AGENCY OF HUMAN SERVICES

DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING

2019 Annual Report

January 2020

A Message from the Commissioner

Welcome to the Department of Disabilities, Aging and Independent Living's Annual Report for 2019. This last year has been one of change and opportunity- sometimes those two things present as one and the same! Our mission and vision for the state of Vermont and for all Vermonters remain the same. We strive to make Vermont the best state in which to grow old or live with a disability – with dignity, respect and independence.

In our day-to-day work, this means that our efforts are aimed at building communities which are inclusive, respect what makes each of us unique, celebrate the contributions of each community member, and recognize that we are stronger together than we are apart. Important to DAIL is our work to eliminate the lines that create a paradigm of "us" and "them". We do that through our work to Reframe Aging, to build a Vermont Community of Practice on Cultural and Linguistic Competence in Developmental Disabilities, to build career pathways for individuals with barriers to work. Our primary mission is to support Vermonters to build the kind of community in which we all want to live, work and age. There is really no "us" and "them" …just Us.

On a practical level, this year has seen a tremendous amount of work on the scaffolding of our policies and practices. We are revamping regulations in multiple programs, focusing on reforming payment in several program areas and developing training and supports for staff as their roles change. We are committed to being transparent and accountable to Vermonters, and equally committed to ensuring that we build systems that are strong and sustainable into the future.
We believe that we have a duty and an obligation to change with the times. We do this in response to Vermonters whose needs and expectations are constantly evolving. We do this in response to changes in federal regulations. We do this in response to the changing face of Vermont's demographics.

With the many opportunities that we pursue, we recognize that change is hard and creates its own challenges. What remains constant is our vision and our values for all Vermonters and our continued gratitude to our many community partners, the Administration, and the legislature. Our partnerships are critical to ensuring that we can recognize the vision we have for Vermont. We are also grateful for the opportunity to

be a part of people's lives and to learn from them what we need to know in order to continue to evolve as part of the fabric of their lives.

Finally, I remain personally grateful to the staff of the Department of Disabilities, Aging and Independent Living. They are extraordinary- committed, passionate, dedicated. Even as some of our most tenured staff retire from a life of public service, new individuals step forward to pick up the work with enthusiasm and skill. I am pleased to report that our team is strong. I am fortunate to work with staff, partners and individuals across the state who build community each and every day. I look forward to what this next decade has to offer us.

Monica Caserta Hutt
DAIL Commissioner

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Department of Disabilities, Aging and Independent Living

DAIL 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.

We promote and support self-determination, respect for all, and full inclusion in the life of the community. Our principles:

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

Department Overview

DAIL is a diverse department with a broad range of roles and activities. In our role as the State Unit on Aging and Disability, we support the Older American's Act services in Vermont. We manage individualized service programs that support choice, health, independence and quality of life including Choices for Care for older people and people with physical disabilities; Developmental Disabilities Services for people with intellectual and developmental disabilities; and services for people with Traumatic Brain Injuries. The Division of Vocational Rehabilitation (DVR) and the Division for the Blind and Visually Impaired (DBVI) help people with disabilities to maintain employment and self-sufficiency. Within the Division of Licensing and Protection, Adult Protective Services seeks to reduce the rate and impact of abuse, neglect and exploitation of vulnerable adults while Survey and Certification safeguards the quality of care in licensed facilities and home health agencies. The Office of Public Guardian provides guardianship services to people who cannot represent themselves, and do not have family or friends to represent their interests. As a team, we represent the interests of older people and people with disabilities in pursuing full, inclusive lives in their chosen communities.
https://dail.vermont.gov/

Staff and Partners

DAIL includes 281 staff across five divisions and in the Commissioner's Office. DAIL programs serve about 70,000 people per year, with a total annual budget of about $490 million. We are informed by the people we serve as well as family members, guardians, advocates, and other stakeholders. Together with hundreds of service providers and partners we serve tens of thousands of Vermonters.

Recent Developments and Accomplishments

Recent developments and accomplishments include:

- DAIL is partnering with the University of Vermont Clinical Simulation Lab to develop a curriculum for training medical professionals in recognizing and responding to abuse, neglect and exploitation of vulnerable adults.
- DAIL is working on payment reform for Developmental Disabilities Services with support from the Department of Vermont Health Access, providers, participants, family members, and other stakeholders. This work is intended to support person-centered services while improving our transparency and accountability, in alignment with the Vermont All Payer Model agreement. https://ddsd.vermont.gov/dds-payment-reform
- DVR and DBVI have completed their transition to a new program management platform, AWARE. AWARE is designed to manage services and measure outcomes and will support new federal performance measures that address individual career paths and career development.
- The Adult Services Division completed a needs assessment for older adults and has received federal approval of the new State Plan on Aging. The new State Plan will guide our work under the federal Older American's Act through FFY2022.
  https://asd.vermont.gov/sites/asd/files/documents/VT%20State%20Plan%20on%20Aging_2018_FINAL%20APPROVED.pdf;
  http://asd.vermont.gov/sites/asd/files/documents/Vermont_State_Plan_on_Aging_2017_Statewide_Needs_Assessment_Report_0.pdf
- DAIL staff in the Survey and Certification unit in the Division of Licensing and Protection completed work in updating Vermont's Home Health Agency regulations.

- Both the Developmental Disabilities Services Division and the Adult Services Division used 'National Core Indicator' surveys in SFY 2019. These surveys look at the experience of the people we serve, providing quality and performance measures that can be used to compare our performance with national data and identify opportunities for improvement. The surveys directly assess whether people are 'better off'. https://vitalresearch.com/vermont/nci/overview.html https://nci-ad.org/states/VT/
- DAIL staff in the Survey and Certification unit in the Division of Licensing and Protection recently started work on changes in licensing regulations for Residential Care Homes and Assisted Living Residences.

Future Directions

DAIL will continue to be engaged in a wide variety of activities, including:

- Continuing to work with partners and stakeholders to plan for the demographic changes in our state. These changes include an aging population, increasing numbers of people with dementia, increasing numbers of working age people with disabilities, and increasing demands for a limited workforce including challenges in ensuring an adequate health and human services workforce.
- Leading an 'Older Vermonters Act Working Group,' working with a variety of partners and stakeholders, to pursue the vision of the Older Vermonter's Act, including a report (due in December 2019) that will address a variety of recommendations required by this Vermont legislation. https://legislature.vermont.gov/assets/Documents/2018/Docs/ACTS/ACT172/ACT172%20As%20Enacted.pdf https://dail.vermont.gov/resources/legislative/older-vermonters-working-group
- Continued work on health reform and alignment with the All Payer Model, as directed by the legislature and existing agreements with the federal government. DAIL has prioritized health reform work in Developmental Disabilities Services as this will incorporate preexisting goals in assessment, case management/service coordination, and provider reporting/accountability.
- Within DVR and DBVI, continuing our 'CAREERS' work related to recent changes in federal rules (WIOA). This supports career paths and career development, with increased focus on transition age youth, as well as performance measures that measure success in pursuing career paths and career development. https://vocrehab.vermont.gov/about-us/directors-message

- Continuing work on an older workers' initiative, which includes training of participants in the Senior Community Service Employment Program (SCSEP) by Associates for Training and Development, as well as recognizing and supporting employment practices that encourage older workers to remain active in the workforce. https://vocrehab.vermont.gov/programs-and-services/mature-workers; https://webcache.googleusercontent.com/search?q=cache:VGBGf5Baw8kJ:https://www.forbes.com/sites/nextavenue/2017/11/27/7-ways-employers-can-support-older-workers-and-job-seekers/+&cd=1&hl=en&ct=clnk&gl=us
- Continuing supported employment efforts in the Developmental Disabilities Services Division (DDSD). Vermont has achieved very high rates of employment among people of working age who are served in DDSD. However, some people who want jobs still do not have one, while other people who have jobs would like to work more hours or earn higher wages.
- While DAIL helps to support older workers and younger workers with disabilities to participate in the workforce, Vermont also faces a shortage of paid caregivers in long term services and supports. Unfortunately, our workforce shortage is significant and continue to get worse. Some DAIL programs provide support to unpaid family caregivers, helping them to maintain their caregiving roles. DAIL programs have tried to address the shortage of workers by supporting consumer directed services, which has helped to expand the pool of workers who are able and willing to provide care. We will be challenged to develop strategies that effectively address the shortage of paid caregivers.
- DAIL will be a lead partner in negotiations for a collective bargaining agreement between the Agency of Human Services and independent direct support workers, who are represented by the American Federation of State, County and Municipal Employees (AFSCME). Nearly 10,000 of these workers are paid by Vermont Medicaid programs each year. The current collective bargaining agreement expires in June 2020.
- Continuing a partnership with the Vermont Department of Health and the University of Vermont to improve diagnosis and supports for people with dementia, including a 'hub and spoke' model for improving the ability of local physicians to diagnose dementia and support the needs of people with dementia.
- Expanding our collaboration with the Vermont Department of Health in addressing health disparities among people with disabilities, and in addressing public health opportunities for both older people and people

with disabilities. We anticipate new information in CY2020 about health disparities among youth with disabilities from the Department of Health's most recent Youth Behavior Risk Survey.

