intervention services with patients at a Federally Qualified Health Center and with employees at a private sector employer. EAP staff will be trained by faculty from and adapt a model used by the University of Wisconsin School of Medicine and Public Health. We anticipate that early intervention services will result in improved health outcomes and reduced healthcare expenditures.

The EAP continues to operate Farm First, the nation’s first EAP for farmers. The program has been well utilized. In a pilot this year, the program expanded from serving only dairy farmers to serving all farmers. Farm First was featured in an article in the Journal of AgroMedicine¹⁶.

Performance (SFY2014):

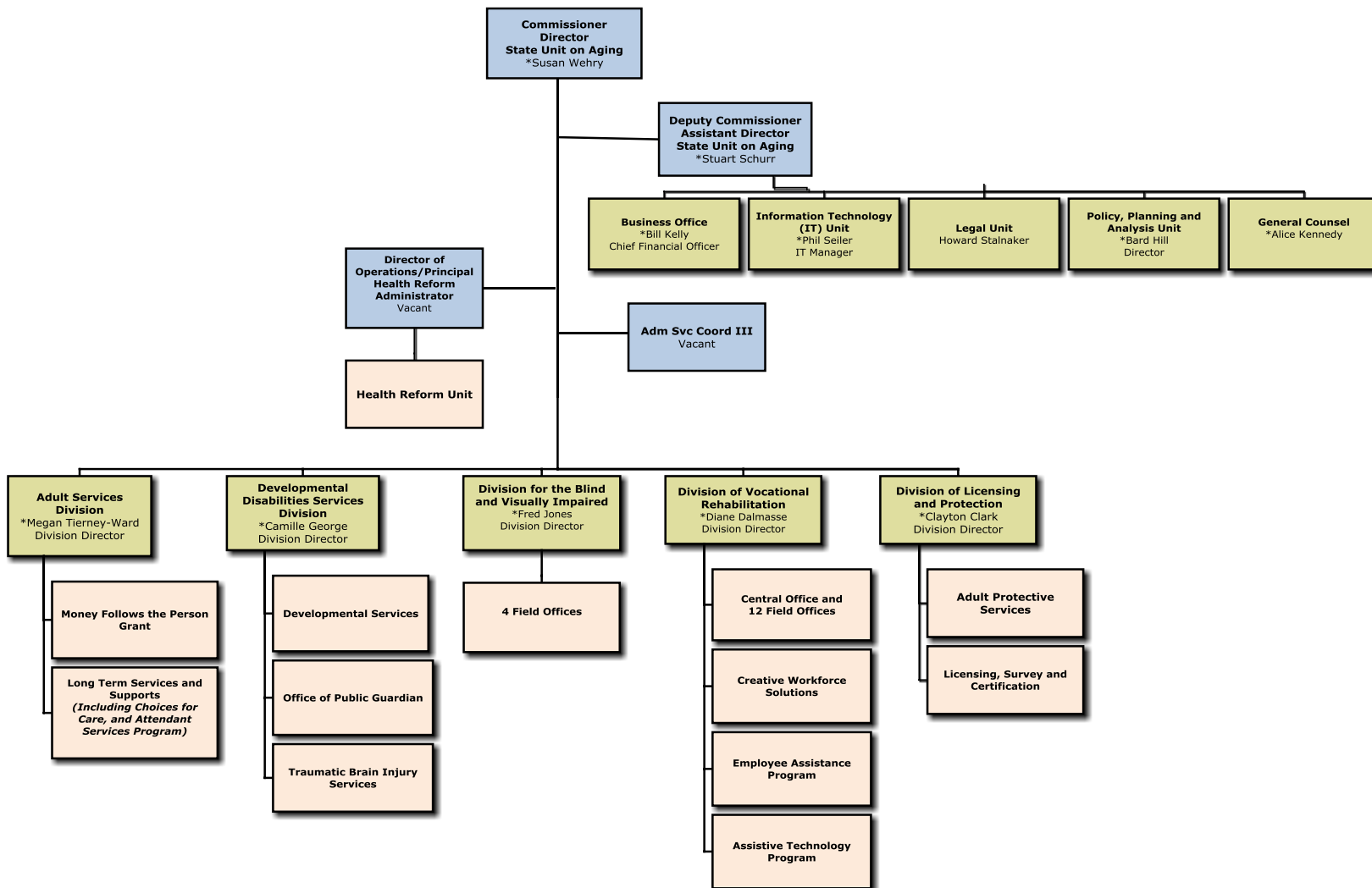
- *Over 7,000 Vermonters used EAP services, including:*
 - *3,793 people received individual counseling*
 - *101 employees received facilitated discussion services*
 - *530 managers received workplace consultations*
 - *318 people attended critical incident debriefings following trauma in the workplace*
 - *820 attended wellness workshops*
 - *637 supervisors attended 43 supervisor trainings*
 - *808 employees attended 21 health fairs*

