



*Agency of Human Services*

**Department  
of  
Disabilities, Aging  
and  
Independent Living**

January 2011

# **Mission Statement**

*The mission of the  
Department of Disabilities, Aging and Independent Living  
is to make Vermont the best state in which to grow old or to live  
with a disability – with dignity, respect and independence.*

## **Core Principles**

- **Person-centered** – the individual will be at the core of all plans and services.
- **Respect** – individuals, families, providers and staff are treated with respect.
- **Independence** – the individual’s personal and economic independence will be promoted.
- **Choice** – individuals will direct their own lives.
- **Living well** – the individual’s services and supports will promote health and well-being.
- **Contributing to the community** – individuals are able to work, volunteer, and participate in local communities.
- **Flexibility** – individual needs will guide our actions.
- **Effective and efficient** – individuals’ needs will be met in a timely and cost effective way.
- **Collaboration** – individuals will benefit from our partnerships with families, communities, providers, and other federal, state and local organizations.

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# ***Blind and Visually Impaired***

802-241-2210(voice/tty) or 888-405-5005

*www.DBVI.vermont.gov*

## **Mission Statement**

The Division for the Blind and Visually Impaired's mission is to support the efforts of Vermonters who are blind and 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.

The Vermont Division for the Blind and Visually Impaired (DBVI) administers a wide range of specialized services for people who experience decreased visual function. Those who participate in DBVI services learn skills and become high achieving successful community members. With the appropriate tools, most current adaptive technology and education, physical limitation associated with visual impairment or 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 person at the time of vision loss. The process begins with the person and DBVI counselor working together to develop an individualized plan aimed at helping the individual to achieve the highest level of independence possible in his or her life. The rehabilitative process focuses on helping the person to adjust to living with a vision loss and on building skills to allow the person to regain self confidence and dignity after and during severe trauma. DBVI services help people to reestablish control of the ability to complete independent living skills that are usually taken for granted, such as independently preparing breakfast, getting dressed and traveling independently to work.

## **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. Each office has one rehabilitation counselor and one rehabilitation associate 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 adaptive technology such

as screen readers and screen enlargement computer software. The director of DBVI is located in the Department's central office in Waterbury.

### **Vocational Rehabilitation Services**

The goal of DBVI's vocational rehabilitation services is to help people with a vision loss to retain, return to, or enter employment. Each person meets with a counselor to identify the goals and develop a plan to reduce the limitations that result from a vision loss. In State Fiscal Year 10 the number of successful rehabilitations increased from 75 in 2009 to 81 in 2010. This is remarkable considering the current economic situation and unemployment rates. Some of the services provided in DBVI's vocational rehabilitation programs are:

- Counseling and guidance
- Assessment of skills, interests, and abilities
- Transition services for students
- Adaptive equipment and technology 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

**Top Indicators Where DBVI was Ranked 1<sup>st</sup> or 2<sup>nd</sup> Nationally**  
*(last published data 2007 Rehabilitation Services Administration)*

<b>Indicator</b>	<b>National Rank</b>
Number employment outcomes per \$1 million spent	1 <sup>st</sup>
Percent total expenditures spent on counseling/guidance	1 <sup>st</sup>
Mean expenditure per employment outcome	1 <sup>st</sup>
Number receiving services per \$1 million spent	1 <sup>st</sup>
New applicants per million state population	2 <sup>nd</sup>
Percent mean hourly wage at closure-competitive employment outcomes to state mean hourly wage	2 <sup>nd</sup>
Mean number of closed employment outcomes per counselor FTE	2 <sup>nd</sup>
Ratio total annual expenditures to total annual earnings	2 <sup>nd</sup>

DBVI partners with the Vermont Association of Business Industry and Rehabilitation (VABIR) for job coaching, job experiences and placement. VABIR employs three employment specialists who work directly with DBVI blind services counselors to address the specialized needs of each person, taking into account the level of visual loss. VABIR is actively involved in the Creative Workforce Solutions across the Agency of Human Services. America Recovery and Reinvestment Act (ARRA) funds have been used to develop work experiences for people, giving them an opportunity to evaluate skills, interests, and abilities. In the calendar year from January 2010 to the present, DBVI and VABIR assisted 68 people to evaluate job possibilities and developed 41 work experiences. During these challenging economic times, these experiences are especially important to helping people with vision loss to improve job skills that often lead to employment.

**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, Vermont Youth Conservation Corps, ReSource, Gibney Family Foundation and Linking Learning to Life. 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. Having completed its fourth year, the LEAP program has been found to be highly successful, with all graduates having entered college, obtained further training, or joined 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 the connections in the local community where jobs will eventually develop and to expand the summer experience into year-long career exploration.

### **Independent Living Services**

For those people for whom employment is not a feasible goal, but whose independence is challenged by vision loss, DBVI provides assistance in maintaining independence. The DBVI rehabilitation associate will meet with the person in his or her own home to discuss the person's goals and develop a plan for services to maintain the highest degree of independence. Plans may address activities such as traveling independently, preparing meals, and identifying medications. Once the individualized plan is developed, the services are provided through a grant agreement with the Vermont Association for Blind and Visually Impaired (VABVI). Direct services include orientation and mobility, low vision training, and daily living services. From October, 2009 to September, 2010, VABVI provided services to 811 adults with a visual impairment.

### **Technology**

DBVI invests significant effort in staying current about new adaptive technology which will revolutionize employment access and eliminate other barriers caused by vision loss. Adaptive technology plays a critical role in allowing a person with a visual impairment to be connected with society, continue employment and pursue a tremendous range of careers in mainstream society.

In May 2010 DBVI sponsored a technology/low vision training for DBVI staff and their community partners. Training was provided by community experts specializing in Assistive Technology and Low Vision Optometry, offering an exciting hands-on demonstration of "new" technology and providing information on low vision assessment and the tools used in the rehabilitation process. As a result, the VABVI adult service providers purchased new technology for professional tool kits and to use for demonstrations.

## **Projects with Partners**

- DBVI's partnership with the Veterans Administration is growing as more veterans are returning home from war with Traumatic Brain Injury and visual loss. DBVI expects to see an increase in referrals for services to support returning military personnel.
- DBVI is collaborating with the Vermont Special Services Library to make digital recordings more readily available as this new technology begins to replace cassette players.
- In July, DBVI along with the Vermont Center for Independent Living (VCIL) co-sponsored the 20<sup>th</sup> anniversary of the signing of the Americans with Disabilities Act. The law ensures equal employment and independent living in a fully integrated society.
- Also in July, DBVI participated in the Rutland Ethnic Festival sponsored by the Downtown Rutland Partnership, partnering with VT Adaptive Ski and Sports, VABIR, and VABVI to provide information about available services.
- In October, DBVI and VABVI observed White Cane Safety Day by sponsoring various events across the state to heighten awareness of pedestrians' rights and to provide educational information. Attendees included local and state officials along with community members interested in an experiential learning of what it means to travel without sight.
- This summer, DBVI and VT Adaptive Ski and Sports sponsored four regional events to challenge people with vision loss to participate in activities in which they typically may not perform, such as tandem bike riding, kayaking and sailing.
- DBVI arranged for regional outreach and trainings with Vocational Rehabilitation to strengthen and share information about the comprehensive nature of DBVI services.

## **State Rehabilitation Council**

The State Rehabilitation Council (SRC) advocates for consumer-directed and effective vocational services and for the creation of resources and services that will result in equal opportunities for Vermonters with disabilities. The Council is outspoken about the importance of specialized services for individuals who are blind or visually impaired. The SRC is working in partnership with DBVI on a statewide needs assessment. This process is underway and will ask Vermonters about the needs of people with vision impairment. The SRC will then analyze the results and consult with DBVI to reshape goals and priorities, for the future.

**DBVI Goals for 2011**

Outreach in the coming year will focus on strengthening DBVI's partnership with medical providers to ensure people receive timely intervention. Additional outreach efforts will focus on the prevention of job loss and increased marketing of available job retention services.

As part of the Statewide Needs Assessment, DBVI will be sponsoring Town Meetings across the state to gather information from consumers about needed services, to define future goals and strategies, and to strengthen DBVI services.

## *Disability and Aging Services*

802-241-2648 (voice) 802-241-3557 (tty)  
[www.ddas.vermont.gov](http://www.ddas.vermont.gov)

### **Mission Statement**

The Division of Disability and Aging Services supports older Vermonters and Vermonters with disabilities to live as they choose, pursuing their individual goals and preferences within their chosen communities.

The Division of Disability and Aging Services (DDAS) is responsible for all long-term care services for older Vermonters, and people with developmental disabilities, traumatic brain injuries, and physical disabilities. The division is comprised of six units:

- Adult Services Unit (ASU)
- State Unit on Aging (SUA)
- Developmental Disabilities and Children Services Unit (DCSU)
- Clinical Services Unit (CSU)
- Office of Public Guardian (OPG)
- Data and Planning Unit (DPU)

The **Adult Services Unit** (ASU) administers three programs that provide individualized services and supports to older Vermonters who have long term care needs, people with physical disabilities who need assistance in or out of their homes, and adults with a traumatic brain injury. The programs are known as “Choices for Care,” “Attendant Services” and “Traumatic Brain Injury.”

The **State Unit on Aging** (SUA) facilitates the development of services and supports to build capacity in the community and promote high quality programs to meet the needs of older Vermonters, their family caregivers and people with disabilities. The unit administers grants, programs and services, such as: case management; information, referral and assistance; family caregiver services; health promotion and disease prevention; home delivered and community meals; and supportive housing and service options. The unit is responsible for overseeing the quality of services provided through the federal Older Americans Act, Choices for Care and Traumatic Brain Injury programs.

The **Developmental Disabilities and Children’s Services Unit** (DCSU) develops, plans and administers Developmental Disabilities Services and Children's Personal Care Services. The Unit oversees the quality of services provided by the 16 developmental disabilities services providers. The unit also provides technical

assistance, as well as ensures the quality of services through provider reviews and designation processes.

The **Clinical Services Unit** (CSU) provides medical and clinical oversight for DDAS programs that serve people across their life spans. The focus is on determining medically appropriate care while working to ensure and improve the quality of medical services. Support to service providers is also offered around medical and nursing issues.

The **Office of Public Guardian** (OPG) acts under court authority to provide public guardianship services where there is no friend or family member to serve as guardian, and the individual needs a public guardian to protect his or her rights or welfare.

The **Data and Planning Unit** (DPU) supports other DDAS units to collect and use data and information for program management, federally-required and other national reporting, and service planning. The unit also supports internal and external planning activities.

### **Community Partners**

To accomplish its mission DDAS works with a wide range of private non-profit and for-profit organizations to provide services and supports to older Vermonters, and individuals with developmental disabilities, traumatic brain injuries and physical disabilities.

### **Desired Outcomes of Services**

The following outcomes, along with their associated indicators and methods of tracking, form the DDAS Quality Service Standards. The standards are the criteria by which quality is measured.

- **Respect:** Individuals feel that they are treated with dignity and respect.
- **Self-Determination:** Individuals direct their own lives.
- **Person-Centered:** Individuals needs are met, and their strengths and preferences are honored.
- **Independent Living:** Individuals live as independently and interdependently as they choose.
- **Relationships:** Individuals experience satisfying relationships, including connections with family and their natural supports.
- **Participation:** Individuals participate in their local communities.
- **Well-being:** Individuals experience optimal health and well-being.
- **Communication:** Individuals communicate effectively with others.

## ***Adult Services Unit Programs***

802-241-1228

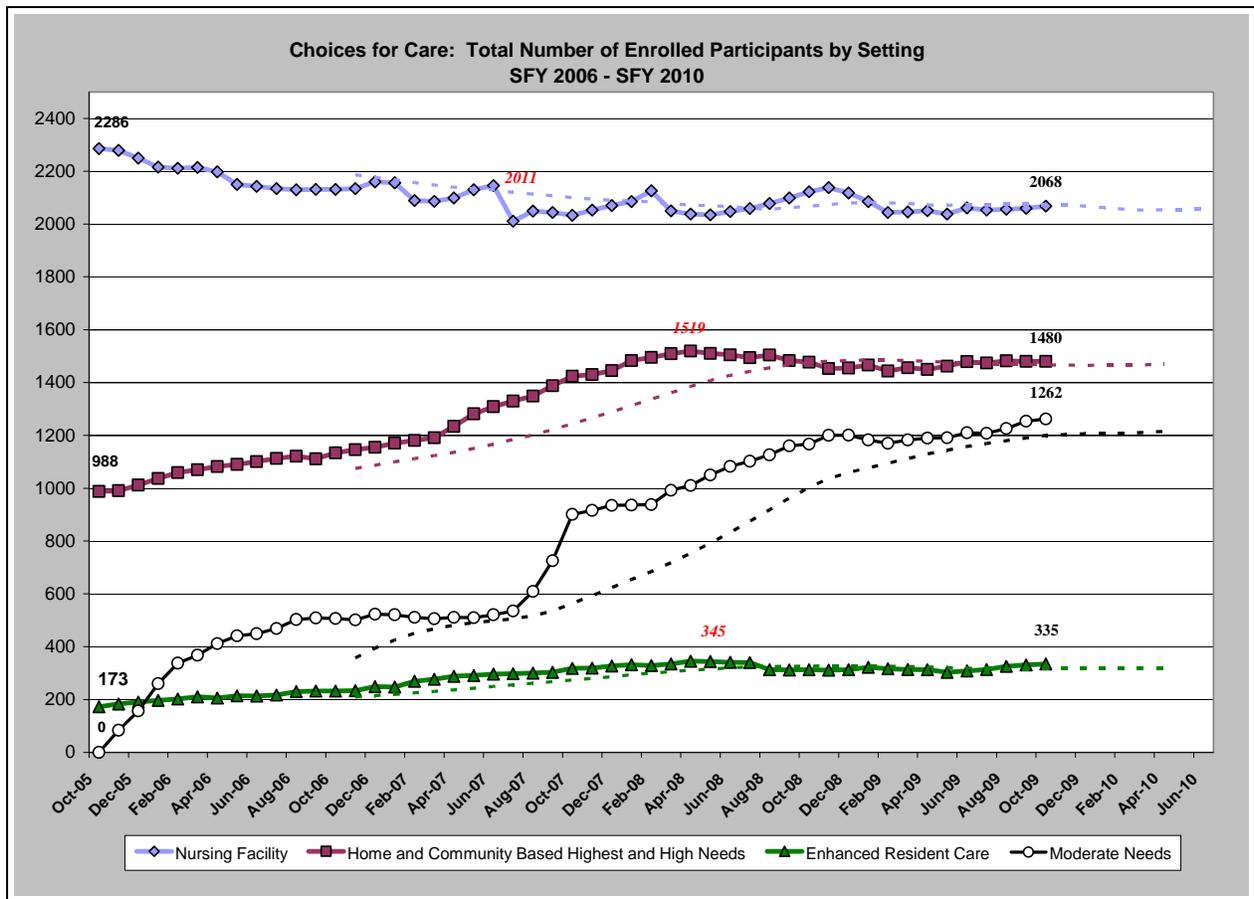
### **Choices for Care – 1115 Long-Term Care Demonstration Waiver**

Choices for Care (CFC) is a Medicaid-funded, long-term care program that pays for care and support for older Vermonters and adults with physical disabilities. For individuals who need nursing home level of care, Choice for Care provides Highest and High Needs services. Moderate Needs services are for people who have lesser needs and receive homemaking and/or adult day services and case management.

#### *Settings and options include:*

- Home-Based Supports: This includes personal care, respite, companion, adult day, and case management services to help people remain in their homes and communities.
- Enhanced Residential Care: 24-hour care is provided in licensed Level III Residential Care Homes and Assisted Living Residences authorized to care for residents with nursing home level of care needs.
- Nursing Facility Services: 24-hour care is provided in certified Nursing Facilities.
- Flexible Choices: Home-based participants convert their plans of care to a dollar-equivalent allocation. Working with a consultant, participants develop a spending plan for that allocation, allowing them more flexibility in purchasing their care and meeting their needs.
- Program for All-Inclusive Care for the Elderly (PACE): An integrated health care delivery system serves frail individuals 55 years and older and provides all acute, primary and long-term care needs.

*Vermonters Served*: (as of 09/10) 7,287 participants (2,501 in home and community-based settings; 329 in Enhanced Residential Care; 1,985 in nursing facilities) were receiving services. These numbers include Highest, High and Moderate Needs groups.