- Continuing work with the Department of Vermont Health Access and other stakeholders to implement an Electronic Visit Verification system, as mandated by the federal CURES act.
  https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html
- Strengthening our partnership with the University of Vermont Center on Disability and Community Inclusion including post-secondary educational opportunities, supported employment, assistive technology, support for students with intensive special education needs, services for children and youth with combined vision and hearing loss, and a Continence Project.
  https://www.uvm.edu/cess/cdci
- Contributing to the Vermont Agency of Transportation's Public Transit Policy Plan (PTPP) that will quantify Vermont's transit needs and make recommendations to strengthen the statewide transit system, including transportation services for older Vermonters and people with disabilities.
  https://vtrans.vermont.gov/planning/PTPP; https://vtrans.vermont.gov/public-transit/rides-to-wellness
- Continuing our work to comply with federal HCBS (Home and Community Based Services) rules that apply to Choices for Care, Developmental Disabilities Services, and the Traumatic Brain Injury Programs administered by DAIL. DAIL has engaged stakeholders developing plans for compliance with 'conflict-free' case management rule, which could lead to substantial changes in how case management services are delivered. DAIL has prioritized the work in Developmental Disabilities Services due to the relevance to health reform activities. After two phases of stakeholder engagement, DAIL has begun conversations with the federal government about proposed approaches that are based on this stakeholder input to determine if the proposed approaches will be acceptable.
  https://asd.vermont.gov/special-projects/federal-hcbs; https://ddsd.vermont.gov/hcbs-transition-plan
- Continuing work with our own staff, partners, and stakeholders to improve 'accountability' through performance management and process improvement, including increased focus on performance measures in our grants and contracts.
  https://dec.vermont.gov/administration-innovation/lean/calendar
  https://aoa.vermont.gov/sites/aoa/files/Strategic/PIVOT_2018_Update_TAP_Report_MemoFinal_7.26.18.pdf

- As part of the new State Plan on Aging, ensuring that family caregivers are well supported through access to assessment, education, training and respite. Caregiver supports include the National Family Caregiver Support Program services and dementia respite program through Area Agencies on Aging; Flexible Family Funding and Family Managed Respite through Designated Agencies; and in Choices for Care, direct employment of family caregivers, flexible funding, and adult day services.
  https://dail.vermont.gov/services/caregiver-programs

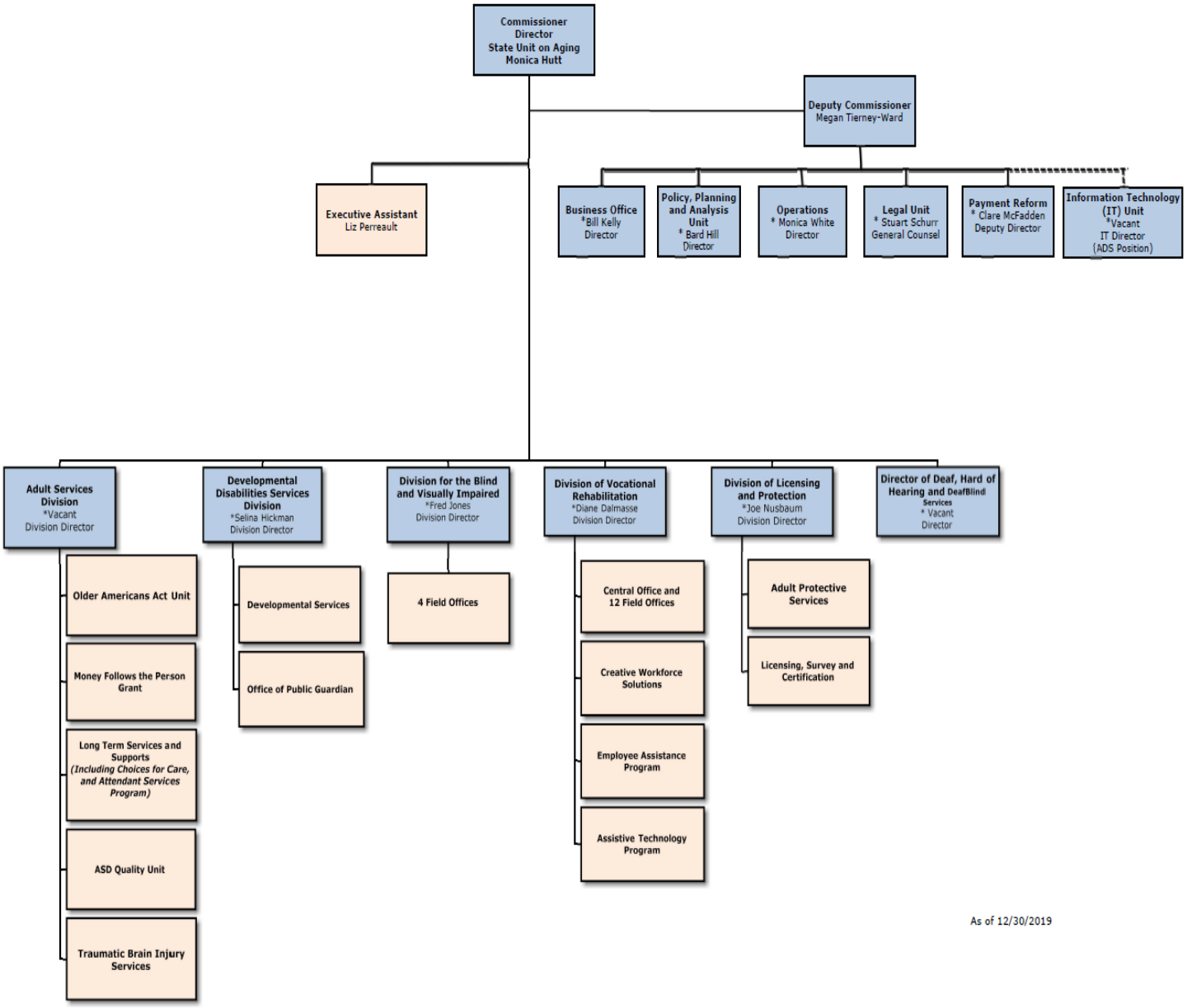
Results

DAIL continues work to improve our use of performance measures and performance accountability. This is intended to support accountability for the results of our programs and services, including an increasing focus on measures of how people we serve are 'better off', and how we can improve our performance in these measures. The DAIL Scorecard includes highlighted programs and performance measures:
https://app.resultsscorecard.com/Scorecard/Embed/27950
DAIL Budget Testimony documents also include an increasing focus on program performance:
https://dail.vermont.gov/resources/budget/budget-testimony

DAIL contributes to the Agency of Human Services Scorecard. This Scorecard includes population-level 'indicators' of well-being for Vermonters, based on desired outcomes established by the Vermont legislature. The Agency of Human Services collects and reports this population-level data to the Chief Performance Officer in the Vermont Agency of Administration, where it is included in an annual statewide Population-Level Outcomes and Indicators Report and Scorecard.
https://spotlight.vermont.gov/sites/spotlight/files/Performance/Outcomes_Indicators_2017Report_FINAL.pdf
https://embed.resultsscorecard.com/Scorecard/Embed/17845

Department of Disabilities, Aging, and Independent Living (DAIL) Organizational Chart

State Unit on Aging (SUA)



* = Identifies contacts for DAIL Senior Leadership

Facts and Figures

Themes

This section of the DAIL annual report addresses three themes that have a broad impact on the work we do, and the people we serve:

- Vermont Demographics.
- Employment.
- Health and Health Disparities.

Vermont Demographics

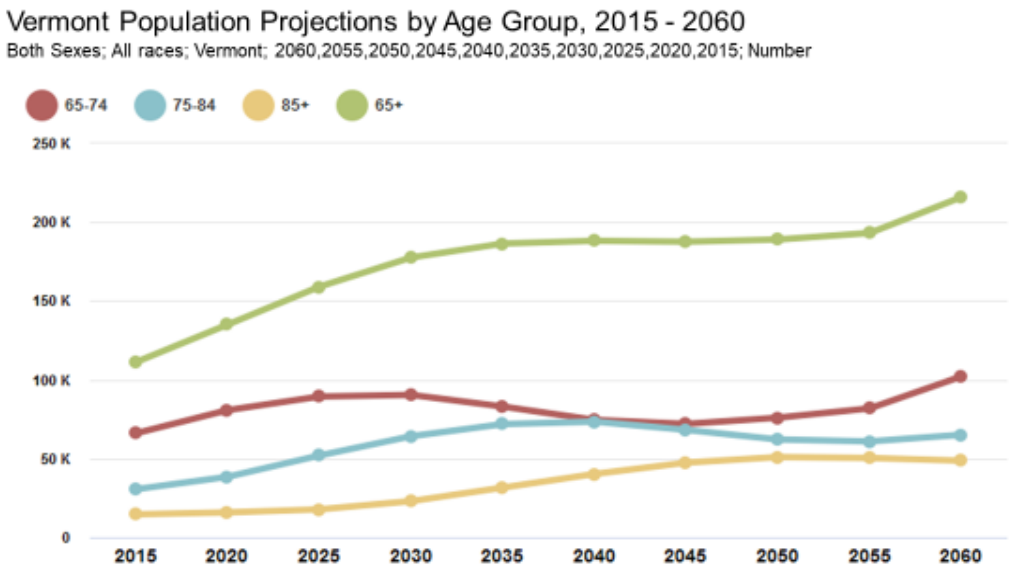
In 2018, Vermont tied with New Hampshire with the second highest median age (43.1) in the United States. Only Maine had a higher median age (45.1).
https://www.statista.com/statistics/208048/median-age-of-population-in-the-usa-by-state/

Vermont is aging more rapidly than the nation as a whole. Vermonters over age 65 are projected to increase from about 18% of the state's population in 2017 to about 28% of the state's population by 2030. In 2015, nearly 15,000 Vermonters were over the age of 85; this is projected to increase to over 50,000 by 2050. Because this 'oldest' age group is most likely to need support services, partly due to a high prevalence of dementias, Vermont can expect to experience increased demand for long term services and supports, including increased demand for a direct care workforce.

The average Vermont woman currently has about 1.58 babies in her lifetime, the second lowest rate in the United States. In recent years our low birth rate, combined with emigration of Vermonters to other states, has led to a stable population that is aging. While this may be a positive trend for the effect of the human population on the planet, including climate change, it presents numerous challenges to our state and our state's economy.
http://www.leg.state.vt.us/jfo/issue_briefs_and_memos/Projecting_Vermont_s_Population_.pdf
http://www.healthvermont.gov/health-statistics-vital-records/vital-records-population-data/vermont-population-estimates
https://dail.vermont.gov/sites/dail/files/documents/vt-population-projections-2010-2030.pdf
https://dail.vermont.gov/sites/dail/files//documents/VT_Demographic_Projections.pdf
https://healthcareinnovation.vermont.gov/sites/vhcip/files/documents/Vermont%20Health%20Care%20Demand%20Modeling%20Final%20Report%206-16-17%20FINAL.pdf

The five states with the highest percentage of persons age 65 and over in 2017 were Florida (20.1%), Maine (19.9%), West Virginia (19.4%), Vermont (18.7%), and Montana (18.1%).
https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2018OlderAmericansProfile.pdf

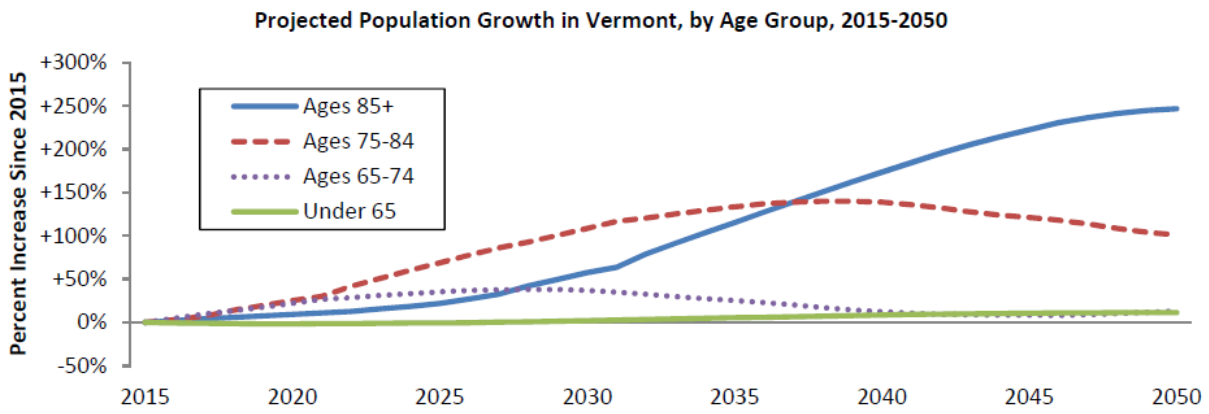
Facts and Figures



Sources: AARP Public Policy Institute calculations based on Regional Economic Models Inc, eREMI 3.7.0 (build 4042) standard regional control.