¹⁶ <http://www.tandfonline.com/doi/full/10.1080/1059924X.2014.911637#preview>



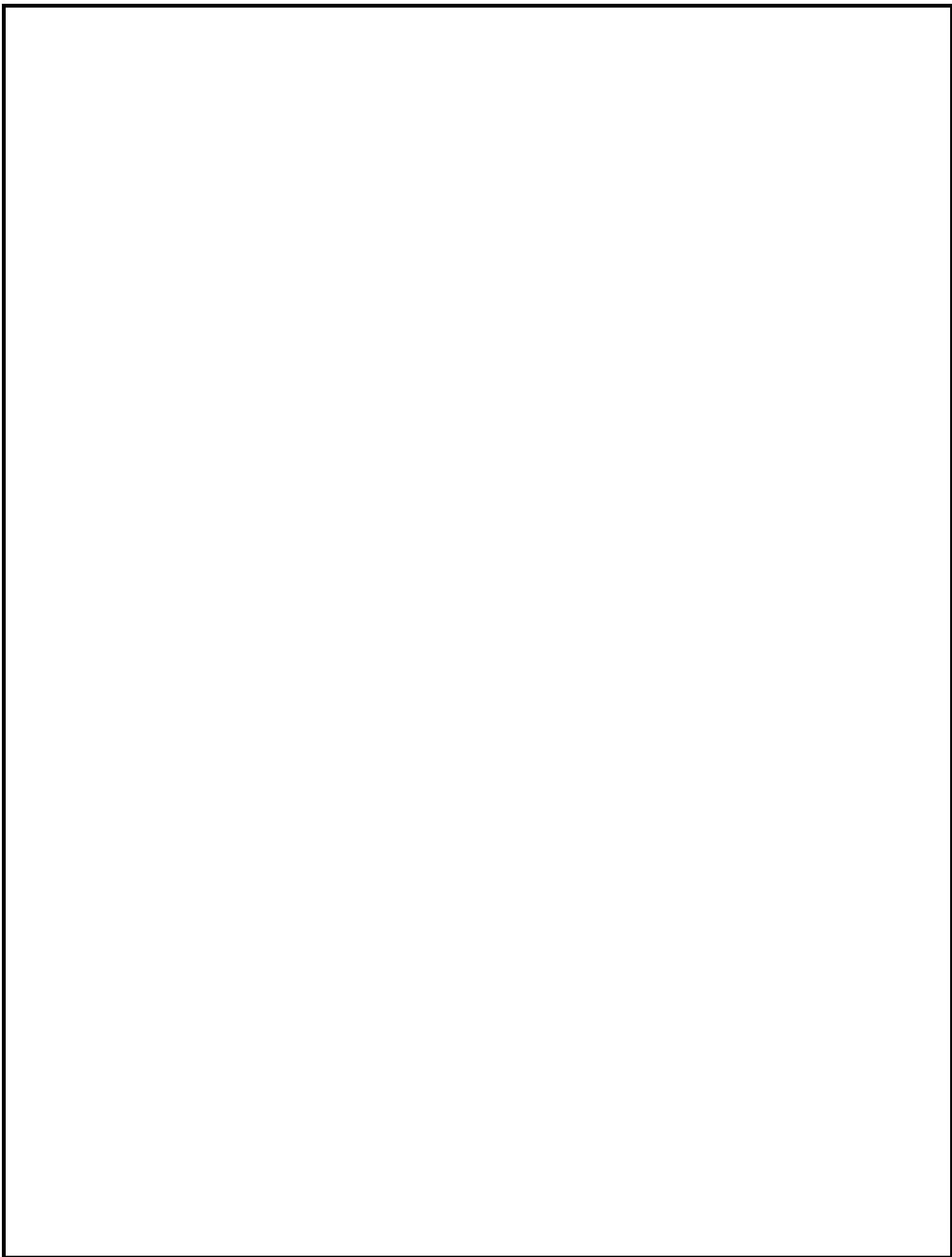
Revised: 6/18/2014

Department of Disabilities, Aging, and Independent Living (DAIL) Organizational Chart State Unit on Aging (SUA)



* = Identifies contacts for DAIL Senior Leadership

As of 01/2015





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This report is available in alternative formats upon request.