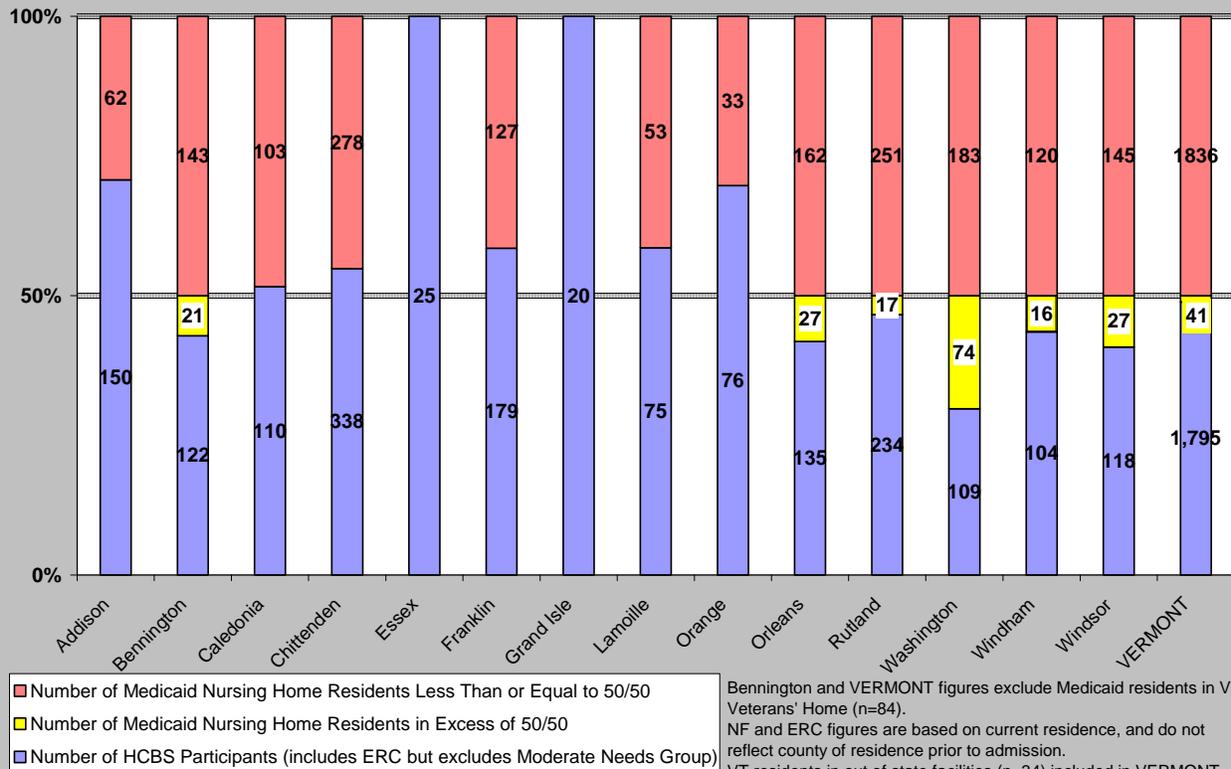
The overall goal of the Choices for Care program is to give people more choice and control over where and how they want to meet their long-term care needs. When it was first implemented in October, 2005, one objective of Vermont’s Medicaid long term care system was to achieve a 60/40 balance between nursing facility and home and community-based care.<sup>1</sup> The 60/40 target has been achieved and exceeded, in all but two counties. Vermont’s revised and more ambitious objective is to achieve a “50/50” balance. Six counties have not yet achieved that objective.

Fourteen Long Term Care Clinical Coordinators (LTCCCs) conduct clinical assessments for program eligibility, help to improve program efficiencies, and develop cost effective service plans. The LTCCCs are located regionally, often co-located within the offices of the Department for Children and Families, to expedite the long-term care Medicaid eligibility determination process.

<sup>1</sup> For every 100 people in a county needing long-term care, 60 would be in a nursing facility and 40 would receive home and community-based services.

Vermont Choices for Care: Nursing Home Residents and Home & Community-Based Participants by County, January 2011  
 Changes (Yellow) Needed to Achieve At Least 50% HCBS

data source: CFC enrollment database



*Highlights from SFY '10:*

- As of October 1, 2010, the Centers for Medicare and Medicaid Services (CMS) approved the continuation of Choices for Care for an additional five years.
- There was a steady increase in the number and percentage of people receiving long term care services in their own homes and communities.
  - Financial pressures continue in SFY '10, requiring an on-going applicant list for the High Needs Group, reducing the total number of people served in the community. As of January 28, 2011 we will begin taking everyone currently on the wait list off and begin enrolling them in Choices for Care services.

**Traumatic Brain Injury Program.**

The Traumatic Brain Injury (TBI) Program diverts or returns Vermonters with moderate to severe traumatic brain injuries from hospitals and facilities to community-based settings. This is a rehabilitation-based, choice-driven program, intended to support people to achieve their optimum independence and help them

return to work. (See Special Initiatives section for more information on the TBI Partnership Grant.)

*Services Include:*

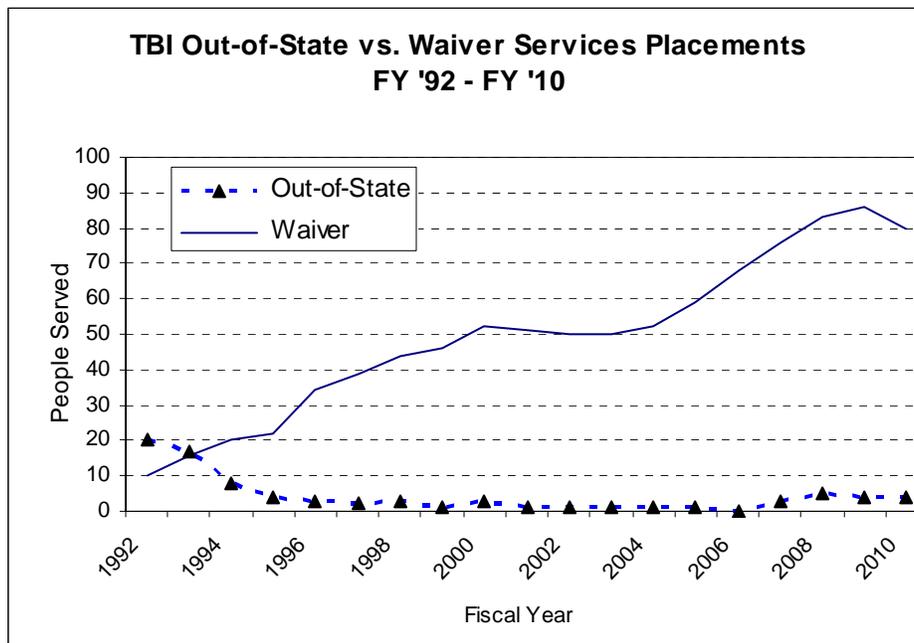
- Case management
- Respite
- Crisis support
- Community supports
- Special needs (ongoing long-term services)
- Rehabilitation services
- Assistive technology
- Employment supports
- Psychology/counseling supports

*Vermonters Served:* (SFY '10 ) 80 people

- People age 16 or older diagnosed with a moderate to severe brain injury who demonstrate the ability to benefit from rehabilitation and a potential for independent living.

*Highlights from SFY '10:*

- Thirteen (13) people were discharged from TBI waiver services.
- Since implementation of the original waiver in 1992, out-of-state placements have dropped from a high of 20 (FY '92) to 4 in FY '10.
- In FY '10, the average care plan was \$5,428 per month compared to the average out-of-state cost of \$17,000 per month.
- 100% of people improved their quality of life and level of functioning based on individual quarterly assessments.



## Attendant Services Program

The Attendant Services Program (ASP) supports independent living for adults with severe and permanent disabilities who need physical assistance with activities of daily living to remain in their homes. ASP provides funding and payroll support for people to employ and direct their own personal care attendants. The program includes three options: Medicaid Participant Directed Attendant Care; General Fund Participant Directed Attendant Care; and Personal Services.

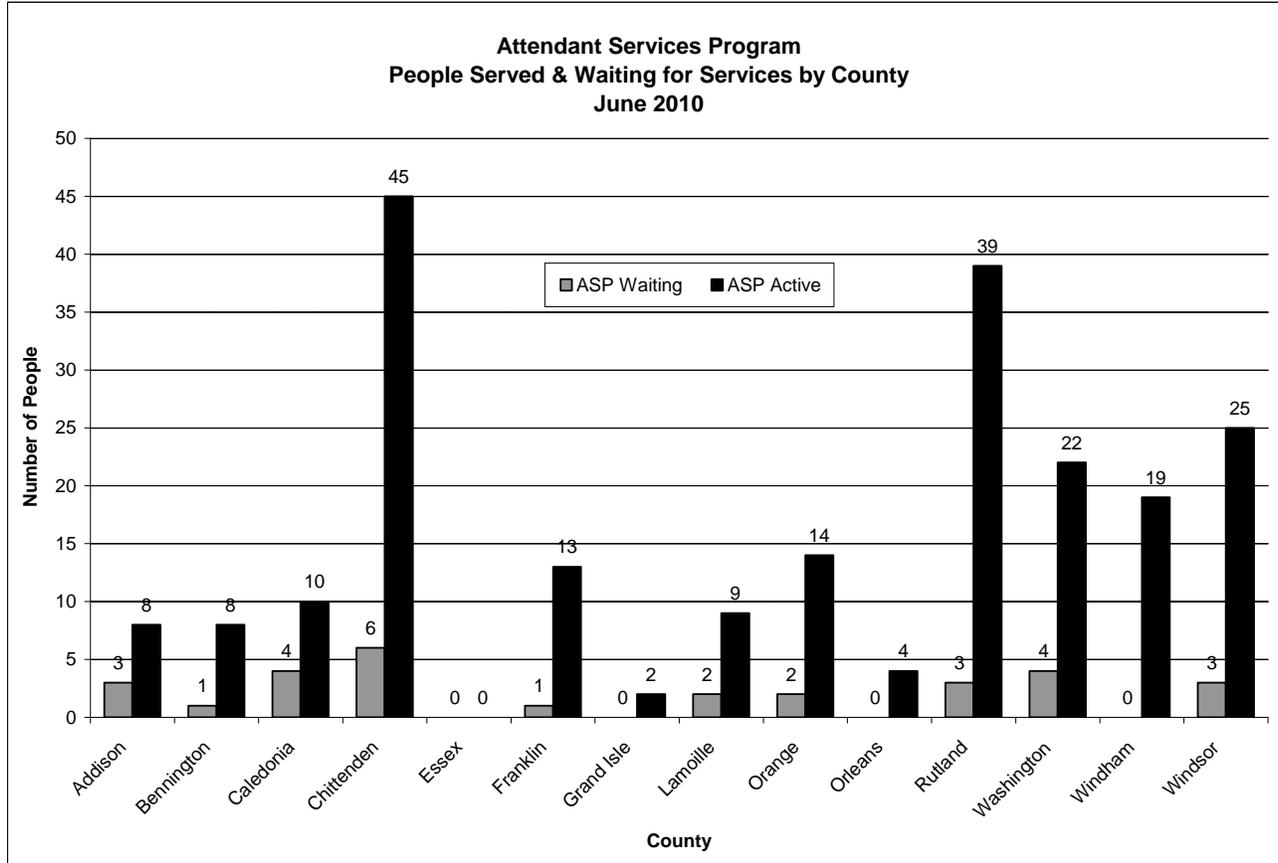
### *Services Include:*

- Assistance with activities of daily living such as dressing, bathing, eating, grooming, toilet use and range of motion exercises.
- Assistance with instrumental activities of daily living such as meal preparation, medication management and care of adaptive and health equipment.

*Vermonters Served:* (SFY '10) 260 adults

### *Highlight from SFY '10:*

- 218 people were receiving attendant services as of June 30, 2010; an additional 29 people were on a waiting list (which has since been reduced by more than half).



# State Unit on Aging Programs

802-241-4534

## Adult Day Services

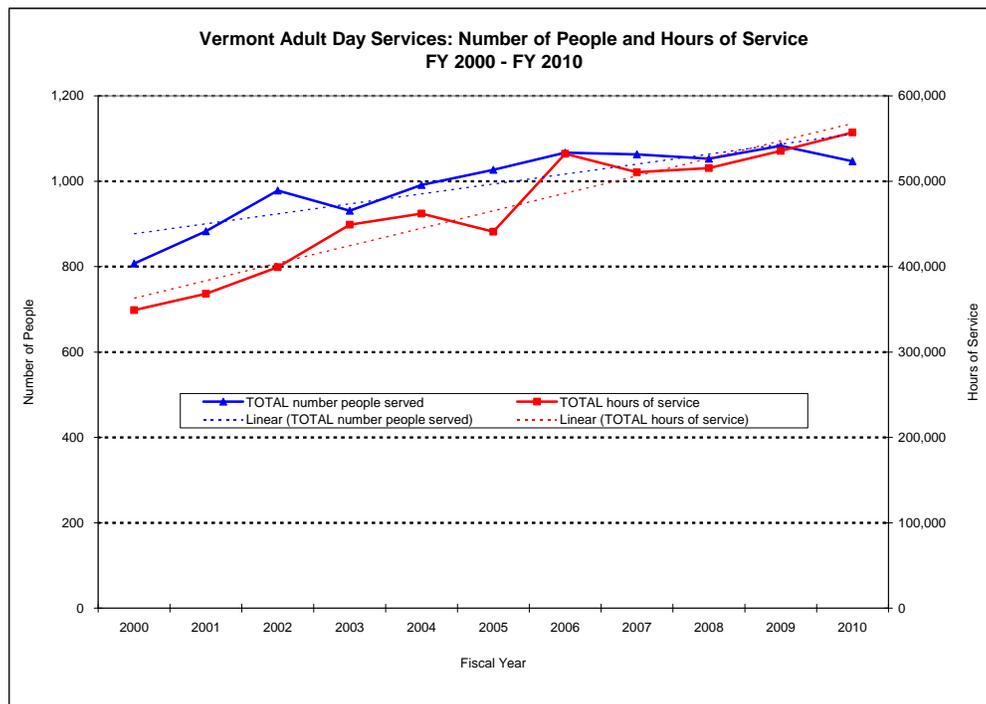
Adult day services are community-based non-residential services designed to assist adults with physical and/or cognitive impairments to remain as active in their communities as possible by maximizing their level of health, independence and ensuring their optimal functioning. Adult day centers are certified by the Department according to the Standards for Adult Day Services in Vermont. During FY '10, DDAS completed quality reviews and certified all of the adult day centers that receive funding from the Department.

### *Services Include:*

- Professional nursing services
- Personal care
- Therapeutic activities
- Respite (including support and respite for family caregivers)
- Nutritious meals
- Social opportunities
- Activities to foster independence
- Support and education to families and caregivers

*Vermonters Served:* (SFY '10) 1,047 people

- Older Vermonters
- Vermonters age 18 and over with disabilities



### **Dementia Respite Grant Program**

The Dementia Respite Grant program is state funded and managed by Vermont's five Area Agencies on Aging (AAA). Respite grants are available for family members or other unpaid primary caregivers of people who have been diagnosed with Alzheimer's disease or other dementias and meet certain financial criteria. Respite grants typically range from \$750 – \$1000 annually. This assistance allows caregivers to take a short break from their caregiving responsibilities and alleviates caregiver stress and burden.

*Vermonters Served:* (SFY '10) 290 people with dementia and their family caregivers obtained dementia respite grants.

#### *Highlights from SFY '10:*

- A statewide survey of the Dementia Respite Grant Program was conducted. Based on survey responses from 137 dementia caregivers:
  - 91% reported the grant helped them maintain their physical health.
  - 97% reported the grant helped them maintain their emotional well-being.
  - 72% reported the grant improved their ability to care for their family members.
  - 67% reported the grant helped them continue in their caregiving roles so their family members could continue living at home.
- Due to limited finding, only a very few of the estimated 11,000 Vermonters and their family caregivers who are currently affected by Alzheimer's disease or other form of dementia receive assistance through this program.

### **Emergency Preparedness**

DAIL is collaborating with the Vermont Department of Health, Vermont Emergency Management and other stakeholders throughout the state to plan for and respond to events such as flooding, severe winter storms and public health emergencies.