AARP DataExplorer

https://dataexplorer.aarp.org/indicator/156/population-projections-by-age-sex-and-raceethnicity#/trend?primarygrp=dist1&dist5=23&dist2=2&dist1=44,45,46,13&loc=47&tf=38,37,36,35,34,33,32,31,30,16,11&fmt=496



https://www.aarp.org/content/dam/aarp/ppi/2018/08/vermont-LTSS-profile.pdf

The aging of the Vermont population will result in a low 'caregiver support ratio', the result of two trends – an increase in the number of older people and no significant increase in the number of younger caregivers.

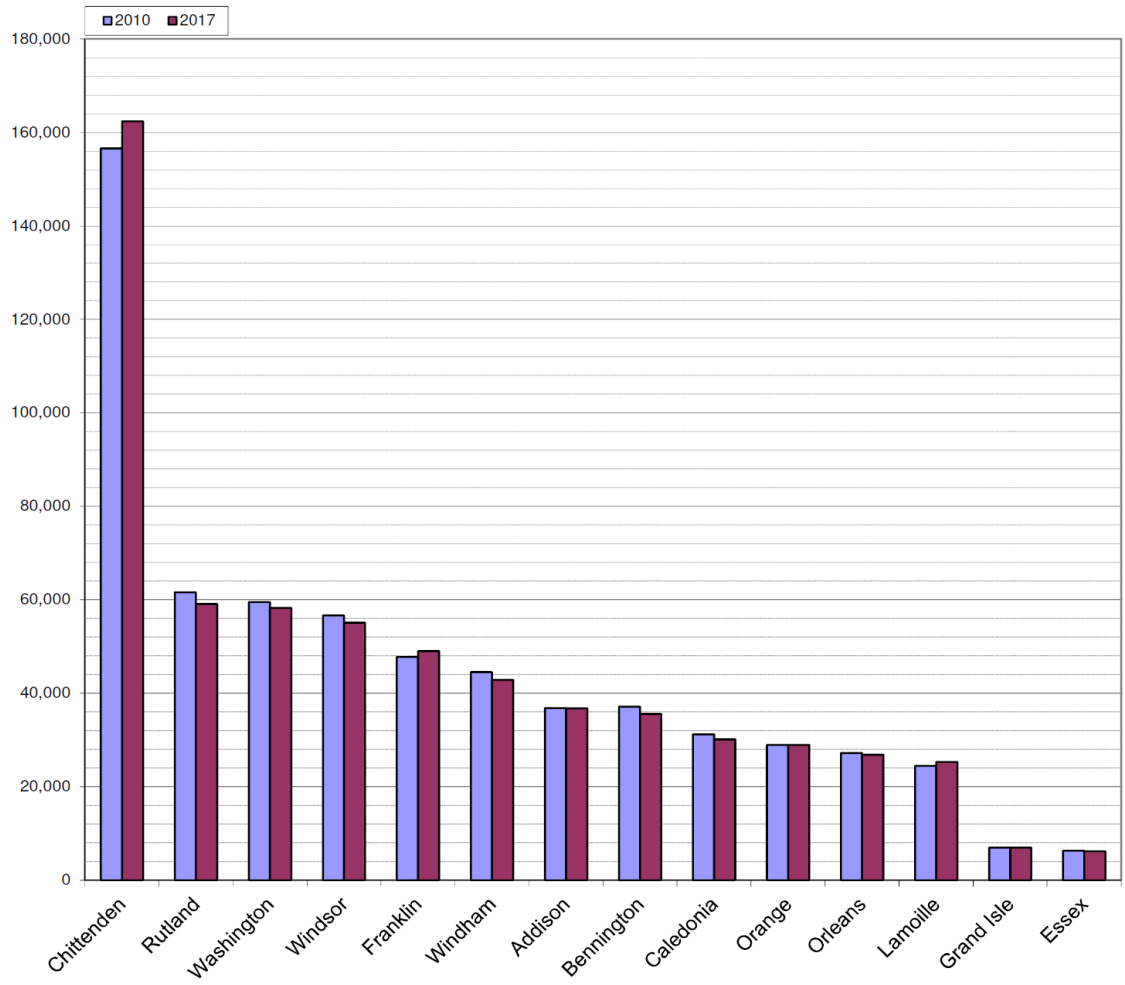
Facts and Figures

Family Caregivers

	State	Per 1,000 People	Rank	U.S.
Number of family caregivers, 2013	74,900	119	34	127
Economic value of family caregiving, 2013 (millions)	$1,010	$1.61	9	$1.49
Economic value per hour, 2013	$14.55		5	$12.51
Ratio of economic value to Medicaid HCBS spending, 2013	4.0		45	6.2
Caregiver Support Ratio (age 45-64 per age 80+), 2015	6.9		24	7.0
Caregiver Support Ratio, 2050 (projected)	2.4		47	2.9

https://www.aarp.org/content/dam/aarp/ppi/2018/08/vermont-LTSS-profile.pdf

Figure 1. Population of Vermont Counties
2010 Census Counts and 2017 Estimates



https://www.healthvermont.gov/sites/default/files/documents/pdf/STAT_Population_of_Vermont_Counties_2017.pdf

Recent US Census data show that between 2010 and 2017 the populations of some Vermont counties increased (Chittenden, Franklin, Grand Isle, Lamoille, Orange) while the populations of the remaining counties decreased (Addison, Bennington, Caledonia, Essex, Orleans, Rutland, Washington, Windham, Windsor).

Facts and Figures

The factors driving the changes in county populations are births, deaths, immigration from other countries, and migration to/from other counties. The different trends in different counties reveal significant regional differences in population trends within the State of Vermont. We can expect regional differences in population trends to produce regional differences in demand for services and in labor markets.

Vermont has high rates of disability among working age adults. An Issue Brief produced by Joyce Manchester of the Vermont Legislative Joint Fiscal Office (JFO) found that in 2013, New Hampshire, Vermont, and Maine were the states with the highest rates of adults under age 35 enrolled in the Social Security Disability Insurance (SSDI) program. Between 2000 and 2013 the share of people on SSDI under age 35 and ages 35 to 44 in northern New England rose almost four times as fast as the national average. The share of the population on SSDI among people ages 45 to 54 rose twice as fast as the national average. "Policymakers need to pay attention to the number of people enrolled in the SSDI program because beneficiaries are no longer fully engaged in the labor force and contributing to the state's economy but instead rely on income support…Recognizing the relatively high rates of young people on the SSDI program may provide more reasons to invest in enhancing job opportunities and work supports as well as strengthening educational opportunities and policies that will alleviate drug abuse and keep people off the program. In addition, policymakers may want to ask whether more can be done to help people already on the SSDI program move beyond that reliance and return to the work force."

In a related Issue Brief, Joyce Manchester found that more than two-thirds (71 percent) of the 25,738 Vermonters on the SSDI program in December 2016 became eligible for the program based on mental health disorders or diseases of the musculoskeletal system and connective tissue. Vermont has a larger share of SSDI beneficiaries who were eligible based on mental health disorders than the country as a whole, and this has increased steadily since 2001. "The share of people with mental health disorders on SSDI, especially younger people, should be considered in discussions of Vermont's workforce because most beneficiaries do not work. …moreover, beneficiaries with mental health diagnoses are likely to stay on the program for many years."

http://www.leg.state.vt.us/Jfo/issue_briefs_and_memos/SSDI_Prevalence_Issue_Brief.pdf
http://www.leg.state.vt.us/jfo/issue_briefs_and_memos/SSDI__Mental_Health_and_Musculoskeletal_Diagnoses.pdf

Facts and Figures

This table showing disability by age group demonstrates that Vermonters aged 65+ have relatively low rates of disability compared to other states, while Vermonters of working age have relatively high rates of disability compared to other states:

Disability Rates, 2016	Number (1,000's)	Percent	Rank	U.S.
People ages 65+ with disabilities				
Self-care difficulty	8	7.2%	34	8.1%
Cognitive difficulty	7	6.3%	49	8.9%
Any disability	35	31.1%	49	35.0%
People ages 18-64 with disabilities				
Self-care difficulty	8	1.9%	22	1.9%
Cognitive difficulty	25	6.3%	3	4.5%
Any disability	49	12.7%	12	10.6%

https://www.aarp.org/content/dam/aarp/ppi/2018/08/vermont-LTSS-profile.pdf

The Yang-Tan Institute on Employment and Disability at the Cornell University School of Industrial and Labor Relations reported that in 2017, an estimated 12.0% of Vermont residents age 21-64 had a disability, compared to 10.6% across the entire US.
http://www.disabilitystatistics.org/StatusReports/2017-PDF/2017-StatusReport_US.pdf

In 2018 the Vermont Department of Health posted "The Health of Vermonters Living with Disabilities". This document provides information about Vermonters with disabilities, including:
1 in 5 Vermont adults have at least one type of disability, and 1 in 10 have two or more disabilities. Vermonters with a disability have significant differences in health compared to Vermonters without a disability:

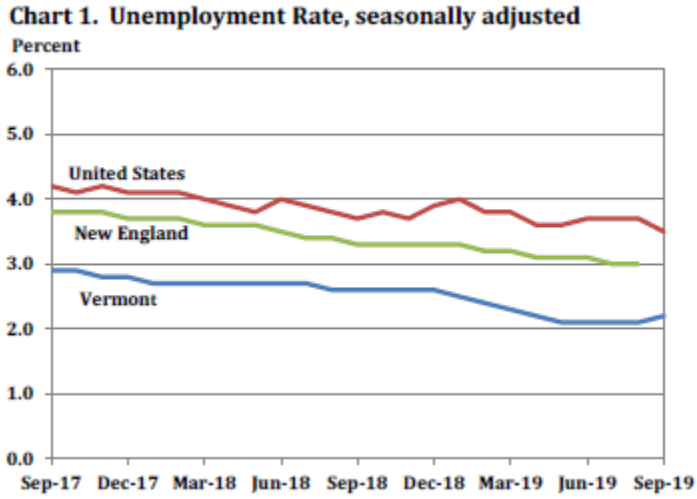
- Health Status: One third of Vermonters with a disability report poor physical health and one third report poor mental health. Adults with a disability are less likely to report seeing the dentist in the last year and are twice as likely to have ever had a tooth pulled compared to adults without a disability. Adults age 65 and older with a disability are twice as likely to report a fall in the last year than those adults with no disability.
- Chronic Conditions: 95% percent of adults with a disability have a chronic condition. 2 out of 3 adults with a disability have two or more chronic conditions. Adults with a disability are three times as likely than adults without a disability to have asthma, COPD, diabetes, cardiovascular disease, kidney disease, cognitive decline and depression. Three-quarters of Vermont adults with a disability are overweight or obese.

- Preventative Behaviors: Adults with a disability are less likely to meet physical activity and strength training recommendations or eat the recommended amount of fruits and vegetables. Adults with a disability are less likely to get recommended cancer screenings than adults with no disability.
- Risk Behaviors: Adults with a disability are three times as likely to smoke cigarettes and twice as likely to use marijuana than adults with no disability. People that have a disability are less likely to use alcohol and binge drink compared to people who don't have a disability. Vermont adults living with a disability are twice as likely to have ever experienced sexual violence and intimate partner violence.

http://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf

Employment

Workforce: In October 2019 the Vermont Department of Labor posted a release that included the following:



According to household data, the seasonally-adjusted statewide Vermont unemployment rate for September 2019 was 2.2 percent. This reflects an increase of one-tenth of one percentage point from the revised August rate. If this preliminary data holds, it would be the first increase to the unemployment rate since April 2009. As of last month's data, Vermont had the lowest seasonally-adjusted statewide unemployment rate in the country. The September unemployment rates for Vermont's 17 labor market areas ranged from 1.8

percent in White River Junction to 3.4 percent in Derby (note: local labor market area unemployment rates are not seasonally-adjusted).
http://www.vtlmi.info/press.pdf

In March 2019, the Vermont Department of Labor projected short-term job openings for occupations in Vermont between 2018 and 2020. The projections suggest that we face an ongoing demographic challenge. While the labor force has decreased, the demand for workers has increased. This challenge is particularly acute in health and human services, because the demand for workers in these jobs is increasing faster than for most other jobs. The projected annual 'openings' (representing both job growth and replacement) include Personal Care Aides (n=1302, average annual growth rate 3.2%) Registered Nurses (n=398, average annual growth rate 1.4%), Nursing Assistants (n=407, average annual growth rate 0.6%), and Social and Human Service Assistants (n=340, average annual growth rate 1.4%).
http://www.vtlmi.info/projst.pdf#page=2

Combined with a limited labor force, increasing demand for direct care workers, limited state and federal funding, low wages, and sometimes challenging working conditions, employers looking for direct care workers can expect increasing difficulty in recruiting and retaining workers across our state and our systems of care. In the 2019 Senior Health Report for Vermont, the United Health Foundation found that in the past two years home health care workers declined 12% from 172.3 to 151.8 workers per 1,000 adults aged 75+.
https://www.americashealthrankings.org/learn/reports/2019-senior-report/state-summaries-vermont

Regional workforces and labor markets are affected by regional economic conditions. In December 2018 the federal Bureau of Economic Analysis (BEA) released 'prototype' or draft statistics for gross domestic product (GDP) by county for 2012-2015. Combined with BEA's county estimates of personal income, GDP by county offers a more complete picture of local area economic conditions. The data shows significant differences across Vermont counties in both GDP size and trends over time:

	Real Gross Domestic Product				
	Thousands of chained (2012) dollars				Rank in State
	2012	2013	2014	2015	2015
Addison	1,406,434	1,249,939	1,228,703	1,250,046	8
Bennington	1,642,039	1,748,141	1,468,782	1,427,346	7
Caledonia	942,251	934,112	912,026	971,766	10
Chittenden	10,852,741	10,414,133	10,553,238	10,849,229	1
Essex	95,735	96,835	95,335	98,276	14
Franklin	1,476,439	1,508,416	1,571,090	1,621,227	6
Grand Isle	141,256	141,400	144,620	149,457	13
Lamoille	991,095	1,080,845	1,052,548	1,150,617	9
Orange	610,354	588,645	577,210	575,335	12
Orleans	798,332	814,264	864,198	903,048	11
Rutland	2,249,932	2,215,828	2,228,816	2,263,854	3
Washington	2,978,566	3,047,160	3,257,403	3,197,991	2
Windham	2,513,650	2,514,948	2,437,702	2,146,336	5
Windsor	2,188,530	2,142,708	2,098,982	2,173,097	4

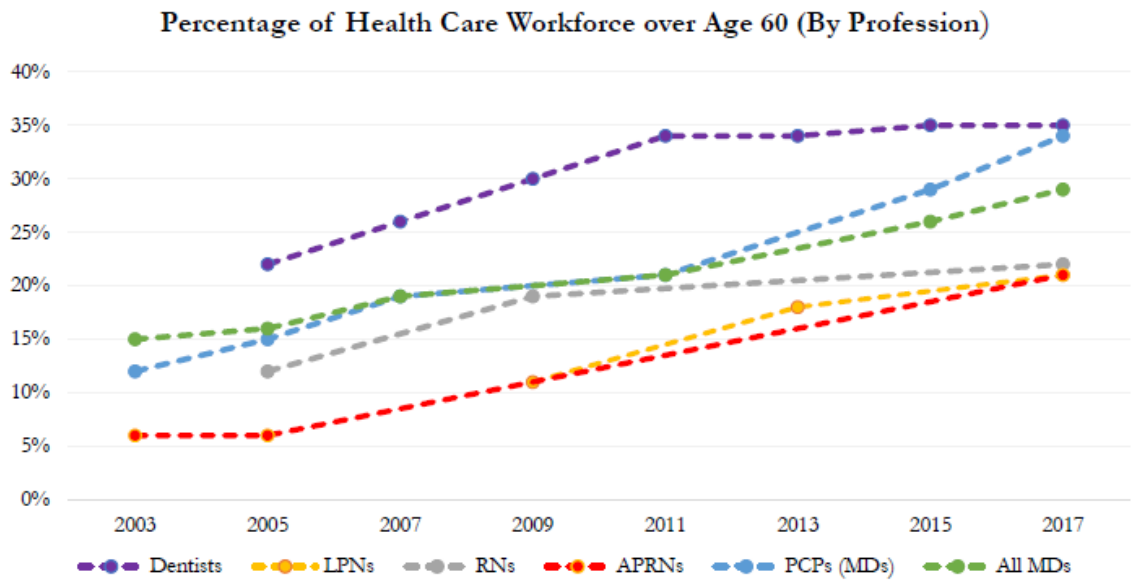
https://www.bea.gov/system/files/2018-12/lagdp1218_0.pdf

Under Act 26 of 2019, the Rural Health Services Task Force was created "to evaluate the current state of rural health care in Vermont and identify ways to sustain the system and to ensure it provides access to affordable, high-quality health care services. The Task Force is supported by the Agency of Human Services and the Green Mountain Care Board. The Rural Health Services Task Force Workforce Subcommittee recently posted a report with workforce data directly relevant to DAIL services:

- In a survey of 45 of over 140 long-term care facilities in Vermont, 571.1 vacant positions were reported. This data translated into vacancy rates of 17.1% for RNs, 29.3% for LPNs, 20.3% for LNAs and 9.7% for PCAs. Facilities also report challenges retaining staff, with an industry-wide 41% annual turnover rate for direct care workers. When broken out by position, these rates are: 31.4% for RNs, 34.5% for LPNs, 45.2% for LNAs, and 52.1% for PCAs.
- In a survey of all 10 home health agencies, 386.5 vacant nursing FTEs were reported. This translated into vacancy rates of 23% for RNs, 23% for LPNs, 27% for LNAs, and 26% for PCAs. Home health agencies also struggle to retain staff with turnover rates of 22% for RNs, 20% for LPNs, 40% for LNAs, and 50% for PCAs.

- A survey of all 16 Designated and Specialized Service Agencies (DA/SSAs) found vacancy rates of 12% for bachelor's level clinicians, 11.3% for master's level non-licensed clinicians, and 18.6% for master's level licensed clinicians. DAs and SSAs also reported turnover rates of 28% for developmental service positions, 26% for mental health positions, and 24% for administrative staff.

The Task Force identified continued challenges in the professional health care workforce as a greater percentage of Vermont's health care workforce nears retirement age. The chart below illustrates the growing percentage of LPNs, RNs, APRNs, and Primary Care Physicians over the age of 60.



https://gmcboard.vermont.gov/sites/gmcb/files/documents/RHSTF_WorkforceReport.pdf

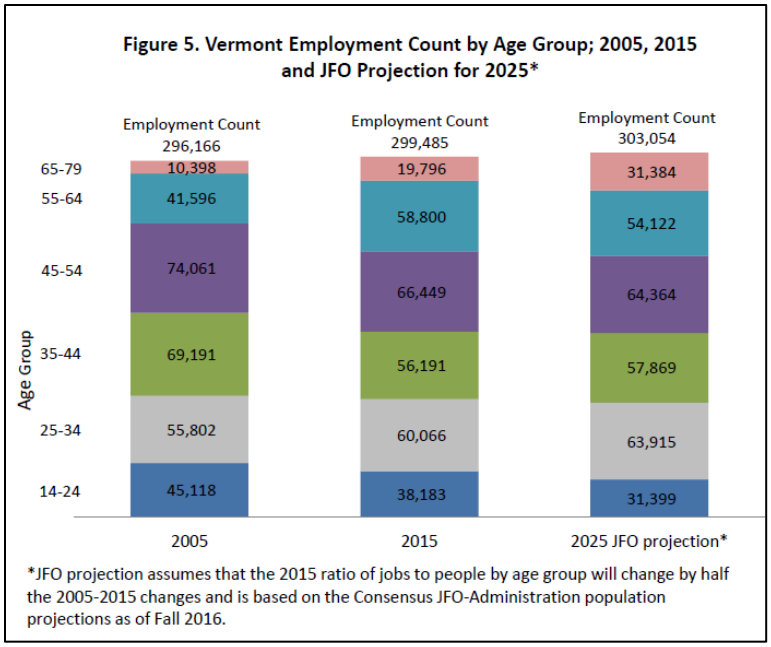
Older Workers: Older people in the United States today often need to work past their desired "retirement age." However, evidence demonstrates that this is not easy for most older workers; instead 52 percent of retirees left their jobs before they had intended to. Wages, hours, and working conditions for older adults often are much worse than their career jobs, and frequently do not accommodate aging bodies. As well, age discrimination flourishes on the job and in hiring. The Fall 2019 issue of Generations focuses on the economic conditions of older people as they stay or reenter the workforce and takes a critical look at the older labor market.
https://www.asaging.org/blog/generations-future-work-and-older-workers

However, older workers also represent a valuable resource that helps to address our workforce challenges. When older Vermonters remain active in their communities it has a positive impact on the State's economic sustainability, and can maintain their own physical, mental and financial well-being.