#### *Highlights from SFY '10:*

- Developed and distributed over 10,000 copies of *Just in Case...Be Ready for an Emergency* booklets to help individuals with special needs and/or their caregivers plan for emergencies and disasters. The *Just in Case* planning guide offers information and practical tips on how to stay safe and is available on the DAIL website. <http://www.dail.vermont.gov/dail-resources/emergency-preparedness-assistance>.

- Developed an *Emergency Preparedness Planning Guide for Nursing Homes and Residential Care Settings in Vermont* which was distributed to more than 200 long-term care facilities. The guide is available on the DAIL website.  
[http://www.dail.state.vt.us/lp/Emergency\\_Preparedness\\_Planning-2010.pdf](http://www.dail.state.vt.us/lp/Emergency_Preparedness_Planning-2010.pdf)

### **Food and Nutrition Programs**

Providing nutritious, well prepared meals that are served or delivered with the highest of food safety standards is the foundation of the food and nutrition programs. Nutrition plays an important role in promoting good health and preventing disease. Nourishing food and nutrition services enable older adults and people with disabilities to remain in their homes and communities. DDAS administers the following programs to promote high quality nutrition programs and services:

#### **Meals for Younger Adults with Disabilities**

The Vermont Center for Independent Living (VCIL) coordinates with service providers across Vermont to offer home delivered meals to adults with disabilities under the age of 60. The three options available to qualified participants include:

- Long-term (up to 5 meals/week for the entire year);
- Short-term (up to 60 meals/year); and
- Emergency (for transient crisis intervention, such as services related to hospital discharge following surgery).

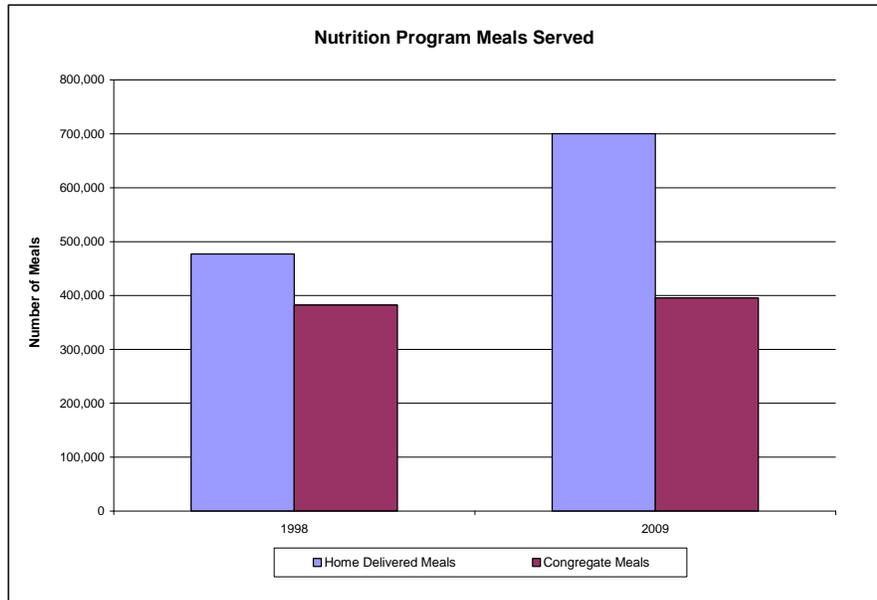
*Vermonters Served:* (SFY '10) 495 people were served 61,307 meals (55,218 long-term; 4,747 short-term; and 1,342 emergency)

#### **Nutrition Services for Older Vermonters**

Older Americans Act funds help support two programs designed to provide healthy meals and nutrition services for older adults; the congregate meals program and the home delivered meals program. Both programs contribute to the food security of older adults. People who are food secure experience lower rates of disability, hospitalization, depression and mortality. The trend in the nutrition program is the continued growth in demand for home delivered meals.

*Highlight from SFY '10:*

- Interest and efforts to increase access to local foods gained momentum.



### **Mental Health ElderCare Clinician Program**

The ElderCare Clinician Program (ECCP) is a state funded program that provides mental health services to adults aged 60 and older and is jointly managed by DAIL and the Department of Mental Health. Service coordination and delivery is provided by Vermont's Area Agencies on Aging and the designated mental health agencies. A group of 13 full- and part-time designated agency clinicians with expertise in aging and elder mental health provide home-based or office-based counseling and support to people experiencing mental health problems.

#### *Services Include:*

- Community mental health outreach
- Mental health screening and clinical assessment
- Supportive counseling
- Medication monitoring

*Vermonters Served:* (SFY '10) 454 adults aged 60 and older (29% men, 71% women).

#### *Highlights from FFY '10:*

- Adults receiving ElderCare services from 3 agencies were surveyed to determine their experiences with ElderCare mental health services. Based on survey responses from 69 adults receiving services:
  - 56% reported having their first appointment with a clinician within two weeks of requesting help.
  - 88% reported the mental health services helped them with their problems and reduced their symptoms

- An estimated 20% of Vermonters age 60 and older experience mental disorders which are not a part of normal aging, which likely means that there are many older Vermonters with mental health needs that go unsupported.
- The most common conditions treated by clinicians were depression, adjustment disorder and anxiety.

### **Older Americans Act Services**

The Department oversees a range of federal Older American Act (OAA) programs described below that offer services and opportunities for older Vermonters to remain as independent as possible and to be active and contributing members of their community and that support family caregivers to continue in their essential role. OAA Services are administered at the community level by Vermont's network of Area Agencies on Aging (AAA).

*Vermonters Served:* (FFY '09) 56,516 Vermonters received services supported by the Older Americans Act.

- Adults age 60 and over
- Family caregivers (of any age) of older adults
- Grandparents and other relative caregivers age 55 and older of children under age 18 and adult children with disabilities as specified in the Older American's Act

*Highlight FFY'09:*

- There was a 30% increase in the number of people who received services supported by the Older Americans Act over the past year.

### **Case Management**

Under the OAA and within the Choices for Care program (CFC), case managers play a vital role in helping older Vermonters and family caregivers build upon their strengths, seek and obtain new resources, and achieve personal goals. The Division of Disability and Aging Services has worked closely with the Area Agencies on Aging and Home Health Agencies to develop a comprehensive approach to the provision of case management services in accordance with established DDAS Case Management standards.

*Vermonters Served:* (FFY '09) 9,049 older Vermonters received case management from AAAs.

### **Health Promotion and Disease Prevention**

Older Vermonters often need support in making choices to help manage their chronic disease and improve their quality of life. Adopting behaviors such as engaging in physical activity, eating a healthy diet and getting regular health screenings are vital components of healthy aging. Community based health promotion and disease prevention interventions that are evidence based provide older Vermonters with the support they need to age well in their own communities. Evidence-based programs, including *A Matter of Balance*, *PEARLS*, *Healthy IDEAS* and the *Healthier Living Workshops*, assist aging services providers in using resources effectively, proving that their programs work and make positive differences in the lives of the people they serve.

### **Information, Referral and Assistance – IR&A**

Several Information, Referral and Assistance (IR&A) resources are available to Vermonters with disabilities, older adults, family members, caregivers and the general public. Specialists can help locate the appropriate service, educate about important issues and help people understand the eligibility requirements of various programs. In many cases, contact with an IR&A specialist is the first step in maintaining independence with dignity.

***Senior HelpLine (1-800-642-5119)***: The Senior HelpLine automatically connects callers to their local AAA to speak with a Senior HelpLine specialists who provide a wealth of information on programs and services available to people age 60 and older, their family and caregivers, providers and the general public. Working as a part of the Aging and Disabilities Resource Connections (ADRC), the capacity of this service has increased, including more sophisticated tracking of resource information and an enhanced ability to track information about incoming calls. (See the Special Initiatives section for more information about the VT Aging and Disabilities Resource Connections grant.)

*Vermonters Served*: (FFY '09) The Senior HelpLine received 26,451 calls

### **Legal Assistance**

Area Agencies on Aging purchase legal services on behalf of older Vermonters and sometimes family caregivers. Legal service providers can help older adults with information on guardianship, probate wills, estate planning, lawyer referrals, reporting abuse or neglect, filing complaints, public benefits, tenant-landlord issues and more.

*Vermonters Served*: (FFY '09) 4,864 hours of legal assistance service

*Highlights SFY 10:*

- Through an Administration on Aging Model Approaches Grant awarded to Vermont Legal Aid's Senior Citizens' Law Project, the Center for Rural Development completed a legal needs study survey. The telephone survey questioned close to 750 older Vermonters. The data is being analyzed and will be included in a final report.
- A follow-up survey of case managers is being developed.
- The consumer law help-line pilot project as envisioned through the Model Approaches Grant is currently underway. The pilot provides legal assistance over the telephone to older Vermonters with consumer protection issues.

**National Family Caregiver Support Program**

Vermont's 56,000 family caregivers provide the bulk of care to individuals age 18 and older who receive long-term care services at home. In addition, approximately 2,800 older Vermonters are the primary caregivers of relative children under age 18. In 2007, the combined value of care provided by Vermont's family caregivers exceeded \$640 million.<sup>2</sup> Most family caregivers contribute their own funds toward the care of their relatives, often giving up or limiting employment, personal goals and other interests. The National Family Caregiver Support Program (NFCSP) was created to support family caregivers to maintain their critical caregiver role and is managed by the Area Agencies on Aging. Services are targeted toward caregivers with the greatest social and economic need.

*Services include:*

- Information services
- Assistance in accessing services for caregivers
- Caregiver mental health counseling, support groups and training
- Respite care that provides temporary relief or rest for caregivers.
- Supplemental services that complement care provided by caregivers, such as home modifications, assistive technologies and emergency response systems.

*Vermonters Served:* (FFY '09) 29,961 family caregivers of older Vermonters and 165 older caregivers of relative children received broad outreach and

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<sup>2</sup>*Family Caregiver Alliance (2007). State Facts at a Glance. Retrieved online from: <http://www.caregiver.org>*

information services; 3,031 family caregivers of older adults and 24 older caregivers of relative children obtained individualized services and support.

*Highlights FFY'09:*

- Increased collaboration between Vermont's Area Agencies on Aging and Vermont Kin as Parents resulted in the establishment of a respite grant program for older relative caregivers of children.

**Senior Community Services Employment Program**

The Senior Community Services Employment Program (SCSEP) is a transitional job-training program that offers training within partnering community service agencies. The combination of skills training and community service leads to employment for low-income people age 55 and older.

*Vermonters Served:* (FFY '10) 125 people received services through the SCSEP (64% were 60 and over; 37% had disabilities; 18% were veterans; 13% were homeless; 88% had family income at or below the poverty level; 95% lived in a rural environment)

*Highlights from FFY '10:*

- SCSEP increased training opportunities for participants.
- SCSEP exceeded its "entered employment" goal with a rate of 77%
- The average starting wage in competitive employment was \$14.15.
- Jobs included receptionist, custodian, respite worker, retail sales clerk, computer operator and transportation driver.
- The average retention rate was 57%.

**Long Term Care Ombudsman Program**

DAIL contracts with Vermont Legal Aid to operate the statewide Office of the Long Term Care Ombudsman. The Ombudsmen protect the safety, welfare and rights of Vermonters who receive long term care in all settings, including home-based settings under the Choices for Care waiver. Additionally, certified volunteers assist the Ombudsmen in protecting people who live in nursing homes, residential care homes and assisted living residences.

*Services Include:*

- Investigating and resolving complaints on behalf of people receiving long- term care.
- Assisting people to seek administrative, legal and other remedies to protect their rights, health, safety and welfare.

- Educating community members concerning the needs of people receiving long term care.
- Reviewing and commenting on existing and proposed legislation, regulations and policies related to people in long term care.

*Vermonters Served:* (FFY '10) Responded to 582 complaints; 514 of which were facility-based (nursing facilities, residential care and assisted living); 68 of which were community-based)

*Highlights from FFY '10:*

- Approximately 82% of the facility-based complaints closed in FFY '10 were verified and 68% were fully or partially resolved to the satisfaction of the resident.
- Approximately 97% of the community-based complaints closed in FFY '10 were verified and 63% were fully or partially resolved to the satisfaction of the participant.

### **Supportive Housing and Service Options**

DDAS administers several programs designed to support, coordinate and/or develop supportive services in various types of housing to help people maintain their independence and live in the settings they prefer.

#### **HomeShare VT (Champlain Valley) and HomeShare of Central VT (Washington County)**

DDAS supports two home sharing programs, which offer match and follow-up services to people with a home to share and to those seeking an affordable housing option. The typical home provider is an older Vermonters or person with a disability who will benefit from the presence of another person living in and sharing his or her home. In return for reduced or free rent, the home seeker offers the home provider homemaking, meal preparation, home maintenance and/or other services. In some areas the program also matches people in need of supportive services with live-in or hourly caregivers who provide personal care, meal preparation and other services. The HomeShare programs provide cost-effective choices in addressing the concern of increasing long-term care costs.

*Vermonters Served:* (SFY '10) 1,124 people (unduplicated) received some form of service or assistance. Of those, 187 entered into a home sharing match and 174 entered into an hourly care or live-in care arrangement.

### **Support and Services at Home (SASH)**

Through the leadership of the Cathedral Square Corporation a new model of providing housing and supportive services has been developed, piloted and is slated for statewide expansion. The model delivers coordinated, high quality services to people that are integrated with the State's major health care initiatives. What began as Seniors Aging Safely at Home and focused on older Vermonters living in public and nonprofit housing settings is now poised to expand to serve older Vermonters and younger people with disabilities throughout the community. Specific services include: individual assessment, person-centered healthy living planning, help from an informed team to assist during crisis, transition support when someone is returning home from a hospital or nursing home stay and other supports. Under a grant recently awarded grant to the Blueprint for Health, Medicare funds will be used to support the SASH linkages with the Community Health Teams and Medical Homes throughout the State.

### **South Burlington Community Housing**

The South Burlington Community Housing (SBCH) development provides independent living options including accessible apartment units and Choices for Care-funded personal care services. Residents choose SBCH because it offers an independent apartment setting with 24/7 personal care services. Prospective residents must be capable of self-directing their care, meet HUD financial eligibility, require at least four hours of personal care a day and be willing to participate in a shared care service delivery model.

### **Home and Community Access Program**

The Housing and Community Access Program (HCAP) at the Vermont Center for Independent Living (VCIL) receives funding through DAIL to supplement funding provided by the Vermont Housing and Conservation Board. The program provides information, assistance and referral services to help people with physical disabilities locate and secure funding for home modifications. In SFY '10, DAIL transferred the State General Funds to the Vermont Housing Conservation Board (VHCB) in order to streamline funding, granting and administration at one state agency and to simplify how funds go to VCIL.

*Vermonters Served:* (SFY '10): 133 HCAP projects enabled 98 Vermont households to maintain independent living in their home (44 had incomes less than 50% of the median income; 33 had incomes less than 30% of the median income)

*Highlight from SFY '10:*

- Home and Community Access Program staff at the Vermont Center for Independent Living leveraged \$156,746 in additional resources for the program. The program spent \$174,752 on Choices for Care recipients.

**Housing and Supportive Services**

Information and referral assistance offered at the Housing and Supportive Services (HASS) sites provides education and support to individuals, families and caregivers of adults. Assistance includes: screening; locating previously unidentified, appropriate community resources that fulfill unmet needs; referral to community and home based resources; and education related to disease prevention.

*Vermonters Served:* (SFY '10) Funding was provided to 23 HASS sites to ensure accessible, on-site residential service coordination for 1,225 older Vermonters and adults with disabilities

**The State Health Insurance Program**

The State Health Insurance Program (SHIP) provides information, assistance and problem solving support to Medicare beneficiaries and people dually eligible for Medicare and Medicaid who need help selecting or managing public and/or private health insurance benefits. SHIP is supported by a grant from the Centers for Medicare and Medicaid Services (CMS) and funding is sub-granted to the state's five AAAs. The AAAs employ a state Program Director and SHIP coordinators and volunteers within each region to provide consumers easy access to health insurance information and assistance.

*Vermonters Served:* (SFY '10) 13,889 individuals, 743 couples and 1,555 caregivers were assisted with enrollment, services and questions related to Medicare, Medicaid and other insurance programs. 7,845 calls were received about Medicare Part D. 1,098 staff representing health providers and health care and social service agencies contacted SHIP on behalf of people they serve.