Older people in Vermont are more active in the labor force than older people in other states. The US Census estimates that in 2017 32% of Vermonters age 65-74 (25.6% for US) and 8.1% age 75+ (7.4% for US) participated in the labor force. TableS2301:https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=2ahUKEwi5nNSdqb7fAhWSZd8KHTgxAl0QFjABegQIDRAB&url=https%3A%2F%2Ffactfinder.census.gov%2Fbkmk%2Ftable%2F1.0%2Fen%2FACS%2F16_5YR%2FS2301%2F&usg=AOvVaw2YToynt5yrvPf3CnaJn2iQ

In December 2016, Joyce Manchester from the Vermont Legislative Joint Fiscal Office published an issue brief regarding employment in Vermont by age. Between 2005 and 2015, the share of jobs held by people age 55 to 64 rose from about 14 percent to almost 20 percent, and the share for people age 65 or older almost doubled from 3.5 percent to almost 7 percent. Employment among older people rose for two reasons: an increase in the number of older people, and a greater likelihood that an older person is working. The report predicts that the number of jobs held by people age 65 and older will continue to increase, and that this will help to offset a decrease in the number of younger workers.

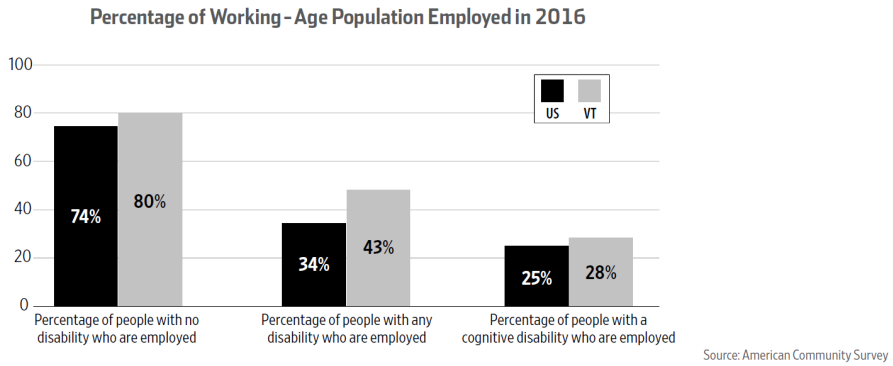
Without older workers, Vermont's employment count would shrink significantly. This illustrates the importance of older workers in Vermont's labor market and economy.



http://www.leg.state.vt.us/jfo/issue_briefs_and_memos/Vermont's%20Jobs%20Filled%20By%20Age%20Group%20final.pdf

Workers with Disabilities: By supporting and encouraging people with disabilities to remain active in the labor force, we can help to offset the challenges presented by fewer people of working age. The Yang-Tan Institute on Employment and Disability at the Cornell University ILR School reported that the 2017 employment rate of Vermonters with disabilities age 21-64 was 45.9%, compared to a national rate of 37.3%.
http://www.disabilitystatistics.org/StatusReports/2017-PDF/2017-StatusReport_VT.pdf?CFID=20903566&CFTOKEN=424acf4df74518ba-5BE89735-E417-C67A-462C0273C7594D83

Vermont places an emphasis on community inclusion of people with disabilities and has been highly successful in supporting community employment for people with developmental disabilities. In 2018 the employment rate among people age 18 to 64 who were served by Developmental Disabilities Services (DDS) was 49%.
https://app.resultsscorecard.com/PerfMeasure/Embed/89227



https://www.statedata.info/bbstates/Vermont.pdf

The Traumatic Brain Injury (TBI) Program serves Medicaid eligible Vermonters with moderate to severe traumatic brain injuries in community-based settings. 27% of people served in the Traumatic Brain Injury rehabilitation program were employed in SFY2018.
https://app.resultsscorecard.com/Program/Embed/14913

248 individuals received DBVI Vocational Vision Rehabilitation services to assist them to maintain or find employment as a result of their vision loss. 46 individuals who received services successfully achieved their employment goals in FFY2018. Most individuals who did not achieve their goals will continue to receive services in FFY 20.
https://app.resultsscorecard.com/Program/Embed/14907

In DVR, 8,074 individuals were served in SFY 2019. 6,756 people were served in the core VR program, and 1,318 high school students were served through Pre-Employment Transition Services only. 877 individuals closed their VR case with successful employment. This means they had met their individual employment goal and had been employed for at least 90 days.
https://app.resultsscorecard.com/Program/Embed/14906

Volunteers: Older people and people with disabilities contribute to our communities by volunteering, with associated social, health, and mental health benefits for the volunteers themselves. The federal Corporation for National and Community Service reported that in 2015 36.0% of Vermont residents volunteered, ranking them 16th among states. The Bureau of Labor Statistics estimated that in 2014/2015, about 24% of people aged 65 and over volunteer, averaging 94 hours of volunteer time per year. The Independent Sector estimates the average financial value of volunteer time in Vermont in 2018 was

$24.60/hour. This suggests that the contribution of volunteer time by older Vermonters and Vermonters with disabilities has an estimated 'value' that could exceed $100 million per year.
https://www.nationalservice.gov/serve/via/states/vermont
https://independentsector.org/resource/vovt_details/
https://www.bls.gov/news.release/volun.t01.htm

Health and Health Disparities

Aging: The United Health Foundation produces an annual senior health ranking report, with data for each state. In 2019 the health of older adults in Vermont was ranked #8 in the US. The 2019 report includes specific strengths and challenges for older Vermonters:

Strengths:

- Low percentage of ICU use.
- High percentage of home-delivered meals.
- High prevalence of high health status.

Challenges:

- High prevalence of falls.
- Low percentage of hospice care use.
- Low percentage of diabetes management.

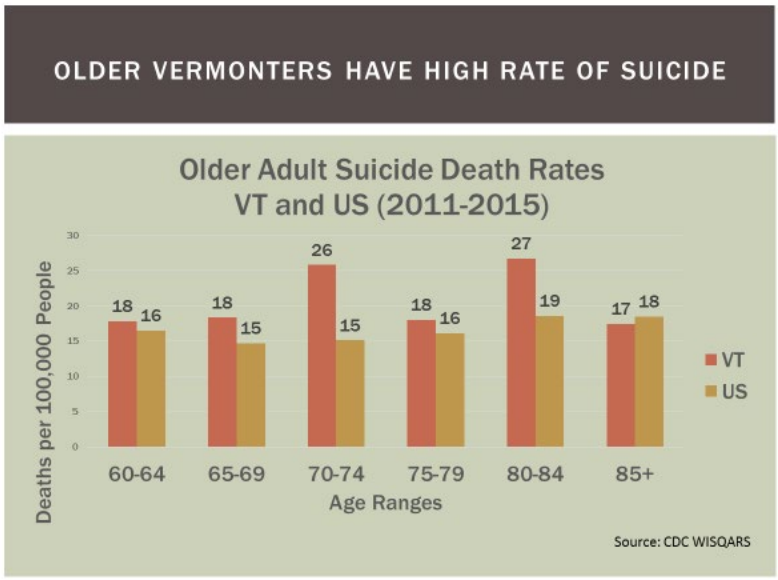
Other highlights:

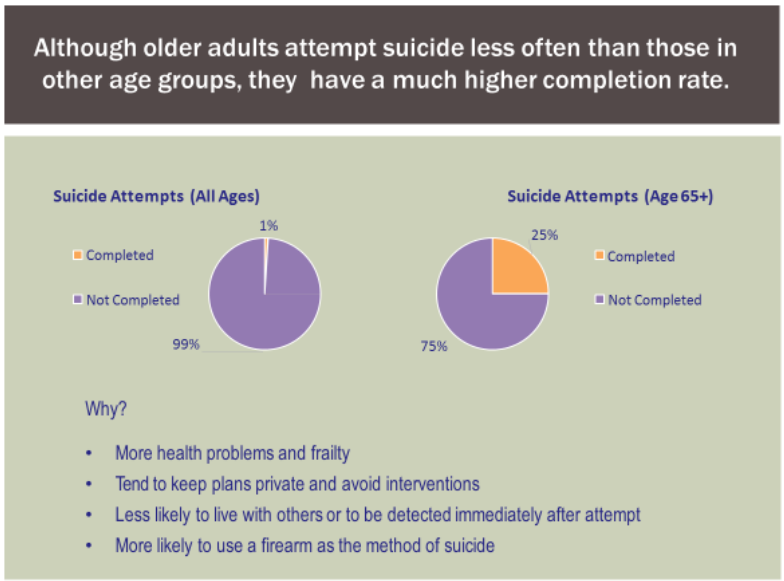
- In the past year, smoking increased 16% from 7.0% to 8.1% of adults aged 65+.
- In the past three years, four- or five-star rated nursing home beds increased 16% from 43.3% to 50.2% of certified nursing home beds.
- In the past five years, home delivered meals increased 29% from 26.7% to 34.5% of adults aged 60+ with independent-living difficulty.
- In the past six years, low-care nursing home residents increased 63% from 6.5% to 10.5% of residents.
- In the past two years, home health care workers decreased 12% from 172.3 to 151.8 aides per 1,000 adults aged 75+.
- In the past five years, early deaths decreased 6% from 1,708 to 1,605 deaths per 100,000 adults aged 65-74.

https://www.americashealthrankings.org/learn/reports/2019-senior-report/state-summaries-vermont

Suicide: The rate of suicide among older Vermonters is higher than the national average. In Vermont, death by suicide is highest among males 65 years and older (43.3 deaths per 100,000 male Vermont Residents in 2014-2016). Factors that play a role in suicide include access to lethal means, high rates of isolation,

decreased social connectedness, and males are typically less likely to ask for help. More men die by suicide than women. Firearms are the most common method used by someone that takes their own life and are used more often by men than women.