*Highlights from SFY '10:*

- CMS ranked Vermont SHIP fifth in the nation for overall performance. Vermont has ranked among the top five SHIP programs in the nation for five years running.
- In March, 2010, Vermont SHIP received a New England Public Service Award from the Social Security Administration for its work in assisting low and modest income beneficiaries with enrollment in the Medicare Part D and Low Income Subsidy (LIS) programs.

***Developmental Disabilities and Children's Services Unit Programs***  
802-241-2614

**Developmental Disabilities Services**

Developmental disabilities services provide support to people and their families to increase independence and be part of their local communities. These services: prevent or end institutionalization; prevent or respond to abuse and neglect; prevent imminent risk to people's health and safety; respond to adults who are or may become homeless; help people find and maintain employment; help parents with developmental disabilities keep their children; and prevent adults who pose a risk to public safety from endangering others. These services support people with developmental disabilities to live dignified lives and find opportunities for community participation. The majority of services for people with developmental disabilities are Medicaid funded through the Global Commitment waiver and provided by private, non-profit agencies. The amount and type of services is determined by an individual needs assessment.

*Services include:*

- Service coordination/case management
- Community supports
- Family supports
- Clinical interventions
- Respite
- Employment services
- Home supports
- Crisis services

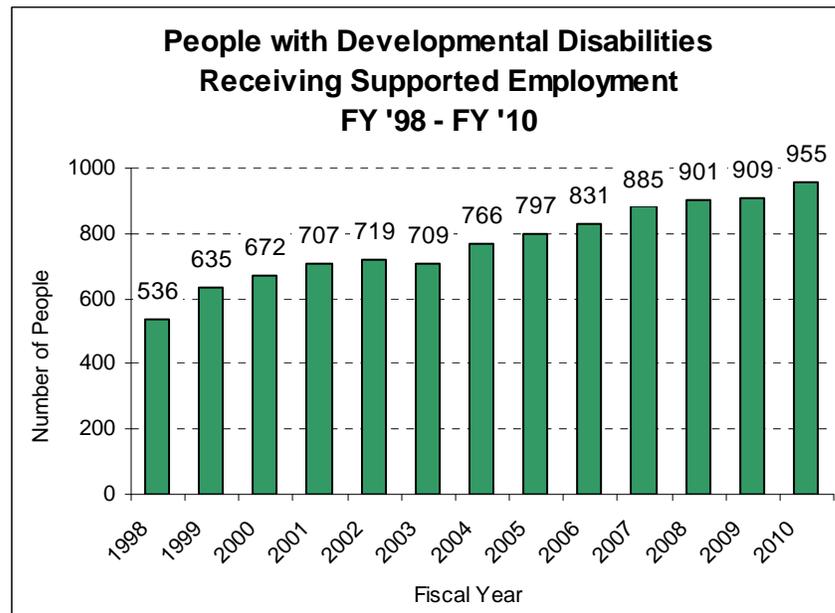
*Vermonters Served:* (SFY '10) 2,460 people with developmental disabilities received home and community based services

*Highlights from SFY '10:*

- The cost per person for residential supports is significantly lower for people in one or two person settings than for people in three to six person settings. Vermont is the only state in the county that has the low average of 1.2 people per residential setting.
- A statewide survey of adults with developmental disabilities was conducted in 2009. Based on survey responses from 203 participants:
  - 88% said they like where they live.
  - 94% said they like their job.
  - 97% said they liked their individual community activities.
  - 82% said they can see their friends when they want.
  - 89% said they feel listened to at their planning meetings.
- The average hourly wage was \$8.79 with wages ranging from minimum rate to \$23.20 per hour. An estimated \$1,326,654 was saved in public

benefits (SSI) due to people working and \$542,814 was gained in employer/employee tax contribution due to people working.

- There are 1,302 people in Vermont receiving supported employment services from developmental disabilities services providers, of which 955 are employed, which reflect a 3.4% increase in people working since FY '09. The State of the States in Developmental Disabilities ranks Vermont second in the nation (FY '08) in the number of people with developmental disabilities who receive supported employment to work per 100,000 of the state population.



### **Autism Supports**

In June 2008 an interagency plan was finalized to enhance state services for people with autism spectrum disorders (ASD) across the lifespan and in school, home and community-based settings. The State continues to work on these seven priorities that were identified by the Secretary of the Agency of Human Services (AHS) and the Commissioner of the Department of Education (DOE).

- Enhancing early screening and diagnosis
- Improving access to intensive early intervention services for young children
- Defining responsibilities for AHS and DOE for implementation of the autism plan
- Developing coordinated dissemination of autism resource information

- Identifying the skills and competencies needed by professionals serving people with ASD and providing additional professional development opportunities
- Enhancing the capacity of schools to provide a full range of supports and services to meet the educational needs of students with ASD
- Enhancing supports for adults with ASD to live and work in their communities.

*Highlights from SFY '10:*

- The Department of Health (DOH) continued a project to ensure that developmental screening, including specific screening for autism, is occurring in pediatric practices. Twenty-nine pediatric practices received training and coaching in developmental and ASD screening.
- Fifteen clinicians were trained in using specialized tools for the diagnosis of ASD.
- DAIL and DOH obtained almost \$900,000 through a three-year federal grant to implement the goals of the state interagency autism plan.
- DOE received a grant for professional development of school staff working with students with ASD.
- AHS and DOE sponsored a variety of trainings in ASD including focus on early childhood providers, structured teaching approaches and employment.
- The Autism Plan Advisory Committee is researching options for adult services. Additionally, a separate committee of state agency staff and community providers is exploring ways of expanding options for adult services. This work is ongoing.

**Public Safety Services**

The Developmental Disabilities and Children's Service Unit oversees statewide supports through a variety of activities for people with developmental disabilities who pose a public safety risk. These people are referred to as the Public Safety Group. The focus of public safety services is to keep the community and past victims safe while providing treatment and supervision to people in the Public Safety Group. The unit's oversight role includes:

- Liaison with courts, Department of Corrections, families and agencies when people with disabilities are going through the criminal justice system.
- Referral and program development to meet the needs of community safety while providing supervision and treatment to people in the Public Safety Group.

- Supervision of people committed to the Commissioner of DAIL under Act 248.
- Ongoing training and support of case managers and direct support staff who work with people in the Public Safety Group.
- Investigation and research on best practices for supervision of sex offenders.

*Vermonters Served:* (SFY '10) 200 people (approximately) who have been reported to have committed a dangerous act and pose a risk of committing dangerous acts in the future but have not necessarily been criminally or civilly adjudicated.

*Highlights from FY '10:*

- DAIL convened a study group in September 2009 to examine issues around individuals in the Public Safety Group. Completion of a written report with recommendations was presented in February 2010.

DAIL began an initiative to assess the public safety risk of every person in the Public Safety Group. The risk assessments will be completed in February of 2011. Protocols for evaluating the appropriateness of less restrictive residential placements will be developed based on the results of the assessments. <http://www.ddas.vermont.gov/ddas-publications/publications-dds/publications-dds-documents/dds-publications-other/ds-offenders-report-2009>

### **Children's Personal Care Services**

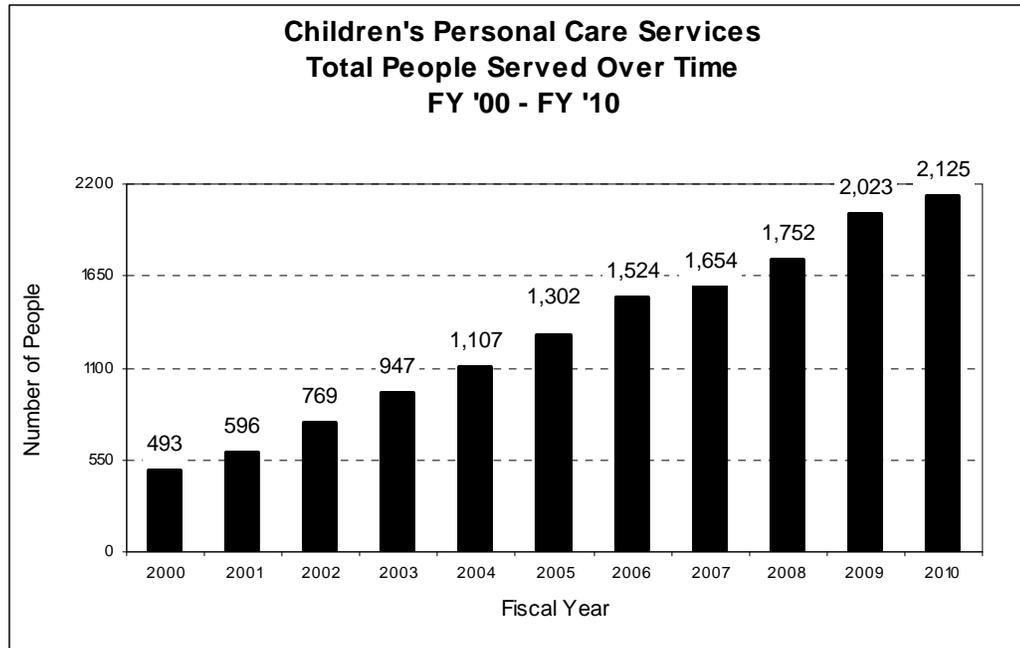
Children's Personal Care Services (CPCS) is a Global Commitment Medicaid service designed to help families with the extra care needs of children under the age of 21 who are eligible for Medicaid and have a significant disability or health condition which impacts caregiving needs or the development of self-care skills. This support is meant to supplement, not replace, parental roles. Hours of support may be scheduled flexibly and may be provided in a variety of settings.

*Vermonters Served:* (SFY '10) 2,376 children approved for services; 2,125 individuals received services.

*Highlight from SFY '10:*

- During the past year, Children's Personal Care Services (CPCS) has been involved with the Challenges for Change "Integrated Family Services" (IFS) initiative. CPCS began the process of improving services through increased, and more formalized, collaboration and integration with Vermont Department of Health/Children with Special Health Needs and DAIL's High Technology Home Care program. This initiative provides

exciting opportunities to redesign the support CPCS offers families by partnering with other available children's services throughout the State.



### **Flexible Family Funding**

The Flexible Family Funding (FFF) program acknowledges that families, as caregivers, offer the most natural and nurturing home for children and many adults with developmental disabilities. Individuals and the public benefit when families provide care by avoiding more intensive and costly out-of-home services. Families receive up to \$1,000 which may be used at the discretion of the family for services and supports that benefit the person and family, such as family respite, assistive technology and purchasing individual and household needs (e.g., clothing, heating, rent).

*Vermonters Served:* (SFY '10) 1,060 people

- People of any age who have a developmental disability and live with family and are not receiving home and community based services.
- Families who live with and support a family member with a developmental disability and are income eligible.

*Highlight from SFY '10:*

- In FY '09 only 12% of FFF was spent on respite; 88% was spent on goods.

## **Clinical Services Unit Programs**

802-241-3543

The Clinical Services Unit (CSU) works with people receiving long term care Medicaid in overseeing the appropriateness and quality of their medical care needs. To this end, an important task is identifying appropriate living situations for people with high medical needs. The CSU also provides clinical supervision for the nurses working across the DDAS programs.

### *Highlights from SFY '10:*

- Worked in collaboration with the Center for Medicare and Medicaid Services in a Federal review of PACE Vermont's clinical services. PACE Vermont is a service option for people age 55 and older who meet nursing home level of care.
- Collaborated with the Department of Mental Health to develop placements for people with significant medical care needs as well as significant mental health needs. Many of these people have spent long periods of time in the Vermont State Hospital or in the psychiatric wards of regional hospitals.
- Developed relationships with specialty facilities outside of the State of Vermont in order to meet the needs of Vermonters. DAIL has a working relationship with LakeView Neurorehabilitation Center in New Hampshire and Kindred HealthCare's Parkview facility in Massachusetts. Both of these facilities specialize in developing behavioral management plans for people with a combination of challenging behaviors and very complex medical needs.

### **High Technology Home Care**

High Technology Home Care (HTHC) provides skilled nursing care to people of any age who are Medicaid-eligible and technology-dependent. Services include coordinating treatments, medical supplies and sophisticated medical equipment. The goals are to support the transition from the hospital or other institutional care to the home and to prevent institutional placement.

### *Vermonters Served: (SFY '10) 82 people*

- People who are Medicaid-eligible of any age who are dependent on medical technology to survive and who have chosen to live in a home-based setting.

*Highlights from SFY '10:*

- Five new participants were enrolled in FY '10. Overall, there are more adults and fewer children served now than in past years.
- There has been an increase in the number of people receiving HTHC whose private insurance will cover this service.

## **Office of Public Guardian**

802-241-2663

The Office of Public Guardian (OPG) provides guardianship and other court-ordered supervision when a person is unable to make basic life decisions and there are no friends or family to serve as guardian.

### *Services Include:*

- Guardianship to adults with developmental disabilities (DD) and adults age 60 and over
- Representative payee services for governmental benefits for people under guardianship as well as an alternative to guardianship
- Case management supports where this service can provide a less restrictive alternative to guardianship
- Guardianship to adults on Act 248
- Court-ordered evaluations for Probate and Family Court guardianship cases
- Public education on guardianship and alternatives to guardianship
- Recruiting and support for private guardians.

*Vermonters Served:* (SFY '10) 705 adults. As of 6/30/10, the OPG caseload was as follows:

- Guardianship (Developmental Disabilities/Family Court) – 590
- Guardianship pending (Family Court) – 9
- Guardianship (60+/Probate Court) – 68
- Guardianship pending (Probate Court) – 4
- Act 248 and Order of Non-Hospitalization – 34
- Act 248 pending – 1
- Case Management – 13
- Representative Payee Services – 310

### *Highlights from SFY '10:*

- In response to the 2008 National Guardianship Program Review of the OPG program by the National Guardianship Association, the responsibilities and duties of its four regional Senior Guardians and the Intake/Referral Coordinator/Aging specialist were redefined to be more proactive and responsive.
- The geriatric specialist under contract with DAIL conducted a series of training sessions and provided feedback for evaluators who do guardianship evaluations for people over age 60 which has subsequently improved the overall quality and validity of evaluations.

## ***Special Initiatives***

### **Vermont Aging & Disability Resource Connections**

In October 2005, DAIL was awarded a three-year \$800,000 grant to establish Aging & Disability Resource Centers (ADRCs) in Vermont. Vermont opted to develop “virtual” ADRCs building upon existing agencies’ capacities to deliver quality and comprehensive Information, Referral and Assistance (IR&A) services. In October 2009, DAIL received a second ADRC grant to further develop the capacity of Vermont’s Aging and Disability Resource Connection (as we have opted to call our program) to carry all the “core functions” of the ADRC and to develop a five-year strategic plan and budget to sustain the functions of the ADRC long-term. These core functions include:

1. Independent Information, Referral and Assistance (IR&A) services.
2. Options Counseling – interactive, short-term, decision support to assist people in making important choices regarding their long term service and support options, regardless of income.
3. Care Transitions – assisting older Vermonters and people with disabilities to successfully return to the community from a hospital or nursing home
4. Streamlined Access to publicly-funded long term services and supports
5. Community Outreach, Marketing and Coordination with Stakeholders
6. Quality Monitoring and Improvement.

This broadening of the mission led to a reassessment by some partners of their ability to participate in the program. This resulted in the ADRC having 8 full members: the 5 Area Agencies on Aging, Vermont 211, the Brain Injury Association of Vermont and the Vermont Center for Independent Living. At present, the ADRC is focusing its efforts on serving older adults, people with physical disabilities and people with brain injuries and hopes in the future to review its role for in providing ADRC services to people with developmental disabilities and other mental health needs at some point in the future.

#### *Highlights from FY ‘10:*

- Continued development of the capacity of the partners to use the Refer IR&A software.
- The implementation of Options Counseling by two partner agencies.
- The issuing of a RFP to carry out a series of consumer focus groups to determine how the ADRC can facilitate access to services for older Vermonters, adults with disabilities and their caregivers.

### **Traumatic Brain Injury (TBI) Partnership Grant**

In April 2010, a federal Department of Labor (DOL) Grant was received to build on the foundation that was created by the previous Health Resources Service Administration TBI Partnership Grant. The primary goal of the grant is to develop an employment-focused Neuro-resource facilitation (NRF) for Vermonters with TBI who are returning veterans. Neuro-resource facilitation is an approach that helps veterans with TBI and Post-Traumatic Stress Disorder (PTSD), and their families, access information, community resources and benefits.