Suicide awareness promotion, prevention and intervention efforts are vital to reduce this burden. The Vermont Agency of Human Services is collaborating with community partners to prevent suicide and reduce these rates.

https://afsp.org/about-suicide/state-fact-sheets/#Vermont
https://embed.resultsscorecard.com/Indicator/Embed?id=118487
https://dail.vermont.gov/sites/dail/files/documents/W_Molly_Dugan_Older_Vermonters_2_14_2019.pdf

Facts and Figures

Disabilities: The Vermont Department of Health produced "The Health of Vermonters Living with Disabilities", providing a summary of the health and health behaviors of adults with disabilities. This report looks at many health factors such as chronic disease, mental health, and substance use. The Vermont Department of Health's Chronic Disease and Disability Program will use this information to work with state and local partners to lower and manage the rates of chronic conditions among Vermonters with disabilities. The Program will use this report to:

- Share information with state and community partners about why it's important that health programs be used by all Vermonters, including people with disabilities.
- Help self-advocates and caregivers teach other community members about why the health of people with disabilities is important.
- Decide what changes can be made to health programs, laws, and the built environment to help lower rates of chronic disease.
- Modify approaches and outreach used by health programs to better engage people with disabilities.

http://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf

People with disabilities tend to experience health disparities, including poorer health status and more chronic health conditions. Health disparities are related to a combination of social and economic factors including poverty, poor access to health care, and lower education. Special Olympics found that of ten athletes with disabilities:

- 4 have obvious tooth decay.
- 1 needs an urgent referral to a dentist.
- 6 are obese or overweight.
- 3 fail a hearing test.
- 4 need glasses, and 2 have an eye disease.
- 5 have a significant problem with flexibility.
- 4 have a significant problem with balance.

In March 2010 the Vermont Department of Health reported that adult Vermonters who have a disability were more likely to suffer worse health outcomes:

- 43% of the people who had an income less than 125% of the poverty level had a disability.
- 42% of the people who did not graduate from high school had a disability.
- 22% of those who had a disability smoke, compared to 17% of the total population.
- 56% of people with disabilities did not get regular physical activity, compared to 42% of the total population.

Data from the Centers for Disease Control and Prevention National Center on Birth Defects and Developmental Disabilities, show that Vermont adults with disabilities are more likely than Vermont adults without disabilities to:

- be inactive: 36.1% versus 18.3%.
- have high blood pressure: 37.2% versus 23.1%.
- smoke: 29.1% versus 13.5%.
- be obese: 36.4% versus 23.9%.

Disability costs in healthcare expenditures in Vermont are estimated to be $941 million per year, representing approximately 26% of total healthcare expenditures.
http://dail.vermont.gov/sites/dail/files//documents/Health_dispartities_in_people_with_DD.pdf
http://www.healthvermont.gov/sites/default/files/documents/2016/11/Health%20Disparities%20of%20Vermonters%202010.pdf
https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/vermont.html

Social Isolation: Social isolation is defined as the absence of social interactions, contacts, and relationships with family, friends, and neighbors on an individual level, and with "society at large" on a broader level. Social isolation is a risk factor for illness and morbidity, especially hypertension and cardiovascular disease. Chronic loneliness (also known as subjective social isolation) is associated with chronic illness and depression. Isolation is generally predictive of cognitive impairment in older women. Those who are lonely often smoke, engage in substance misuse, have a poor diet, are more likely to suffer falls, and are inactive. People who are isolated have poorer health trajectories and their risk of death is 50% higher than people who are not isolated.

Vermont is ranked 19th in the country for risk of social isolation among older adults in the 2019 America's Health Rankings Senior Report. Older Vermonters are more likely to live alone than older people in other states. Older people can be living alone for numerous reasons including being divorced, widowed, or

having never married. Living alone is a well-documented risk factor for social isolation, although not all who live alone are isolated. Those who live alone are more likely to be poorly socially integrated and experience feelings of loneliness.
https://www.americashealthrankings.org/explore/senior/measure/isolationrisk_sr/state/VT

Dementia: The Alzheimer's Association estimates that 13,000 Vermonters had Alzheimer's disease in 2019, and that this number will increase by 31% to 17,000 Vermonters by 2025. An estimated 30,000 caregivers provided about 34,000,000 hours of unpaid care to people with dementia in Vermont in 2018. Per capita Medicare payments for people with dementia in Vermont in 2018 were estimated as $21,071. The Vermont Medicaid costs for serving people with dementia were estimated as $110 million in 2019.
https://www.alz.org/getmedia/63d70f05-798f-49ad-aab6-994ff1bc13e6/vermont-alzheimers-facts-figures-2019

The Centers for Disease Control and Prevention reports that Alzheimer's Disease was the fifth leading cause of death in Vermont in 2017 (after heart disease, cancer, accidents, and chronic lower respiratory diseases). This was the eighth highest rate of death from Alzheimer's Disease in the United States. A total of 666 people died of some form of dementia in 2017.
https://www.cdc.gov/nchs/pressroom/states/vermont/vermont.htm
https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_02-508.pdf

The Centers for Disease Control and Prevention reported that people diagnosed with Alzheimer's disease or other dementias represent a high percentage of users of long-term care services in the United States:

- Percent of adult day services center participants: 30.9% (2016).
- Percent of home health agency patients: 32.3% (2015).
- Percent of residential care community residents: 41.9% (2016).
- Percent of hospice patients: 44.5% (2015).
- Percent of nursing home residents: 47.8% (2016).

https://www.cdc.gov/nchs/fastats/alzheimers.htm

Facts and Figures

Long Term Services and Supports: Long term services and supports can help to address a variety of health conditions and health disparities. Vermont's long-term services and supports were ranked #3 in the United States in the most recent (2017) Long-Term Services & Supports State Scorecard produced by AARP and The Scan Foundation, earning Vermont the Pacesetter Award for improving long-term services and supports. The scorecard ranks each State on long-term services and supports for older adults, people with physical disabilities, and family caregivers. From the Scan Foundation: "Vermont is a proven national leader in providing accessible, affordable, quality health, and LTSS coverage for its residents. Vermont moved up from No. 19 in the 2011 Scorecard to No. 3 in 2017, exhibiting more improvement in "Affordability and Access" than any other state. The state has also risen through the ranks in overall LTSS performance, moving from No. 20 in 2011 to No. 3 in 2017."

Vermont's ranking in specific dimensions:

- Affordability and Access: 3.
- Choice of Setting and Provider: 5.
- Quality of Life & Quality of Care: 19.
- Support for Family Caregivers: 10.
- Effective Transitions: 9.

Facts and Figures

Success Highlights:

- Vermont improved access to Medicaid and increased the percentage of low-income adults with disabilities who are covered by Medicaid.
- Since 2011, there has been no waiting list for home- and community-based services for people with high needs who qualify for a nursing home level of care.
- Affordability of home care and nursing home care has improved.
- Vermont reinvested savings to expand access to homemaker and adult day services for the moderate need population, people who are not eligible for nursing home care.
- Vermont increased provider reimbursement rates to help attract a high-quality workforce to provide home care.
- Vermont expanded service options, including Adult Family Care.

http://www.longtermscorecard.org/~/media/Microsite/Files/2017/Web%20Version%20LongTerm%20Services%20and%20Supports%20State%20Scorecard%202017.pdf

Long term services and supports address individual goals, needs, and quality of life while also helping to control other health care costs. DAIL's long term services and supports serve large numbers of people:

- Older Americans Act: about 60,000 people served in FFY 2019.
- Developmental Disabilities Services Division: 4,611 people served in SFY 2019.
- Choices for Care: 5,400 people served in July 2019.
- Traumatic Brain Injury Program: 74 people served in July 2019.

Adult Services Division (ASD)

Division Philosophy

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

Division Overview

ASD is responsible for managing a full array of long-term services and supports (LTSS) for older Vermonters and adults with physical disabilities. Vermont Medicaid, the federal Older Americans Act and State General Funds are the primary sources of funds for these services.

Staff and Partners

ASD operates with 37 employees located within the Central Office in Waterbury and regionally within district offices. Services are managed within three units: Long-Term Services & Supports Unit, Quality Management Unit and the State Unit on Aging.

ASD partners with a wide variety of organizations in managing services for Vermonters. Partners include:

- Adult Day Centers
- Area Agencies on Aging
- Designated Agencies and Specialized Services Agencies
- Home Health Agencies
- Nursing Facilities
- Residential Care Homes & Assisted Living Residences
- Senior Centers
- State Long Term Care Ombudsman
- Traumatic Brain Injury (TBI) Providers
- Vermont Center for Independent Living

Recent Developments and Accomplishments

ASD has had many developments and accomplishments in SFY19. They include:

- We continued the "Reframing Aging" efforts including a presentation by Commissioner Hutt with New York and Minnesota at the 2019 American Society on Aging Conference.
- We launched the new Older Americans Act Policy & Operations Manual.
- We initiated new Choices for Care Health Care Administrative Rules (HCAR) that includes an increase in Moderate Needs Group (MNG) case management from 12 to 24 hours per calendar year and a new priority-based approach to managing Moderate Needs Group wait lists.
- We worked with our partners at the Department of Vermont Health Access to improve the process for managing the federally required Medicaid audit.
- We engaged with stakeholders regarding federal conflict-free case management rules for Choices for Care and the TBI programs.
- We re-opened the Money Follows the Person (MFP) program to transition 50 people out of nursing facilities with new federal funds.

- We completed Vermont's second National Core Indicators survey for Aging & Disabilities (NCI-AD) to assess consumer experience in nursing facilities and received data from Vermont's first year survey of home-based services.
- We facilitated the **Act 172** working group that generated recommendations for a future Older Vermonters Act.
- We implemented a Choices for Care (CFC) 2% Medicaid rate increase for home-based, Adult Family Care and Enhanced Residential Care services effective July 2019.
- In accordance with the Collective Bargaining Agreement, we implemented a new minimum wage of $11.55/hour and $176.48/day (daily respite) for Independent Direct Support Workers effective 2019.

Future Directions

In SFY20 ASD plans to:

- Continue work on the federal Home and Community-Based Services (HCBS) rules with regards to setting characteristics and conflict-free case management.
- Finalize "lessons learned" and next steps from the MFP grant program.
- Work with stakeholders to improve the way MNG program is managed.
- Implement Year Two of the federal TBI State Partnership grant.
- Improve the assessment tool used by the long-term services and supports programs.
- Analyze Year One NCI-AD survey results as a quality improvement tool.
- Finalize a Request for Proposals to contract with an entity to provide an education and training curriculum for nursing facilities with regards to dementia care.
- Review Year One progress of goals and objectives in the State Plan on Aging and identify priority areas of focus for Year Two.