#### *Objectives Include:*

- Create a statewide employment focused system of neuro-resource facilitation (NRF) to support the employment of veterans with TBI and PTSD.
- Educate Vermont businesses about the issues faced by returning veterans with TBI and PTSD as well as the valuable human resource these veterans represent.
- Hire a Veteran TBI Outreach Worker to help veterans access services from the Brain Injury Association-VT (BIA-VT) and other benefits through a contract with the BIA-VT.
- Support the increased capacity of the BIA-VT to address sustainability and growth of NRF services.

#### *Highlights from FY '10:*

- With new DOL Grant, the BIA-VT hired two more Neuro-Resource Facilitators, creating a total of four NR Facilitators for Vermont who cover Rutland County, Chittenden County, Washington County, Windsor County, and the surrounding areas.
- The BIA-VT hired an NRF Job Developer to support employment of Vermont veterans by developing business contacts and working with the Creative Workforce Solution teams through the Challenges for Change initiative.
- The DAIL TBI Program and the BIA-VT strengthened their collaboration with the Veteran's Administration in White River Junction, the Vermont Military Family Community Network and the State Office of Veteran's Affairs.

### **Nursing Home Diversion Grant/Community Living Program**

The Nursing Home Diversion Project (NHDP) began in SFY '08 and ended in SFY '10. The project's primary goal was to provide individualized, self-directed

services to approximately 200 older Vermonters, thereby preventing unnecessary or premature admission to a nursing home.

*Highlights from FY '10:*

- Provided training for case managers about consumer directed Options Counseling, and how to address medication management and polypharmacy problems that can help divert individuals from nursing home placement.
- Provided direct services to over 200 consumers in the two regions. These services were all aimed at maintaining the independence of older Vermonters, such as paying a caregiver a few hours per week, purchasing a rolling walker and assisting with insulation for a home.

In October, 2010 Vermont was awarded a new grant from the Administration on Aging which will allow DAIL to further the development and implementation Options Counseling across many of the ADRC partners.

**Direct Care Worker Registry**

Vermont launched the Direct Care Worker Registry in October 2008 and continues to operate it through a contract with Rewarding Work Resources. The Registry continued to grow throughout FY '10 and, by the end of June '10, over 900 workers and 500 employers from all over the state had signed up to use the Registry. This is an increase of nearly 50% during the year in spite of fairly modest marketing efforts.

*Highlights from FY '10:*

- A significant upgrade to the Registry website allowed workers greater ability to demonstrate their skills on the site.
- Arranged for the continued running of a public service announcement about the Registry on television stations across the state.
- Provided a series of web trainings to state and other provider staff about the Registry.
- Administered a satisfaction survey to employers and employees which showed users of the service were generally satisfied with it.

## Licensing and Protection

802-241-2345 (voice) 802-241-2358 (tty)  
[www.dlp.vermont.gov](http://www.dlp.vermont.gov)

The mission of the Division of Licensing and Protection (DLP) is to ensure quality of care and quality of life to people receiving health care services from licensed or certified health care providers, through the Survey and Certification program and to protect vulnerable adults from abuse, neglect and exploitation, through the Adult Protective Services program (APS).

### **Survey and Certification Program**

DLP provides regulatory oversight of health care facilities and agencies under state and federal regulations. DLP accomplishes this by conducting unannounced onsite visits both routinely and as a result of complaints received. Providers receiving regulatory oversight and/or periodic review include: Nursing Facilities (NF), Residential Care Homes (RCH) Therapeutic Care Residences (TCR), Home Health Agencies, Hospice Programs, Renal Dialysis Units, Ambulatory Surgical Centers, Rural Health Clinics, Acute Care Hospitals, Critical Access Hospitals, Portable X-ray Units, Intermediate Care Facilities for those with Intellectual Disabilities, and Clinical Laboratories and Rehabilitation or Psychiatric Units.

The purpose of onsite surveys is to evaluate provider performance and consumer satisfaction with the care and services. Surveys consist of on site reviews of care and services, including resident and staff interviews, record reviews and observations. Most health and residential facilities are surveyed on at least an annual basis. Onsite visits, whether for a full review of the range and scope of services or for a complaint investigation, are unannounced and are conducted by registered nurses who have had extensive state and federal training. In the case of nursing facilities, nurse surveyors are required to have successfully passed an exam conducted by the Centers for Medicare and Medicaid Services (CMS) prior to surveying independently. Onsite visits range in scope from one day focused reviews conducted by one person to three to four day comprehensive reviews conducted by a team of nurse surveyors. All onsite visits are followed by a written report to the facility. Reports regarding regulatory violations resulting from routine reviews and complaint investigations are public information and can be obtained by calling 802-241-2345 or consulting the DAIL web page, [www.dlp.vermont.gov](http://www.dlp.vermont.gov)

All long term care nursing facilities participating in Medicare/Medicaid programs (40) are surveyed annually within a 9 to 15 month window, in accordance with CMS requirements. These surveys represent the majority of Federal recertification

surveys scheduled and completed this past year. Compliance with state licensing requirements is determined concurrently during the recertification survey. Forty-four (44) recertification/licensing surveys were conducted in SFY10. Additional recertification surveys, which do not require annual surveys, included five (5) hospitals: one (1) validation survey, conducted at an acute care hospital at the direction of CMS; one (1) acute care hospital required full surveys following complaint investigations resulting in noncompliance with federal Conditions of Participation and three (3) scheduled recertification surveys of critical access hospitals. Recertification surveys were also conducted at four (4) home health agencies; three (3) hospice providers; three (3) End Stage Renal Disease Dialysis (ESRD) facilities; one (1) Intermediate Care Facility for the Intellectually Disabled (ICF/ID); and five (1) Rural Health Clinics (RHC). Except for the ICF/ID and the RHCs, these surveys are conducted over a three to four day period by teams of three to five nurse surveyors, depending on the licensed capacity and/or physical size of the facility.

#### *Quality Indicator Surveys*

The Quality Indicator Survey (QIS) is a computer assisted long-term care survey process used to determine if Medicare and Medicaid certified nursing homes meet the Federal Requirements. The QIS was designed to systematically review Federal requirements and improve consistency in the survey process. DLP currently surveys all long term care facilities using the QIS process.

*Home Health Designation and Operating Rules*, which went into effect July 1, 2007, established minimum State requirements for the 12 home health agencies serving consumers throughout Vermont. Each home health agency is required to be surveyed annually for compliance with the Designation Rules. Prior to the adoption of these regulations, agencies were surveyed every three years, on average, according to a schedule determined by CMS. Although there are similarities between the two sets of regulations, the Designation rules are more stringent regarding appeal processes available to people seeking services. State designation surveys were conducted at four home health agencies in SFY 2010.

Other state licensed providers include Residential Care Homes (RCH), Therapeutic Community Residences (TCR) and Assisted Living Residences (ALR). Residential Care Home facilities number 112 (105 Level III; 7 Level IV) providing a total of 2462 beds. Limited to Level III facilities, eighty-nine (87) homes currently participate in the Assistive Community Care Services (ACCS) program, a Medicaid program for residents receiving Supplemental Security Income (SSI) and

Medicaid to receive services provided in a Level III residential care home or assisted living residence.

Of those homes, fifty-seven (57) also participate in the Enhanced Residential Care (ERC) program providing care and services to people who meet criteria for admission to a nursing facility. There are thirty-five (35) TCRs with a total of 378 beds. There are 8 Assisted Living Residences that include 330 units with 409 beds. Refer to Table on page 35.

<b>2010</b>		
<b>Type</b>	<b># Facilities/Agencies</b>	<b># beds/stations/units</b>
<b>Federal Certification</b>		
Nursing Home	40	3271*
Critical Access Hospital	8	405 Licensed beds**
Acute Care Hospital	6	1142 beds/129 bassinets
Psychiatric Hospital	1	149 beds
Home Health	12	N/A
Hospice Programs	10	N/A
ICF/ID	1	6 beds
Rural Health Clinic	17	N/A
Portable X-Ray	2	N/A
VA Hospital***	1	60
<b>State</b>		
RCH	112	2462 beds
Level III	105	2397 beds
Level IV	7	65 beds
TCR	35	378
ALR	8	330 units/409 beds
Psychiatric Hospital	1	54
Nursing Home	2	26

\*Nursing Home Beds as of 6/30/2010

\*\*Within licensed bed capacity, each Critical Access Hospital is limited to 25 certified beds

\*\*\*DLP has no regulatory authority over the Veterans Administration Hospital

Investigation of complaints in licensed and/or certified facilities continues to consume a considerable amount of surveyor and support services time. There was an 8.6% increase in the overall number of reports expressing concern about the quality of care and services across all certified and licensed facilities. A total of 907 complaints were received by DLP in state fiscal year 2010, compared to 835 in SFY 2009. A total of 567 complaints warranted on-site investigation by DLP, an increase of 26.3 % over SFY 2009. In some instances, multiple complaints were addressed during one on-site visit. The greatest increase in the number of complaints about care and services were received about Residential Care Facilities (199 in 2010 vs. 137 in 2009; a 45% increase). Complaints about home health agencies rose 16% (87 in 2010 vs. 75 in 2009) and complaints about hospitals rose 9% (147 in 2010 vs. 135 in 2009).

	# of Recerts/Initials completed in SFY 10	# of Complaints Received in SFY 10	# of Complaints Received in SFY10 that require onsite	# of Complaint onsites conducted in SFY10***	# of Providers w here onsite were conducted	# of State HHA Designation Surveys
Nursing Home	44	422	263	136	37	N/A
Hospital	5	147	72	41	13	N/A
Home Health	4	87	62	30	11	4
Hospice	3	12	6	7	3	N/A
ESRD	3	2	1	2	1	N/A
ICF/MR	1	0	0	0	0	N/A
Rural Health Clinics	1	1	0	0	0	N/A
Portable X-Ray	0	0	0	0	0	N/A
subtotal fed providers	<b>61</b>	<b>671</b>	<b>404</b>	<b>216</b>	<b>65</b>	<b>4</b>
RCH	15	199	140	36	27	N/A
TCR	1	16	7	3	3	N/A
ALR	4	19	16	5	4	N/A
State Licensed Nursing Homes	1	2	0	0	0	N/A
subtotal state providers	<b>21</b>	<b>236</b>	<b>163</b>	<b>44</b>	<b>34</b>	
Grand Total	<b>82</b>	<b>907</b>	<b>567</b>	<b>260</b>	<b>99</b>	
Excludes VSH 74 complaints						
***Onsite complaint visits may be from complaints received prior to State Fiscal Year 10						
	# of Recerts/Initials completed in SFY09	# of Complaints Received in SFY09	# of Complaints Received in SFY09 that require onsite	# of Complaint onsites conducted in SFY09***	# of Providers w here onsite were conducted	# of State HHA Designation Surveys
Nursing Home	38	455	248	172	40	N/A
Hospital	5	135	63	37	12	N/A
Home Health	4	75	41	21	11	10
Hospice	3	5	4	3	5	N/A
ESRD	4	2	2	1	4	N/A
ICF/MR	1	1	1	1	1	N/A
Rural Health Clinics	5	1	1	1	6	N/A
Portable X-Ray	0	0	0	0	0	N/A
subtotal fed providers	<b>60</b>	<b>674</b>	<b>360</b>	<b>236</b>	<b>79</b>	<b>10</b>
RCH	10	137	80	53	44	N/A
TCR	4	13	6	7	7	N/A
ALR	0	11	3	4	4	N/A
State Licensed Nursing Homes	3	0	0	0	2	
subtotal state providers	<b>17</b>	<b>161</b>	<b>89</b>	<b>64</b>	<b>57</b>	
Grand Total	<b>77</b>	<b>835</b>	<b>449</b>	<b>300</b>	<b>136</b>	
Excludes VSH 129 complaints						
***Onsite complaint visits may be from complaints received prior to State Fiscal Year 09						

All 17 nurse surveyor positions are currently filled at the time this report was written and all but one newly hired nurse surveyor has passed the Federal exam qualifying them to survey independently in Medicare/Medicaid certified facilities. The new nurse surveyor is anticipated to pass the Federal exam and be fully qualified by the Spring of 2011. In an effort to decrease travel time and expenses, the nurse surveyors were moved to field based offices in the fall of 2008. In addition, DLP applied for and received a federal grant to purchase 12 fleet vehicles with a high mileage rating. Twelve nurse surveyors with the highest annual mileage rate are currently using these vehicles on a daily basis to complete their work.

DLP continues to work collaboratively with the Northeast Quality Foundation, the quality improvement organization for Northern New England States and with representatives from nursing facilities and home health agencies to identify and implement standards of practice known to improve quality. CMS continued its focus on restraint use reduction and pressure sore reduction in 2010. Additional quality measures for nursing facilities and home health agencies are public information and can be found on the Centers for Medicare and Medicaid Services website, <http://cms.hhs.gov>

## *ADULT PROTECTIVE SERVICES*

### **Introduction**

Adult Protective Services (APS) is a cornerstone of Vermont's system for protecting vulnerable adults from abuse, neglect and/or exploitation. APS is a unit in the Division of Licensing and Protection (DLP) within the Department of Disabilities, Aging and Independent Living (DAIL). The investigative and protection activities of APS are governed by Chapter 69 of Title 33 of the Vermont Statutes Annotated and include a variety of services to investigate reports of abuse, neglect or exploitation, address identified problems or prevent further abuse from occurring.

The goals of APS are to promptly and thoroughly investigate allegations of abuse, neglect and exploitation, to increase awareness of adult abuse in all of its forms, to provide information about alternatives and services for vulnerable adults who are the victim of abuse and to increase the reporting of suspected abuse. In conducting investigations and arranging protective services, APS makes every effort to respect the wishes of the vulnerable adult. This report includes recent data about APS investigations of abuse, neglect and exploitation along with associated budget information.

### **General Information**

During the State Fiscal Year 2010 (SFY10) the APS Unit operated on a general fund allocation of \$725,090. The APS Unit has a dedicated staff of ten employees: one Program Chief, six Field Investigators, one full time office-based investigator, one Program Technician, and one full time Intake Specialist who is the first person to receive a complaint via the 24 hour toll-free abuse reporting telephone line, fax, or by an online reporting form sent electronically. The Intake Specialist collects pertinent information on the complaint, enters it into the appropriate data base, and channels the information to either the Licensed Nurse Surveyor Screener who screens facility complaints or to an APS office-based investigator who screens complaints related to the general public.

### **Reporting**

A report can be made to APS in a variety of ways. One of the easiest ways to report suspected abuse is by calling the Division of Licensing and Protection's reporting and complaint toll-free number at 1-800-564-1612. The toll free number is available to anyone to report abuse or suspected abuse of vulnerable adults. The toll free line is answered twenty-four hours a day, seven days a week. APS staff

answers the phone during normal business hours, between 7:45 a.m. and 4:30 p.m. After hours, weekends and holidays, the caller is directed to call the Emergency Services Program (ESP), which is a 24-hour abuse-reporting unit within the Agency's Department for Children and Families (DCF). If determined to be necessary, ESP will provide referral information to the appropriate emergency services and then forward a written report to APS on the next business day. Written reports, including those sent by fax, may be submitted in lieu of, or in addition to, telephone reports. Reports also may be submitted by TTY or by using the Department's web page, located at [www.dail.state.vt.us/lp/aps.htm](http://www.dail.state.vt.us/lp/aps.htm)

When the Investigative Screener, in conjunction with the APS Chief, makes the decision to open a case for investigation, the investigation commences within 48 hours of receiving the report. The Investigative Screener prioritizes all calls, identifies risks and responds accordingly by notifying law enforcement and/or other emergency response services, if appropriate. Typically the first contact is made to the reporter by telephone.

If a reported allegation or incident meets the definition of abuse and the individual is determined to be a vulnerable adult as set forth in Title 33 V.S.A. § 6902, an investigation will be opened. In addition, the intake information is referred to the service agency appropriate to the persons for review and intervention. A letter is sent to both the reporter and the alleged victim informing them of the decision to open, or not to open, an investigation and the reason why. If the APS decision is to not open an investigation the letter also tells the reporter and the alleged victim that if they are in disagreement they may request from the Commissioner of the DAIL a review of the decision.

### **Investigation Process**

Reports of abuse, neglect and exploitation are received by an Intake Specialist and then forwarded to an Investigative Screener. Allegations of abuse, neglect and exploitation must meet the criteria for investigation. In order for an APS investigation to commence, the alleged victim must be a vulnerable adult as defined in Title 33 V. S. A. §6902 (14), and the alleged incident must meet the definition of abuse, neglect or exploitation set forth in Title 33 V. S. A. § 6902 (1), (6) or (7). See table.

Investigations are assigned to one of six APS field investigators based on the following considerations: the geographical location of the alleged victim, the availability of staff, the current investigative caseload assignment and/or the special needs of the case. Due to the increasing numbers of cases and severity of

the allegations, overlap of territories has become necessary. The APS investigators gather information about a reported incident by conducting interviews and by obtaining and analyzing material evidence. Simultaneously, the investigators assess the need for protective service implementation, including Temporary Relief from Abuse Orders and Guardianship petitions, and coordinate the services necessary to protect the health, safety and well-being of the vulnerable adult through referrals to the appropriate agencies. At the conclusion of the investigation the APS investigators submit an investigative report describing the investigation and the evidence gathered. If the Division decides to recommend substantiation the person is informed by registered letter of the basis for the substantiation and information on how to appeal the decision. Their first opportunity to appeal is made to the Commissioner of DAIL. If the Commissioner decides to uphold the substantiation, the person is informed in writing of the result and is told how to appeal to the Human Service Board. If the Human Service Board upholds the substantiation, the person's name is then placed on the APS Abuse Registry. To have a name expunged from the APS Abuse Registry a person is required to send the Commissioner of DAIL a letter requesting an expungement hearing.

### **Protective Services Process**

During the course of an investigation the investigator is also responsible for determining whether the victim is in need of protective services. One of the most important goals of the APS investigation is the protection of vulnerable adults who are at risk of abuse, neglect or exploitation. APS does not provide direct care or case-management services to people and frequently utilizes a referral network comprised other service providers and agencies, including the Area Agencies on Aging (AAA), the Home Health Agencies, the Department of Mental Health, local mental health and developmental services agencies, the Vermont Center for Independent Living, Disability Rights Vermont (formerly known as Vermont Protection and Advocacy), local and state police, the department's Office of Public Guardian and the various court systems. Working collaboratively with staff from these agencies, with the consent of the victim, APS is able to coordinate plans for protection to prevent further abuse of the victim. See table for referral information. Much of this work is reflected in the technical assistance data records.

### **Adult Protective Services 2010 Data Report**

During the SFY 2010 the APS unit received 2791 unduplicated reports that were received from 2929 reporters. Embedded in those reports were 1533 reports closed during the screening process. Of those, 1142 did not meet the statutory definition of abuse, neglect, or exploitation; and 195 were closed as the information received was too insufficient to proceed. APS data identified 75 cases that were determined

to be closed contacts solely because they did not meet the statutory definition of a vulnerable adult. APS referred 295 cases to the various AAA throughout the State of Vermont. Fourteen new names were added to the APS abuse registry as of the date of this report's data collection. Investigators were assigned to, and conducted 1258 investigations. (See attached tables).

### **Licensed Facilities and Title 33**

The Division of Licensing and Protection also receives reports about Title 33 issues that involve licensed facilities including hospitals, nursing homes and residential care homes. There were 614 reports which included 794 reported allegations of deficient practice in the areas of abuse, neglect or exploitation of vulnerable adults in facilities. Of the 794 reported allegations, APS staff substantiated 114 of the allegations of deficient practice in the area of abuse, neglect or exploitation, under Title 33 as the result of these facility based allegations.

### **Referrals**

When APS receives a report that involves another agency a referral is sent to the appropriate agency by a telephone call or by a fax. Such agencies might include the Medicaid Fraud and Residential Abuse Unit (MFRAU) of the Attorney Generals Office, the Office of Public Guardian (OPG), law enforcement agencies, Disability Rights Vermont, Area Agency on Aging (AAA), Human Services, Health Care and Case Management Agencies, the Division of Licensing and the Office of Professional Regulations (OPR).

Over the past year APS has referred eight reports to MFRAU and has notified OPR about abuse, neglect or exploitation complaints involving licensed care providers. This year APS referred three cases to the OPR. APS also refers some cases to law enforcement agencies for investigation and possible prosecution. This year APS referred 146 cases to law enforcement agencies. APS referred 662 cases to the DLP Survey and Certification Program and 295 referrals of vulnerable adult age 60 and over to AAA. (See attached tables).

Referrals were made to other service providers including two to the Division of Vocational Rehabilitation, five to the battered women's network, 223 to home health agencies, 305 to mental health agencies, 295 to Area Agencies on Aging, 2 to Vermont Center for Independent Living, 67 to the Choices for Care program, 16 for legal assistance, 38 to assistance for guardianship, 3 for restraining orders and 321 for technical assistance for prevention.

### **Registry Checks**

The Adult Abuse Registry is maintained by APS. All employers of persons providing direct care to a vulnerable adult may obtain information about whether a person's name is on the Adult Abuse Registry by making a written request, with the consent of the applicant or employee. The confidential Adult Abuse Registry can be checked by DLP staff on behalf of employers for either prospective or current employees and for either volunteer or paid employees as required by statute. Licensed and certified health care providers are prohibited by regulation from hiring direct care workers whose names appear on the Registry. Currently there are 1181 names on the registry, the first dating back to 1993.

In complying with the recently enacted Act 1, APS, in conjunction with the Department for Children and Families (DCF), developed an online screening system, know as the ABC system, to streamline background registry checks against the Vermont Adult Abuse and Child Protection Registries. As of November 17, 2009 the new online screening system has completed 43,810 checks. The numbers processed daily continues to increase. This year, 22 attempts by substantiated abusers, to gain employment at one of the participating facilities or organizations, were thwarted by the utilization of the registry check database. APS has also begun to subscribe services providers entitled to this information under Title 33, such as nursing homes and residential homes, to the online screening system.

### **Community Education**

The APS staff is involved with ongoing activities to increase public awareness of abuse, including what to watch for and what to report. In addition, these education programs are geared toward increasing awareness of problems that vulnerable adults face and providing training in abuse prevention efforts. APS continues to use a Power Point presentation, developed in 2007, as a teaching tool. The Power Point presentation was presented to numerous educational programs for hundreds of people this fiscal year. These audiences included individuals from citizen groups, nursing homes, hospitals, mental health agencies, Home Health Agencies, Area Agencies on Aging, residential care homes, Adult Day programs, and law enforcement agencies.

Along with the Power Point presentation, APS continues to distribute a layperson's handbook entitled ***Raising Awareness - A Guide to Recognizing and Reporting Abuse, Neglect and Exploitation of Vulnerable Adults***. The handbook has received great reviews from multiple agencies, service providers and laypersons. An electronic version of the handbook is located on DAIL's home page, [www.dail.vermont.gov](http://www.dail.vermont.gov)

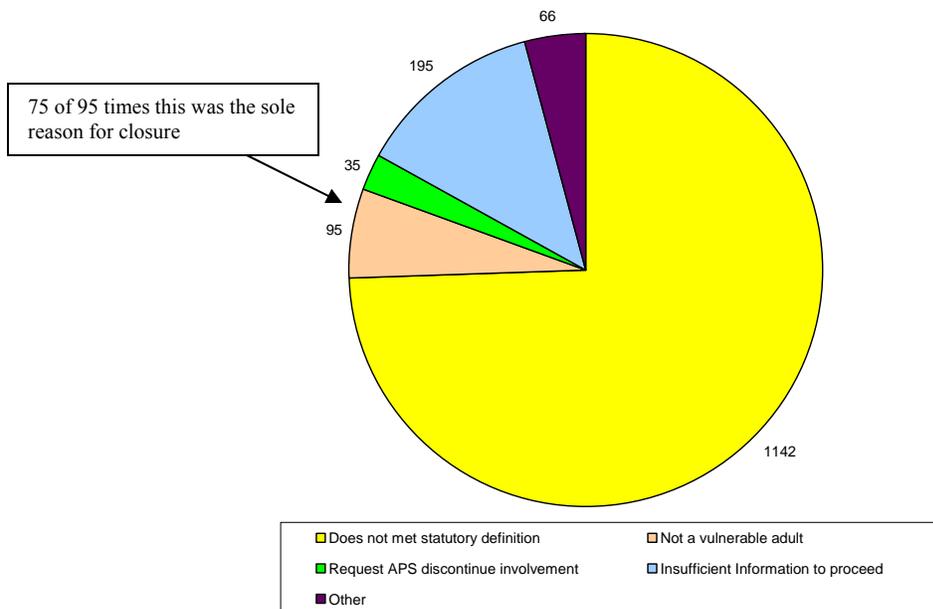
**Abuse Prevention Initiatives**

APS investigators have provided education opportunities to licensed nurses, nurse’s aids, caregivers, adult day centers, residential care homes, transportation companies, home care providers, medical schools, and law enforcement agencies and to the general public on reporting, detection and prevention measures related to abuse, neglect and exploitation. Chapter 69 Title 33 of the Vermont State Statute is clearly identified throughout the content threaded with real examples cases and situations that have been investigated and applicable to the individual audience.

APS continues to attribute a portion of the rise in reported cases of suspected abuse, neglect and exploitation to the education programs provided to both professional and community members.

# of Reporters	2929
# of Reports	2791
# of Closed Screenings	1533
# of Assigned Investigations	1258
# of Substantiated Perpetrators	57
# of Investigations Unresolved	134
# of Self Neglect Reports	185 (122 AAA, 63 APS) (72 unknown ages)
# of Self Neglect Investigations Unresolved	1

Closed Screenings (1533)



Allegations by Type of Abuse			
Type of Abuse	Number of Allegations contained in 2791 Reports	# Allegations contained in 1258 Investigations	# of Allegations contained in 56 Substantiated Cases
Physical Abuse	633	291	15
Emotional Abuse	656	352	15
Sexual Abuse/Sexual Exploitation	176	79	4
Neglect	1077	461	11
Financial Exploitation	769	486	32
Self Neglect	263	42	0
<b>Totals</b>	<b>3574</b>	<b>1711</b>	<b>77</b>

\* Cases may have multiple allegations--1258 investigations includes 36 self neglect cases

Reports referred to Other Agencies (excluding 134 open Investigations)					
Total # CASES referred for investigation by Law Enforcement or Regulatory Review		# of CASES with Social or Protective Service Referrals			
797		865			
				Type of Assistance	
Attorney General/MFU	8	DAIL/Vocational Rehabilitation	7	Referred for Legal Assistance	16
Police (State and Local)	146	Battered Women's Network	5	Assist with Guardianship	38
Vermont Protection & Advocacy	2	Home Health	223	Assist with Restraining Orders	3
Office of Professional Regulations	3	Mental Health	305	Technical Assistance(Prevention)	321
DLP Survey and Certification	662	Area Agency on Aging	295		
		Vermont Center for Independent Living	2		
		Choices for Care	67		
<b># of Investigative REFERRALS made</b>	<b>821</b>	<b># of Social Service REFERRALS made</b>	<b>904</b>	<b># of Protective Service REFERRALS made</b>	<b>378</b>

Alleged Victim's Relationship to Reporter							
	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect	Financial Exploitation	Self Neglect	
<b>Types of Reporters</b>							
Non Family Community Members	107	110	27	231	151	66	692
Home Health Staff	25	45	5	87	88	58	308
AAA Staff	16	42	0	58	65	9	190
Ombudsman	1	1	0	1	0	0	3
MH Staff	117	78	54	69	72	8	398
Family/Relative	41	58	5	158	116	29	407
Nursing Home Staff	103	62	20	144	50	6	385
Hospital Staff	93	49	19	48	33	25	267
DD Staff	9	4	5	7	7	2	34
Victim Self Report	36	94	9	89	55	1	284
Friend/Neighbor	9	25	1	28	32	14	109
Other Medical Staff	5	9	1	12	12	10	49
Residential Care Home Staff	25	16	5	39	20	3	108
Police	5	11	16	12	9	17	70
Anonymous	24	33	3	78	35	10	183
Social Worker	0	0	0	0	0	0	0
Other	0	0	0	2	0	0	2
School Personnel	14	12	3	4	2	1	36
Bank/Financial Institution	0	1	0	1	9	0	11
Landlord	0	2	1	7	6	4	20
Women's Shelter	0	0	0	0	0	0	0
Parole, Probation	3	4	2	2	7	0	18
<b>Total</b>	<b>633</b>	<b>656</b>	<b>176</b>	<b>1077</b>	<b>769</b>	<b>263</b>	<b>3574</b>
<b>Alleged Perpetrator's Relationship to Alleged Victim</b>							
	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect	Financial Exploitation	Self Neglect	
<b>Type of Relationship</b>							
Family Members	202	269	30	320	317	2	1140
Neighbor/Friend	43	71	33	19	124	0	290
Non-Family Caregiver	24	25	3	72	73	0	197
Developmental Home Provider	23	24	9	31	5	1	93
Nursing Home Staff	52	61	3	171	28	0	315
Mental Health/DD Employee	11	14	11	24	2	0	62
Other	150	88	57	72	76	0	443
Licensed Residential Home Staff	15	18	2	60	21	2	118
Payee/POA	0	0	0	1	1	0	2
Medicaid Waiver/ASP Caregiver	0	0	0	0	0	0	0
Business	0	0	0	0	0	0	0
Unknown	74	42	20	199	83	14	432
Landlord	1	15	0	4	6	0	26
Legal Guardian	4	3	0	14	9	0	30
HHA Staff	3	4	3	35	17	1	63
Hospital Staff	31	22	4	50	6	0	113
Self	0	0	1	4	1	243	249
AAA Staff	0	0	0	1	0	0	1
<b>Total</b>	<b>633</b>	<b>656</b>	<b>176</b>	<b>1077</b>	<b>769</b>	<b>263</b>	<b>3574</b>

<b>Alleged Victim's Age Group</b>							
	<b>Physical Abuse</b>	<b>Emotional Abuse</b>	<b>Sexual Abuse</b>	<b>Neglect</b>	<b>Financial Exploitation</b>	<b>Self Neglect</b>	
less than 18	0	0	0	0	0	0	0
18-34	122	90	64	94	63	12	445
35-54	83	79	47	96	82	27	414
55-64	63	72	10	78	77	33	333
65-74	50	79	4	87	86	38	344
75-84	80	76	7	160	147	38	508
85-94	67	76	6	142	102	36	429
95+	10	11	1	23	24	5	74
Missing Age Information	158	173	37	397	188	74	1027
<b>Total</b>	<b>633</b>	<b>656</b>	<b>176</b>	<b>1077</b>	<b>769</b>	<b>263</b>	<b>3574</b>
<b>Alleged Victim's Disability</b>							
	<b>Physical Abuse</b>	<b>Emotional Abuse</b>	<b>Sexual Abuse</b>	<b>Neglect</b>	<b>Financial Exploitation</b>	<b>Self Neglect</b>	
<b>Type of Disability</b>							
MR/DD	82	55	50	90	54	4	335
MI	102	110	43	68	78	31	432
MR/DD/MI	35	29	22	32	19	4	141
Physical	115	155	9	271	228	62	840
Other Disease	52	77	4	141	139	67	480
Dementia	71	77	12	151	95	35	441
Unknown	158	127	35	304	125	57	806
None	18	26	1	18	29	3	95
Missing Disability Information	0	0	0	2	2	0	4
<b>Total</b>	<b>633</b>	<b>656</b>	<b>176</b>	<b>1077</b>	<b>769</b>	<b>263</b>	<b>3574</b>
<b>Alleged Victim's Living Arrangement</b>							
	<b>Physical Abuse</b>	<b>Emotional Abuse</b>	<b>Sexual Abuse</b>	<b>Neglect</b>	<b>Financial Exploitation</b>	<b>Self Neglect</b>	
<b>Type of Living Arrangement</b>							
Own Home	243	336	61	414	487	205	1746
Boarding Home	4	7	3	14	9	0	37
Residential Care Home	43	44	6	100	48	5	246
Nursing Home	130	85	20	257	84	4	580
Hospital	8	9	2	4	3	0	26
Relative's Home	72	72	22	101	67	5	339
Homeless	6	12	3	7	11	25	64
TCR	0	0	2	1	0	0	3
Psychiatric Facility	51	23	9	39	6	2	130
Developmental Home	39	31	28	57	7	3	165
Other	37	37	20	83	47	14	238
Missing Living Arrangement Information	0	0	0	0	0	0	0
<b>Total</b>	<b>633</b>	<b>656</b>	<b>176</b>	<b>1077</b>	<b>769</b>	<b>263</b>	<b>3574</b>