Programs and Services

Medicaid Funded Long-Term Services & Supports Programs include:

- Adult Day Health Rehabilitation
- Adult High Technology Program
- Attendant Services Program
- Choices for Care
- Traumatic Brain Injury Program

Older Americans Act (OAA) Services include:

- Supportive Services, including Case Management, Legal Assistance, Transportation and more
- Nutrition Services (congregate and home-delivered meals, nutrition counseling and education)
- Health Promotion and Disease Prevention
- Information, Referral and Assistance
- Family Caregiver Support
- State Long-Term Care Ombudsman Program

Other Initiatives, Programs, Services supported by ASD include:

- Commodity Supplemental Food Program
- Dementia Respite Grants for Family Caregivers
- Elder Care Clinician Program
- Employer Payroll Support for Self-Directed Services
- Federal Brain Injury State Partnership Grant
- Health Insurance Counseling & Support (SHIP/MIPPA)
- Home Delivered Meals for People with Disabilities Under Age 60
- Money Follows the Person Project
- Self-Neglect Initiative
- Senior Farmers' Market Nutrition Program
- 3SquaresVT (SNAP) Outreach

Special projects include:

- Falls Prevention Coalition
- Federal HCBS Regulations Assessment & Implementation Project
- Governor's Commission on Alzheimer's Disease and Related Disorders
- Nursing Facility Quality Initiatives
- Reframing Aging in Vermont
- Substance Abuse Treatment Screening Initiative
- Suicide Prevention

Results

ASD strives to utilize the Results Based Accountability (RBA) framework throughout the work we do. As of 2015, all Medicaid services, including Choices for Care, are managed through the State **Global Commitment to Health 1115 Waiver** and the accompanying **Comprehensive Quality Strategy**.

Supporting data for ASD services is located in the **DAIL Scorecard**. Highlights include:

1. Choices for Care: As of June 2019, 5,506 people were enrolled in all settings which is a 4% increase from last year. Of the total enrolled, 22% were in the Moderate Needs Group and 78% were in the High/Highest Needs Groups. Of the total enrolled in the High/Highest Needs Groups, 44.5% were in a home-based setting, 12.5% were in an Enhanced Residential Care home, and 43% were in a nursing facility. This represents the following changes from last fiscal year:
   a. Moderate Needs enrollments declined by 3%.
   b. Home-based (High/Highest) enrollments increased by 7%.
   c. Enhanced Residential Care enrollments increased by 7%.
   d. Nursing Facility enrollments declined by 2%.

2. National Core Indicators first year data showed that:
   a. 54% of people surveyed in CFC and 51% of people surveyed in the TBI program, reported they get to do the things they want to do outside the home as often as they want to, compared to 61% nationally.
   b. 67% of people surveyed in CFC and 68% of people surveyed in the TBI program reported they can choose or change any of the services they receive, compared to 69% nationally.
   c. 3% of people surveyed in CFC and 3% of people surveyed in the TBI program reported they have a paid job in the community, compared to 3% nationally.
   d. 39% of people surveyed in CFC who are not currently employed, who report they would like a paid job in the community, compared to 20% nationally. The % of people on the TBI program who are not currently employed and would like a job could not be reported due to the low number of responses.

3. Adult Day Programs served an average of 490 people per month with Medicaid funded services (High/Highest Groups, Moderate Needs Group, and Adult Day Health Rehabilitation), a 3% increase from the previous year.

4. Older Americans Act Home Delivered Meals
   a. 5713 people were served in FFY18 (2.26% decline from previous year).
   b. 759,358 meals were service in FFY18 (2.23% increase from previous year).
   c. 96% of consumers reported they had enough to eat (1% increase from previous year).
   d. 85% of consumers reported that meals helped manage or improve their medical condition (1% increase from previous year).

Division for the Blind and Visually Impaired

Division Philosophy

DBVI assists individuals who are blind or visually impaired to meet their employment and independence goals. DBVI uses a holistic rehabilitation approach that helps people to meet their goals, build new skills, and improve their circumstances. The goal is for all participants to achieve or sustain economic independence, self-reliance, and social integration consistent with their interests, abilities, and informed choices.

Division Overview

DBVI helps working age individuals achieve economic independence by obtaining livable wage jobs and income. This involves training to improve employment skills and higher education that leads to degrees or certificates. DBVI helps transition high school students from school to the world of work. DBVI's statewide approach for younger students helps to ensure that all blind and visually impaired high school students have pre-employment transition skills. DBVI helps individuals of all ages to build adaptive skills related to their visual impairment through assistive technology, low vision, orientation and mobility, and independent living skills.

Staff and Partners

DBVI services are provided by highly qualified professionals who possess specialized training and understanding of the implications of visual loss. Services are provided by ten staff from regional field offices in Montpelier, Burlington, Rutland, and Springfield. Each office has a Blind Services Rehabilitation Counselor and a Rehabilitation Associate who deliver individualized services. One Blind Services Technology Trainer covers the entire state teaching people how to use assistive technology. The Director of DBVI oversees the statewide program.
DBVI partners with several organizations to accomplish our mission. The major provider of direct instruction for teaching blindness-related skills is the non-profit Vermont Association for the Blind and Visually Impaired (VABVI). Their staff include certified blindness professionals who are highly trained in the areas of Orientation and Mobility, Low Vision, and Rehabilitation Therapy. For other DBVI partners please visit www.dbvi.vermont.gov

Recent Developments and Accomplishments

This year DBVI organized several events around the state to educate the public about White Cane Safety Awareness. The white cane is a symbol of strength and independence, used by people who are blind as they travel independently.

Members of the public received training in safe travel techniques from an Orientation and Mobility Instructor, increasing awareness of what it is like to travel with the white cane.

The main events were held in Brattleboro, Burlington, Montpelier, and Rutland. Each included a walk guided by an Orientation and Mobility Specialist to demonstrate proper use of the white cane and safe travel techniques. These events are great opportunities to educate the public and to have meaningful discussions about how blind and visually impaired individuals travel independently within their communities.

In addition to educational events, DBVI collaborates with several partners to create Vision Rehabilitation Teams. This year DBVI hosted a partner event at the annual State Rehabilitation Council meeting. Attendees included partners from the Agency of Education, Department of Labor, Community Rehabilitation Provider, Developmental Service, The Assistive Technology Program, Vocational Rehabilitation, and more. Participants had an opportunity to attend concurrent sessions that included detailed information about Orientation and Mobility Instruction; Low Vision Eye Examinations; Assistive Technology Evaluation and Training; Assessment Instruments for individuals who are Blind or Visually Impaired; Job Development; and Blindness Adaptive Skills Training. The feedback from the event emphasized how useful it was to learn how the partners of a Vision Rehabilitation team work together to assist an individual in pursuing their employment and independence goals.

DBVI also partnered and assisted with the Vocational Rehabilitation (VR) Vermont Transition Core Teams Conference. This statewide event brought together Transition Core Teams from schools and employment service providers to share ideas about how to assist students with disabilities with their employment goals. In addition, DBVI partnered with VR Vermont for several events for the newly formed Student Advocacy Council. Several DBVI staff and consumers joined the planning team for the events.

DBVI has a commitment to ongoing training of staff to deliver services well. This year one staff member entered a master's program to become a Blind Services Rehabilitation Counselor. This individual is learning the latest techniques and strategies to help individuals explore and find a great career match.

Future Directions

DBVI believes the best path forward includes a solid foundation in technology. Relevant new technologies emerge every day, and our staff stay current to help our customers achieve their employment and independence goals. One recent technology is an app called Voice Dream Scanner, which allows people to gain access to print documents. The user takes a picture of the paper document with the phone's camera and the app converts it to speech output. This provides access to information and makes it possible to accomplish many tasks independently.

DBVI staff recognize the importance of helping consumers learn more about their own interests and strengths for employment. DBVI recently established a workgroup called the Investigation Empowerment Improvement Team. The purpose of this group is to provide DBVI consumers with increased opportunities for self-knowledge through assessment tools. This initiative will help participants to:

- Learn about interests, skills, and abilities for future career direction.
- Increase knowledge of Visual Impairment.
- Identify adaptive skills training that will decrease functional limitations.
- Increase self-knowledge.
- Provide information for consumer career decision making.
- Identify transferrable skills.

This year the team evaluated several assessments and adapted them for accessibility when possible. DBVI believes that the approved instruments will help individuals gain self-knowledge and assist them as they pursue their employment goals. The team also established a fully accessible assessment workstation at the DBVI Montpelier office. This includes all the adaptive technology necessary for consumers to complete assessments independently.

Programs and Services

Vision Rehabilitation Employment Services

The goal of DBVI's vocational rehabilitation services is to help people with vision loss to retain, return, or secure employment. Individuals meet with a DBVI counselor to identify goals and develop a plan to improve their functional independence.

DBVI counselors provide guidance related to employment and help people explore interests and abilities. On their individual path to employment, most people who work with DBVI:

- Build and strengthen vocational skills;
- Learn new adaptive skills to remain independent regardless of vision loss;
- Learn to use specialized technology needed to do their jobs;
- Receive services to maximize visual function;
- Help with a job search and provide training in job skills;
- Assist with attending college; and
- Provide technology and training that allow people to access printed materials and complete work tasks.

DBVI is exceptionally proud of the accomplishments of our consumers To read some success stories of our customers and their experiences with DBVI, visit our website: **www.dbvi.vermont.gov**.

Services for High School Students

DBVI's transition services provide high school students with opportunities for learning job readiness, self-advocacy, and independent living skills. DBVI collaborates with several partners including the Division of Vocational Rehabilitation (DVR), VABVI, ReSOURCE, and the Gibney Family Foundation. DBVI is also working with partners to make sure that all blind or visually impaired high school students are building solid pre-employment skills.

The LEAP (Learn, Earn, and Prosper) program provides paid summer employment for youth in a residential setting. LEAP empowers students to take charge of their employment future by gaining early employment success, and helps students make a successful transition from school to work.

Independent Living Services

DBVI helps individuals maintain independence. A DBVI rehabilitation associate meets an individual in his or her own home to discuss the individual's goals and develop a plan to achieve the highest possible degree of independence in activities such as traveling, preparing meals, and managing medications. Direct instruction is provided by certified blindness professionals through a grant agreement with the Vermont Association for the Blind and Visually Impaired (VABVI). VABVI also administers the Older Blind Program to provide specialized vision rehabilitation services.

Technology

Effective use of assistive technology is critical for many people with vision loss. DBVI invests significant effort to stay current in new assistive technology to help people find employment, participate in their communities, and eliminate other barriers caused by vision loss.

Results

Performance Measures

How many people we serve (FFY2019):

- 248 individuals received services to assist them to maintain or find employment as a result of their vision loss. 259 received services in FFY 2018.

The main reason for the 11 fewer people served in FFY 2019 is due to the new WIOA regulations that no longer allows "Homemakers" to be served in the DBVI VR program. These individuals are now being served in the DBVI IL and Older Blind program.

- 892 individuals over the age of 55 received specialized vision rehabilitation services.
- 85 individuals under the age of 55 were served by the Independent Living Program.
- Total for FFY 2019= 1,225 (Includes DBVI VR; DBVI Independent Living; and Older Blind programs.