APS Investigations by Type of Abuse							
Alleged Victim's Relationship to Reporter							
	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect	Financial Exploitation	Self Neglect	
Types of Reporters							
Non Family Community Members	70	74	15	111	97	12	379
Home Health Staff	14	34	0	49	55	5	157
AAA Staff	11	26	0	31	49	2	119
Ombudsman	0	0	0	0	0	0	0
MH Staff	49	44	23	34	43	0	193
Family/Relative	29	33	3	71	73	8	217
Nursing Home Staff	29	24	0	36	36	1	126
Hospital Staff	28	22	8	27	25	4	114
DD Staff	7	4	4	7	7	2	31
Victim Self Report	12	24	4	9	16	0	65
Friend/Neighbor	7	16	1	18	22	0	64
Other Medical Staff	4	6	1	8	8	2	29
Residential Care Home Staff	4	4	1	8	8	0	25
Police	5	11	16	11	7	4	54
Anonymous	12	21	0	32	21	2	88
Social Worker	0	0	0	0	0	0	0
Other	0	0	0	1	0	0	1
School Personnel	7	5	2	0	1	0	15
Bank/Financial Institution	0	1	0	0	6	0	7
Landlord	0	1	0	7	5	0	13
Women's Shelter	0	0	0	0	0	0	0
Parole, Probation	3	2	1	1	7	0	14
<b>Total</b>	<b>291</b>	<b>352</b>	<b>79</b>	<b>461</b>	<b>486</b>	<b>42</b>	<b>1711</b>
Alleged Perpetrator's Relationship to Alleged Victim							
	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect	Financial Exploitation	Self Neglect	
Type of Relationship							
Family Members	128	178	14	222	233	1	776
Neighbor/Friend	24	38	21	15	82	0	180
Non-Family Caregiver	20	21	2	45	46	0	134
Developmental Home Provider	14	19	9	20	2	1	65
Nursing Home Staff	21	23	0	38	15	0	97
Mental Health/DD Employee	5	6	3	17	0	0	31
Other	32	29	20	26	39	0	146
Licensed Residential Home Staff	12	10	2	16	13	2	55
Payee/POA	0	0	0	1	1	0	2
Medicaid Waiver/ASP Caregiver	0	0	0	0	0	0	0
Business	0	0	0	0	0	0	0
Unknown	18	13	6	33	34	0	104
Landlord	0	3	0	2	2	0	7
Legal Guardian	3	3	0	8	8	0	22
HHA Staff	1	1	0	11	8	1	22
Hospital Staff	13	8	2	5	2	0	30
Self	0	0	0	2	1	0	3
AAA Staff	0	0	0	0	0	37	0
<b>Total</b>	<b>291</b>	<b>352</b>	<b>79</b>	<b>461</b>	<b>486</b>	<b>42</b>	<b>1711</b>

<b>Alleged Victim's Age Group</b>							
	<b>Physical Abuse</b>	<b>Emotional Abuse</b>	<b>Sexual Abuse</b>	<b>Neglect</b>	<b>Financial Exploitation</b>	<b>Self Neglect</b>	
less than 18	0	0	0	0	0	0	0
18-34	62	64	41	45	39	0	251
35-54	34	29	18	53	51	7	192
55-64	27	34	3	31	42	10	147
65-74	28	46	1	51	68	6	200
75-84	36	47	1	90	111	9	294
85-94	33	56	0	80	75	3	247
95+	5	5	0	9	17	1	37
Missing Age Information	66	71	15	102	83	6	343
<b>Total</b>	<b>291</b>	<b>352</b>	<b>79</b>	<b>461</b>	<b>486</b>	<b>42</b>	<b>1711</b>
<b>Alleged Victim's Disability</b>							
	<b>Physical Abuse</b>	<b>Emotional Abuse</b>	<b>Sexual Abuse</b>	<b>Neglect</b>	<b>Financial Exploitation</b>	<b>Self Neglect</b>	
<b>Type of Disability</b>							
MR/DD	51	35	30	53	33	0	202
MI	41	54	27	29	45	7	203
MR/DD/MI	24	26	12	28	17	4	111
Physical	71	105	3	150	158	8	495
Other Disease	36	53	2	72	95	15	273
Dementia	42	51	1	85	81	5	265
Unknown	12	11	3	21	30	0	77
None	14	17	1	12	25	3	72
Missing Disability Information	0	0	0	11	2	0	13
<b>Total</b>	<b>291</b>	<b>352</b>	<b>79</b>	<b>461</b>	<b>486</b>	<b>42</b>	<b>1711</b>
<b>Alleged Victim's Living Arrangement</b>							
	<b>Physical Abuse</b>	<b>Emotional Abuse</b>	<b>Sexual Abuse</b>	<b>Neglect</b>	<b>Financial Exploitation</b>	<b>Self Neglect</b>	
<b>Type of Living Arrangement</b>							
Own Home	124	178	28	230	304	35	899
Boarding Home	4	7	3	14	9	0	37
Residential Care Home	17	21	0	26	29	2	95
Nursing Home	41	39	1	67	64	0	212
Hospital	1	2	0	0	2	0	5
Relative's Home	46	52	19	56	40	1	214
Homeless	3	9	3	1	0	2	18
TCR	0	0	2	0	10	0	12
Psychiatric Facility	14	9	4	2	0	0	29
Developmental Home	26	24	13	34	3	2	102
Other	15	11	6	22	6	0	60
Missing Living Arrangement In	0	0	0	9	19	0	28
<b>Total</b>	<b>291</b>	<b>352</b>	<b>79</b>	<b>461</b>	<b>486</b>	<b>42</b>	<b>1711</b>

Alleged Victim's Relationship to Reporter						
	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect	Financial Exploitation	Self Neglect
<b>Types of Reporters</b>						
Non Family Community Members	4	2	2	5	5	18
Home Health Staff	1	2	0	1	5	9
AAA Staff	1	1	0	0	3	5
Ombudsman	0	0	0	0	0	0
MH Staff	0	0	0	1	2	3
Family/Relative	1	0	0	0	2	3
Nursing Home Staff	2	4	0	1	7	14
Hospital Staff	2	3	0	1	1	7
DD Staff	2	0	1	0	3	6
Victim Self Report	1	3	1	1	1	7
Friend/Neighbor	0	0	0	0	0	0
Other Medical Staff	1	0	0	0	0	1
Residential Care Home Staff	0	0	0	0	0	0
Police	0	0	0	1	2	3
Anonymous	0	0	0	0	0	0
Social Worker	0	0	0	0	0	0
Other	0	0	0	0	0	0
School Personnel	0	0	0	0	0	0
Bank/Financial Institution	0	0	0	0	1	1
Landlord	0	0	0	0	0	0
Women's Shelter	0	0	0	0	0	0
Parole, Probation	0	0	0	0	0	0
<b>Total</b>	<b>15</b>	<b>15</b>	<b>4</b>	<b>11</b>	<b>32</b>	<b>77</b>
<b>Alleged Perpetrator's Relationship to Alleged Victim</b>						
	Physical Abuse	Emotional Abuse	Sexual Abuse	Neglect	Financial Exploitation	Self Neglect
<b>Type of Relationship</b>						
Family Members	5	4	2	2	9	22
Neighbor/Friend	2	1	2	0	3	8
Non-Family Caregiver	1	3	0	3	12	19
Developmental Home Provider	0	0	0	0	0	0
Nursing Home Staff	4	5	0	1	6	16
Mental Health/DD Employee	1	0	0	3	0	4
Other	1	0	0	0	1	2
Licensed Residential Home Staff	0	0	0	1	0	1
Payee/POA	0	0	0	0	0	0
Medicaid Waiver/ASP Caregiver	0	0	0	0	0	0
Business	0	0	0	0	0	0
Unknown	0	0	0	0	1	1
Landlord	0	0	0	0	0	0
Legal Guardian	0	0	0	1	0	1
HHA Staff	0	0	0	0	0	0
Hospital Staff	1	2	0	0	0	3
Fellow Resident\Patient	0	0	0	0	0	0
Self	0	0	0	0	0	0
AAA Staff	0	0	0	0	0	0
<b>Total</b>	<b>15</b>	<b>15</b>	<b>4</b>	<b>11</b>	<b>32</b>	<b>77</b>

<b>Alleged Victim's Age Group</b>							
	<b>Physical Abuse</b>	<b>Emotional Abuse</b>	<b>Sexual Abuse</b>	<b>Neglect</b>	<b>Financial Exploitation</b>	<b>Self Neglect</b>	
less than 18	0	0	0	0	0		0
18-34	3	3	2	2	5		15
35-54	2	0	2	5	4		13
55-64	1	3	0	1	2		7
65-74	1	2	0	1	2		6
75-84	3	4	0	1	7		15
85-94	2	1	0	1	10		14
95+	0	0	0	0	0		0
Missing Age Information	3	2	0	0	2		7
<b>Total</b>	<b>15</b>	<b>15</b>	<b>4</b>	<b>11</b>	<b>32</b>		<b>77</b>
<b>Alleged Victim's Disability</b>							
	<b>Physical Abuse</b>	<b>Emotional Abuse</b>	<b>Sexual Abuse</b>	<b>Neglect</b>	<b>Financial Exploitation</b>	<b>Self Neglect</b>	
<b>Type of Disability</b>							
MR/DD	3	0	2	4	4		13
MI	1	2	1	0	1		5
MR/DD/MI	1	0	1	1	1		4
Physical	5	7	0	5	9		26
Other Disease	0	0	0	0	9		9
Dementia	5	6	0	0	5		16
Unknown	0	0	0	1	3		4
None	0	0	0	0	0		0
Missing Disability Information	0	0	0	0	0		0
<b>Total</b>	<b>15</b>	<b>15</b>	<b>4</b>	<b>11</b>	<b>32</b>		<b>77</b>
<b>Alleged Victim's Living Arrangement</b>							
	<b>Physical Abuse</b>	<b>Emotional Abuse</b>	<b>Sexual Abuse</b>	<b>Neglect</b>	<b>Financial Exploitation</b>	<b>Self Neglect</b>	
<b>Type of Living Arrangement</b>							
Own Home	7	6	3	3	18		37
Boarding Home	0	0	0	0	2		2
Residential Care Home	1	1	0	1	0		3
Nursing Home	4	5	0	2	8		19
Hospital	0	0	0	0	0		0
Relative's Home	1	0	0	1	2		4
Homeless	0	0	0	0	1		1
TCR	0	0	0	0	0		0
Psychiatric Facility	1	2	0	0	0		3
Developmental Home	0	0	0	2	0		2
Other	1	1	1	2	1		6
Missing Living Arrangement Inform	0	0	0	0	0		0
<b>Total</b>	<b>15</b>	<b>15</b>	<b>4</b>	<b>11</b>	<b>32</b>		<b>77</b>

## Vocational Rehabilitation

802-241-2186 (voice) 802-241-1455 (tty)  
www.vocrehab.vermont.gov

The Division of Vocational Rehabilitation (DVR) is the public rehabilitation agency designated to serve the general population of people with disabilities in Vermont who experience significant barriers to employment. People with blindness or visual impairments are served by DVR's counterpart, the Division for the Blind and Visually Impaired, also within the Department of Disabilities, Aging and Independent Living. Both divisions operate under the provisions of the Federal Rehabilitation Act and are 80% federally-funded through the Rehabilitation Services Administration within the Department of Education.

### **Mission and Philosophy**

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.

For the past two decades, since embracing the principles of consumer choice and self-direction in the Vision 2000 change effort led by DVR's Director, DVR has experienced remarkable growth and success in achieving employment outcomes. At the same time, the Division has made a concerted effort to expand its services to people facing the greatest challenges to employment. DVR has built an array of innovative programs serving the unique needs of youth, people receiving public benefits, offenders, Social Security Administration (SSA) beneficiaries, veterans, and people with severe mental illness, developmental disabilities, behavioral disabilities, and traumatic brain injuries.

In 2007, the Division made a crucial paradigm shift towards viewing the employer as a vitally important customer of DVR services, realizing that DVR's ability to help jobseekers succeed in finding and keeping jobs hinges on how well DVR meets the needs of the employers. This paradigm shift set the stage for Creative Workforce Solutions (CWS), an Agency of Human Services (AHS) Challenges for Change initiative created in 2010 to transform the way all AHS programs interface with employers. The purpose of CWS is to coordinate and streamline AHS outreach to employers so that employers working with AHS and its' customers seeking to enter or return to the workforce will experience improved services and better outcomes.

The Division views its commitment to individual choice, its innovative programs, and recognition of its dual customers, as key to its high rankings among publicly-funded vocational rehabilitation programs nationally.

### **Organizational Structure and Staffing**

The Division delivers direct employment services to Vermonters and employers through 12 district field offices staffed by Masters-level vocational rehabilitation (DVR) counselors supported by a team of business account managers, employment consultants, benefits counselors, and case aides. Their work is overseen by six regional managers, each responsible for two district field offices, and a senior management team at Central Office in Waterbury. The Division also houses the Vermont Assistive Technology Program and Invest EAP Employee Assistance Program. These are described in more detail with other program descriptions below.

### **Partnerships**

DVR partners closely with the Vermont Association of Business, Industry, and Rehabilitation (VABIR), a statewide private non-profit, and Vermont's Projects With Industry, a grantee, dedicated to working with private industry to expand job opportunities for people with disabilities. VABIR staff are co-located in all twelve DVR district offices. While the DVR Counselor may handle all aspects of a case, they will frequently refer a person to the VABIR Employment Consultant for hands-on help with job search, interviewing skills, resume development and connecting to available jobs in the community.

DVR also has longstanding partnerships with all of the designated and specialized services agencies that provide community mental health and developmental services throughout Vermont. DVR manages roughly 40 grants to these agencies to provide supported employment services to people with significant disabilities who benefit from ongoing, on-the-job supports to stabilize in their employment.

Nearly all of DVR's programs for targeted populations entail extensive collaboration with other state and federal agencies, schools, and non-profit organizations. These include the Department of Children and Families (Economic Services Division and Family Services Division), Department of Corrections, Department of Labor, Department of Education, Vermont Center for Independent Living, Vermont Family Network, Vermont Adult Learning, Vermont Refugee Resettlement Project, Vermont Associates, and many more.

### **Services to Jobseekers**

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

### **Services to Employers**

Vermont businesses benefit from the work DVR does with jobseekers to assess interests and skills, provide vocational training, and pre-screen and recommend qualified candidates. A unique service DVR can offer employers is subsidized work trials that minimize the risk to an employer in trying out a worker with a disability. These "alternative placements" provide a risk-free opportunity for employers and job seekers to work together toward a successful job match. Alternative placements include several progressive employment options, such as job shadows, work experiences, on-the-job training, and temp-to-hire arrangements.

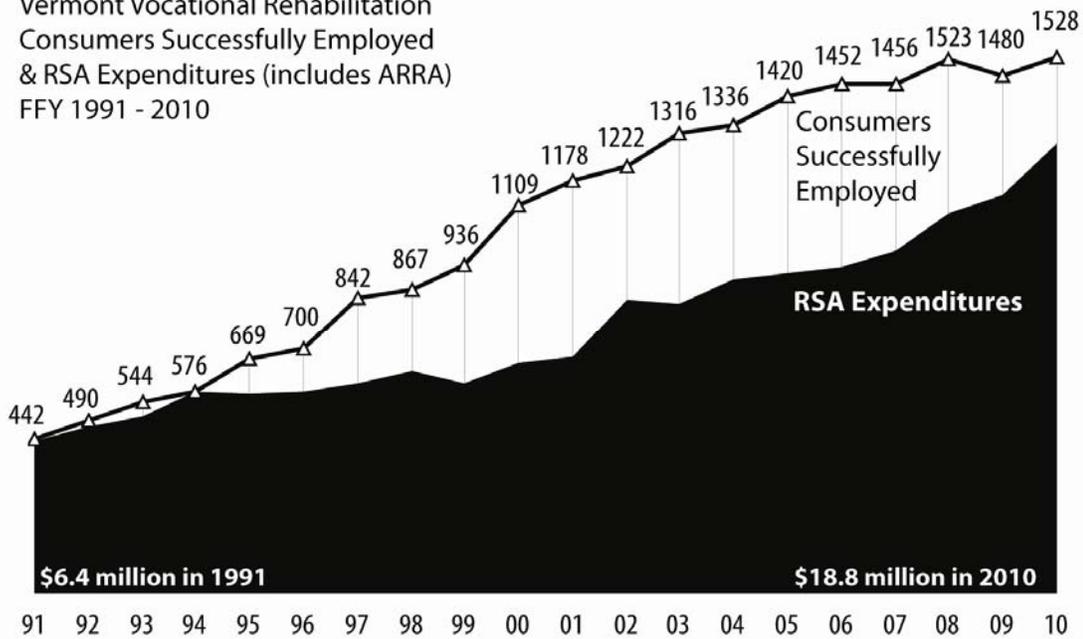
In addition, DVR is an important resource to employers for identifying valuable tax benefits, consulting on the Americans with Disabilities Act and workplace accessibility, and providing assistive technology and employee assistance program services to help the employer retain workers with disabilities.

## **Fiscal Year 2010 Performance and Program Highlights**

### **Overall Performance**

Despite a slow recovery from the economic recession that caused a dip in successful employment outcomes in 2009, DVR achieved its highest count this year.

Vermont Vocational Rehabilitation  
 Consumers Successfully Employed  
 & RSA Expenditures (includes ARRA)  
 FFY 1991 - 2010



*Vermonters Served:* (FFY '10) 9,848 cases were open during this year, involving 9,567 Vermonters with disabilities.

*Highlights:*

- DVR had successful employment outcomes with 1,528 of the 2,563 people who closed their cases with DVR in FFY 2010 after having developed a plan for employment, yielding a rehabilitation rate of 60%.
- DVR was successful in obtaining an enhanced In-Service Training Grant award from the Rehabilitation Services Administration. This grant is used to ensure that all DVR counselors achieve a Masters degree and a certification as a rehabilitation counselor. The enhanced funding will be used to retain a contractor for training counselors on using Labor Market Information resources.

Occupations and Average Hourly Earnings  
 Earned by VR Consumers Successfully Employed  
 FFY 2010

Occupations	Percent	Average Hourly Earnings
Service	32.8%	\$9.69
Professional and Technical	16.1%	\$14.18
<i>Science and Engineering</i>		\$18.43
<i>Law and Healthcare Practitioners</i>		\$18.69
<i>Arts, Education, Human Services &amp; Healthcare Support</i>		\$12.52
Office Support	12.2%	\$9.92
Sales	9.0%	\$9.79
Production	8.0%	\$10.80
Transportation and Material Moving	6.2%	\$11.01
Management, Business and Finance	5.2%	\$14.80
Construction and Extraction	4.6%	\$13.04
Installation, Maintenance and Repair	3.4%	\$11.50
Farming, Fishing and Forestry	1.6%	\$8.99

**ARRA Stimulus Funding.** DVR directed its \$1.6 million in stimulus funds towards spending that would directly benefit workers, employers, and local communities, rather than spending it on staff or infrastructure needs. Funds were used to support workers and employers participating in limited-term alternative placements and short-term training programs leading to competitive employment, and to pay for items needed to help workers settling into new jobs (i.e., tools, work clothing, transportation).

*Vermonters Served:* Over 1,200 DVR job seekers have benefitted from ARRA funds to date—547 received alternative placements supports, 252 participated in short-term training, 512 received workplace supports, and 52 received Car Coach services to help purchase reliable transportation.

*Highlights:*

- A survey done in conjunction with an independent evaluation of DVR’s alternative placements program found that employers sponsoring these placements were highly satisfied with the program (88% favorable rating).
- Seventy percent of the employers surveyed stated that they were more likely to actively recruit workers with disabilities after their experience with alternative placements.
- Out of 185 cases closed after having participating in an ARRA alternative placement, 74% closed in successful employment.

Distribution of  
VR Purchased Case Services (includes ARRA)  
FFY 2010

Service Category	Expenditures	%
Vocational assessment (purchased only)	\$547,835	8%
Physical and mental restoration	\$207,132	3%
Post-secondary education	\$317,561	5%
Other training and education	\$2,081,001	30%
Job placement (purchased only)	\$814,910	12%
Assistance with living expenses	\$230,376	3%
Transportation	\$740,996	11%
Specialized services	\$24,862	0%
All other services	\$2,023,726	29%

This category includes Supported Employment training and job support; job search assistance; work incentive allowances or stipends; tools, equipment and occupational licenses; etc.

- Eighty percent of people closed successfully after participating in an alternative placement entered DVR services with no earnings; more than two-thirds were hired permanently by the employer who sponsored the alternative placement; and more than two-thirds were working at least 20 hours a week at closure.

**Creative Workforce Solutions (CWS).** DVR is taking a leadership role in this Agency of Human Services (AHS) Challenges for Change initiative, which builds upon recent DVR initiatives to improve collaboration and coordination at the local level in how employment programs connect with employers. Many of DVR’s longstanding partnerships have been folded into the CWS initiative —DVR-ReachUp and Supported Employment programs, and our pilot programs serving offenders — but CWS has expanded the partnerships to include AHS programs serving people without disabilities.

*Vermonters Served:* CWS will benefit all people participating in AHS programs and services who are engaged in job search by coordinating employer outreach and sharing job leads among all the AHS employment programs serving these people. CWS participants include individuals served by DVR and Division for the Blind and Visually Impaired (VBVI); ReachUp and General Assistance recipients; people under Corrections supervision; youth transitioning out of Family

Services custody; refugees; participants in Mental Health and Developmental Services Supported Employment Programs and the JOBS Program; and older Vermonters in the Senior Community Services Employment Program.

*Highlights:*

- A Memo of Understanding (MOU) has been signed by the AHS Department Commissioners and the AHS Secretary to define the conditions under which AHS entities will participate and coordinate the work of CWS. A CWS Governance Committee has been formally established between the four departments and seven divisions participating in CWS.
- Two "Employment Institutes" have been held. These events bring together all the "boots on the ground" members of the local CWS employment teams for an all-day training and team building experience. In July, the kick-off event was held at the Statehouse, with over 200 attendees. In November, a second event was held in two locations connected by video link to join nearly 400 attendees including both employment staff and case managers.
- A web-based database has been secured (SalesForce) for all CWS partner employment staff to use to track their outreach activities with employers and job leads. The database was jump-started with a purchased list of over 28,000 employers in Vermont and communities in neighboring states.

**Ticket to Work.** The Social Security Administration (SSA) provides incentives to programs that help move beneficiaries off of Social Security Disability benefits by helping them become employed at a level where benefit payments are reduced or ceased. DVR is one of the most active participants in this "Ticket to Work" program in the nation. Since many SSA beneficiaries are involved in both DVR and supported employment, DVR splits any Ticket revenue received on these people 50/50 with our supported employment grantees, thus funneling more non-State dollars into these programs to benefit Vermonters with disabilities.

*Vermonters Served:* (FFY '10) More than 200 people worked at a level where DVR received Ticket to Work payments from SSA during this year, a 70% increase over the prior year.

*Highlights:*

- Ticket to Work revenues for our supported employment partners has grown steadily each year (from \$21,000 in CY '07 to \$51,000 in CY '08, to \$92,000 in CY'09 and a projected \$143,000 in CY'10) thanks

to DVR's energetic pursuit of Ticket revenue and generous partnership agreements with the designated agencies.

**Supported Employment and the JOBS Program.** Supported employment gives Vermonters with significant disabilities the opportunity to be employed in their own communities at real jobs with competitive wages. A job coach or a natural support person (supervisor or co-workers) supports the worker in learning or performing job duties, and facilitating other supports that improve chances for success, like transportation, assistive technology, specialized training, or tailored supervision. DVR awards about 40 grants each year to community-based mental health and developmental disability agencies for supported employment services.

*Vermonters Served:* (FFY '10) 1,072 people received supported employment services this year: 369 with mental illness, 322 with developmental disabilities, 26 with traumatic brain injury, and 358 youth with emotional behavioral disabilities through the JOBS program.

*Highlights:*

- DVR continues to work with other key decision-makers in Leadership Committees for both Developmental Services (DS) and Mental Health (MH) Supported Employment Programs. These Committees are developing strategies to improve employment outcomes for these programs including increased use of fidelity reviews and changes in contracting.
- One result of their work over the past year has been to convert the MH supported employment contracts into performance-based contracts that provide incentives for high performance through both additional grant awards and an increased share in Ticket revenues as programs demonstrate increased employment rates.
- All JOBS programs have likewise gone to performance-based contracts, supported by an outcomes evaluation system that is monitoring progress along several dimensions: employment, education, access to health insurance, physical and mental health services, housing, independent living skills, having a caring relationship and staying out of the criminal justice system.

**Youth in Transition.** Since initiating its School-to-Work project in 2001, DVR has steadily increased the availability of dedicated DVR transition counselors, bringing improvements in the quality of DVR services to youth with disabilities; enhanced outreach and integration with schools, and increased attention to the progressive work experiences and post-secondary educational opportunities youth need to succeed in the transition to adulthood.

*Vermonters Served:* (FFY '10) 2,215 youth cases were handled by specialty Transition Counselors, who now serve all 60 Vermont high schools and typically focus on youth still in school and under age 21, and another 1,128 cases for youth under age 25 were managed by other DVR counselors.

*Highlights:*

- Youth between the ages of 14 and 24 have increased from 22% of our consumers served in FFY '00 to 34% in FFY '10.
- The concept of the Youth Employment Specialist (YES) continues to be tested with new populations and in new contexts. During FFY 2010, a YES serving youth with Autism Spectrum Disorders provided intensive supports along a path leading from early career exploration, pre-employment training, post-secondary education and training, work experiences, through to competitive job placements and follow-up support.
- The YES concept will also be central to the new Creative Workforce Solutions partnership with Family Services in 2011 for youth transitioning out of state custody.
- The Health Careers for Youth program created in 2009 was expanded to new sites and new partners in FFY 2010. The program provides economically disadvantaged young adults with a variety of emotional, behavioral and learning disabilities an opportunity to do paid work in a variety of hospital departments, from Orthopedics to Dietary to Human Resources. Participants learned about health careers and hospital culture, in addition to many “soft skills”, time and stress management, types of communication, interviewing skills, etc.—all things that employers say are essential for being a good employee.

**Social Security Disability Program.** DVR has been a leader in promoting employment among Social Security beneficiaries who have the most serious disabilities and face the greatest disincentives to working. Since establishing its Benefits Counseling program in 1999, DVR has served nearly 7,300 individuals, helping them increase their income and gradually reduce their dependence on public benefits. Vermont is frequently the site of Social Security demonstration projects, and will be again this year with the national Benefits Offset National Demonstration (BOND) starting up soon. The BOND is a successor to the four-state Social Security Disability Benefits (SSDI) Benefit Offset Pilot, a random assignment study which in Vermont produced statistically significant results.

*Vermonters Served:* (FFY '10) 1,611 people received benefits counseling services this year, including 599 new enrollees. More than 100 other

individuals received brief information and referral services, without having a case opened.

*Highlights:*

- DVR prepared a research paper in collaboration with the Social Security Administration on the results of Vermont's SSDI Benefits Offset Pilot Demonstration, which has been accepted for publication in the peer-reviewed *Journal of Rehabilitation*.

**DVR Reach Up Program.** Since 2001, DVR has worked with the Department for Children and Families (DCF) to help Vermonters with disabilities receiving financial assistance under the Temporary Assistance to Needy Families (TANF) program (called Reach-Up in Vermont). People participating in Reach-Up and identified as having a disability that is a barrier to employment are referred by DCF to DVR for services, where they are assigned to a specialized DVR 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 intensive vocational services and case management.

*Vermonters Served:* (FFY '10) 747 people participating in Reach-Up were served by specialty DVR Reach-Up counselors, and an additional 475 people participating in Reach-Up were served by general DVR counselors.

*Highlights:*

- As part of the Creative Workforce Solutions initiative, DVR has taken on the administration of grants with Vermont Department of Labor (DOL) and Vermont Adult Learning to provide employment and other supportive services to people participating in ReachUp. Considerable attention has been paid to coordinating the referral process and aligning case flows among the partners involved in the ReachUp program.
- The relationship between DCF and DVR was again expanded this year with a new partnership to address the needs of people receiving ongoing support through General Assistance (GA). The new program draws on DVR's disability and vocational assessment skills, job development and placement services, and SSA application services. Long-term participants in GA will be assessed and triaged into either DVR for employment services, or to DVR's Social Security Income (SSI) Application Assistance program to divert them into a more appropriate and stable income support program.

## **Vermont Assistive Technology Program**

802-241-2620 (voice) 802-241-1464 (tty)

<http://www.atp.vermont.gov>

The Vermont Assistive Technology Program's (VATP) mission is to increase awareness and knowledge, and to change policies and practices to ensure assistive technology is available through all services to Vermonters with disabilities.

Assistive Technology, or AT, includes an array of tools to support individuals in achieving and maintaining greater independence at home, school, work, and in the community. Both low and high tech devices, such as adapted utensils, switch activated appliances, screen enlargers, and even applications for communicating through an Apple iTouch are just a sampling of the array of technologies available. While the VATP mission is very broad and inclusive, our organizational relationship with the Division of Vocational Rehabilitation fosters an especially powerful synergy among the professionals charged with helping Vermonters who have a disability obtain and maintain employment.

The Vermont Assistive Technology Program (VATP) offers a range of services, benefitting nearly 6,809 Vermonters, family members, educators and others from October 2009-September 2010. These include:

- **AT information and assistance**, including guidance and information about devices, services, vendors, funding and referrals to other programs and agencies.
- **Hands-on demonstrations** of AT for living independently; this includes: accessing computers and other information technology, hearing, seeing, communicating, learning, playing and recreating, responding to emergencies, and controlling one's environment.
- **Short term loan of AT equipment** for Vermonters to try out at work, home, school, and in the community
- **Public awareness activities** to help inform Vermonters about AT and its applications.
- **Technical assistance** in selecting and implementing appropriate AT equipment, practices programs and policies for agencies, businesses, schools and other organizations.

- **Training** on specific AT devices and software for educational, rehabilitation, and other professionals.
- **Specialized workshops**, seminars, group trainings, and technical presentations.
- **Advocacy** and information related to individuals' and families' rights to AT services.
- **AT Reuse Project** to help maximize the availability and affordability of AT for Vermonters and extend the useful life of AT devices.

### **VATP updates and projects for Fiscal Year 2010 (FY 2010):**

**Center on Disability and Community Inclusion Try-Out Center:** During the summer of 2010, the VATP formed a new partnership with the Center for Disability and Community Inclusion (CDCI) at the University of Vermont. CDCI now houses one of our three Assistive Technology Try-out Center locations, where Vermonters can meet with an AT Practitioner regarding training, demonstration, and loaning of devices. The other Try-out Centers are located in Waterbury, and Rutland.

**The Assistive Technology Reuse Project** occurs through a partnership with the Vermont Family Network (VFN) and was funded with support from DVR's Vermont Works Medicaid Infrastructure Grant during FY 2010. There are three major components to the project:

- The **GetATstuff** website ([www.getATstuff.com](http://www.getATstuff.com)) is part of a regional web-based exchange program bringing together owners of AT equipment that is no longer needed with people seeking new or used AT devices for themselves or others. From October 2009 to September 2010 consumers saved over \$422,000 by purchasing new or used equipment through GetATstuff. The website also experienced a significant increase in the use of the service from the previous fiscal year.
- **Vermont AT School Swap** ([www.Vermont.ATschoolswap.com](http://www.Vermont.ATschoolswap.com)) is a similar web-based system for school districts. Currently, 29 of the 60 Supervisory Unions/Districts are participating in the AT School Swap. The goal is to help public schools buy, sell, and share AT equipment purchased

for Vermont students that is no longer being used, providing the potential for significant savings to schools.

- The **Medicaid Equipment Reuse Project** continues to work toward reuse and recycling of communication devices and specific durable medical equipment, such as wheelchairs, hospital beds, standers and lifts. Equipment is labeled by vendors and beneficiaries of the equipment have agreed to return it to Medicaid when no longer needed. Several devices have been retrieved and are being transferred to others in need. This ongoing effort provides savings to consumers, provides people with the independence to stay in their homes, supports caregivers, and prevents reusable equipment from entering our landfills.

**The Autism Puzzle Foundation**, administered by VATP, is a Vermont private nonprofit that provides funding for AT equipment and services for children age 18 years and younger. VATP establishes eligibility for funding, works with families to determine their specific needs, and processes all orders. Although the grant was reduced this fiscal year from \$500 to \$300 per family, \$12,000 in equipment and services were provided to 40 families across Vermont who could not otherwise afford or access them.