How well we serve them:

Customer Satisfaction: The most recent results of the 3-year statewide random survey of all participants in the DBVI Vocational Vision Rehabilitation program (Conducted by Market Decisions in 2017; the next statewide survey is scheduled for fall 2020).

- 93% of respondents said they are satisfied with the DBVI vocational rehabilitation program.
- 93% of respondents said overall, they are better off as a result of the services they received from DBVI.
- 95% of respondents said that DBVI staff treated them with dignity and respect.
- 94% of respondents said that DBVI helped them achieve their vocational rehabilitation goals,
- 92% of respondents said that DBVI services met their expectations.

- 89% of respondents said that DBVI vocational rehabilitation services helped them become more independent.
- 84% of respondents said that DBVI helped them reach their job goals.

Our approach in assisting individuals who are blind or visually impaired on their path to employment and independence begins with the belief that each person can achieve their goals. We know that the "voice of the customer" is important and our strategies are geared to meeting those needs. Each staff member is committed to delivering services well and to making a difference in the lives of the people we serve.

How are people better off:

- 46 blind or visually impaired individuals closed their DBVI case in SFY 2019 with successful employment.
- 57% had a wage above 125% of the minimum wage.

In annual closure surveys DBVI participants shared examples of how their new skills have helped them adapt to vision loss, maintain employment, and improve their quality of life. They reported being better off because they can now:

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

The federal Workforce Innovation and Opportunity Act (WIOA) requires DBVI to use 15% of our federal grant award to provide Pre-Employment Transition Services (Pre-ETS). This new federal requirement created an opportunity for DBVI to expand Pre-ETS services in the core areas:

- Job exploration counselling;
- Work based learning opportunities;
- Counselling on post-secondary educational opportunities;
- Workplace readiness training; and
- Instruction in self-advocacy.

DBVI has been very successful in expanding Pre-ETS services for students who are blind or visually impaired by providing work-experiences, internships, and job

readiness training to build skills necessary for career development. Learn, Earn, and Prosper (LEAP) is a program developed by DBVI to achieve these goals. Most students participate by living and working in the Burlington area in the summer. Other students participate to build job readiness skills during school year retreats and work experiences in their local communities. Our efforts to include more students led to a higher increase in the number of participants and in the number of training hours:

- The number of participants increased from 18 in 2014 to 74 in 2019.
- The number of work-based learning and job readiness training hours increased from 15,000 in 2014 to 21,000 in 2019.

The LEAP summer work experiences and school year retreats have resulted in significant skill gains for students developing employment and independent living skills that are essential for future employment. Each student receives a report of their progress which is shared with school teams, teachers of the visually impaired, and DBVI counselors. Students learn to identify their strengths and areas of vocational interest. They also learn specific job readiness skills including respect in the workplace, assistive technology, transportation strategies, workplace relationships, personal finance, interview practice, building a strong resume, and networking.

Students also received specialized services necessary to develop adaptive skills related to their blindness including Orientation and Mobility (O&M), Vision Rehabilitation Therapy, and Instruction in Assistive Technology. This resulted in a significant positive impact in their mobility skills in the community and at the work site. LEAP students received over 230 hours of O&M Instruction in 2019, as well as 40 hours in VRT (Vision Rehabilitation Therapy), and 400 hours in assistive technology instruction by a CATIS (Certified Assistive Technology Instructional Specialist).

DBVI has successfully expanded our services overall to youth. The percentage of population served who were under age 22 at entry into DBVI services has grown from 17% of people served in SFY 2014 to 29% of people served in SFY 2019.

Providing real work-based learning experiences in actual employment settings is one of the most effective ways to prepare youth for long term success. Therefore, DBVI has invested more resources in providing real-world internship

opportunities. Internship placements at Vermont businesses include the Burlington Free Press, Burlington City Arts, Sangha Yoga Studio, Vermont Adaptive Ski and Sports, Vermont Community Gardens Network, the Overlook Café, the Waterbury Café, the Courthouse Café, the Flynn Theatre, Mt. Mansfield Media, Sara Holbrook Community Center, The Vermont Youth Conservation Corps, and the Vermont Association for the Blind and Visually Impaired. In 2019, 4 out of 5 interns were enrolled in college programs after LEAP, and the remaining Intern is working with their DBVI counselor to match their skills to a career path.

"I embraced challenges and new opportunities, worked on my leadership skills, and learned to not be afraid of communicating with people when I am unsure or need help with something."

-LEAP Intern, Sangha Yoga Studio

"I learned that some things take time to learn, and you just have to be patient. I also learned the importance of communicating directly with people so they can help you meet your needs. I learned that it's ok to be open and vulnerable with people to ensure that you establish trust with them."

-LEAP Intern, Vermont Association of the Blind and Visually Impaired

DBVI staff work towards continuous improvement by listening to the voice of customers and using that information and data to improve performance. An updated DBVI State Plan with new goals and strategies was completed and approved by the State Rehabilitation Council in December 2017 and can be found at **https://dbvi.vermont.gov/resources/publications**. Please also visit the success story link on the DBVI website at **www.dbvi.vermont.gov** to see examples of people reaching their goals.

Developmental Disabilities Services Division

Division Philosophy

The Developmental Disabilities Services Division (DDSD) supports people to live, work and participate as citizens in their local communities, pursuing their own choices, goals, aspirations and preferences. To be effective and efficient, services must be individualized to address the goals, capacities, needs, and values of each person. With support as needed, everyone can make decisions for themselves, can live in typical homes, and can contribute as citizens to the communities where they live. Our communities are stronger when everyone is included.

Division Overview

DDSD plans, coordinates, administers, monitors and evaluates state and federally funded services for people with developmental disabilities and their families within Vermont. We provide funding for services, systems planning, technical assistance, training, quality assurance and program monitoring and standards compliance. We also provide court-ordered public guardianship to adults with developmental disabilities and older Vermonters age 60 and over on behalf of the Commissioner.

For more information about developmental disabilities services, please review the Developmental Disabilities Services Annual Report or visit the DDSD website.

Staff and Partners

Our work is carried out by sixteen program staff including the Quality Management Unit, Services Specialists, administrators and support staff, and twenty-eight (28) staff working within the Office of Public Guardianship.

The Agency of Human Services contracts with fifteen private, non-profit developmental disabilities services agencies to provide or arrange for services to over 4,611 people with developmental disabilities and their families through Master Grant Agreements. In addition, a Supportive Intermediary Service Organization (ISO) assists individuals and families to manage their services and a Fiscal/Employer Agent provides the infrastructure and guidance to enable employers to meet their fiscal and reporting responsibilities. We emphasize the development of community capacities to meet the needs of all individuals, regardless of the severity of their disabilities.

Developmental Disabilities Services Division

DDSD works with a variety of people and organizations to ensure that we meet the changing needs of people with developmental disabilities and their families: people with disabilities, families, guardians, advocates, service providers, the State Program Standing Committee for Developmental Disabilities Services and state and federal governments.

Recent Developments and Accomplishments

New DDS Payment Model

The Developmental Disabilities Services Division (DDSD) and the Department of Vermont Health Access (DVHA) have initiated a project to explore a new payment model for Developmental Disabilities Home and Community-Based Services (HCBS). The HCBS program has grown significantly over the years from several hundred to several thousand participants. Overall, the goal of this payment reform project is to create a transparent and effective payment model for Developmental Disabilities Services that is manageable, supports our philosophy, and aligns with the broader payment reform and health care reform goals of AHS. The State has engaged stakeholders including people who receive services, families, advocacy organizations, and providers to participate in workgroups for the development and implementation of the new payment model.

A provider rate study has been completed to analyze the cost of delivering services. Public comment on the recommended rates was collected and then utilized to develop final recommended rates. The information from the rate study will be used in developing the new payment model. In addition to the rate study, the project is examining alternative assessment tools, resource allocation methods, and options to more efficiently capture encounter data for these services. We are developing a Request for Proposal (RFP) for a standardized assessment tool and independent assessors. Changes have been made to the Medical billing system to allow the Medicaid Management Information System (MMIS) to accept encounter claims that document service delivery for increased accountability. Providers are preparing their systems to be able to report their encounter data into the MMIS.

Ongoing work will be required regarding changes to the payment methodology, informed by assessment data and encounter data. Future changes may require approval from the federal Centers for Medicare and Medicaid Services (CMS).

Home and Community-Based Services (HCBS) Rule Implementation

DDSD continues to work on implementing the HCBS rules to ensure compliance with all requirements by 2022. The intent of the rule is to ensure that individuals receiving long-term services and supports through HCBS programs have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The rule promotes choice and control, inclusion and protection of participant's rights.

Currently the state is working on conflict of interest in HCBS case management. DVHA is working with departments who operate HCBS programs, including DDSD, to analyze HCBS case management across the state. DDSD and DVHA are seeking stakeholder input on how to address any potential conflict of interest in each of the programs. DAIL drafted four options for structuring case management in developmental disabilities services programs, as well as seven additional strategies to mitigate conflict of interest. These proposals were presented to key stakeholder organizations. DAIL will draft its solutions to address conflict of interest and consult with CMS before having a final round of stakeholder feedback.

DDSD continues to evaluate compliance with the HCBS settings rules. Provider sites have been evaluated and providers are being given plans of correction to ensure full compliance. No sites were identified for heightened scrutiny and it is expected that all settings will come into compliance by March 2022.

Future Directions

Workforce: The Division is convening a stakeholder group that includes representatives from service providers, consumer and family advocacy organizations, Vocational Rehabilitation and others to explore creative and multifaceted solutions to chronic provider workforce issues. The group will pursue

a variety of short-term and long-term solutions to the ongoing challenge of recruiting and retaining direct support workers.

Payment Reform & HCBS Rules: DDSD will continue work on payment reform and compliance with the HCBS rules, as described above. In combination, these two complex initiatives represent changes to the current DDSD system of care that are likely to be quite broad in scope and impact. We will need to continue to work closely with stakeholders to achieve change while preserving our commitment to our philosophy and improving individual outcomes.

Promotion of Residential Initiatives: DDSD is partnering with designated agencies and community members in supporting the development of new housing options for adults with developmental disabilities. Several DDS agencies are exploring small scale transitional living models for young adults coming out of high school. There is a need for the development and expansion of supported apartment settings where services are individualized and teach skills needed for independent living, enhance community participation and support employment for adults who wish to live in their own homes. Collaborative efforts with local schools, DD service agencies, housing developers and families, help lay the groundwork for adults with developmental disabilities to make meaningful choices about which communities and settings they which to live in while accessing needed and familiar supports.

Community of Practice on Cultural and Linguistic Competence: Vermont continues to participate in a national five-year initiative building a Community of Practice (CoP) on Cultural and Linguistic Competence in Developmental Disabilities. The project aims to advance and sustain cultural and linguistic competence in developmental disabilities service systems. The state "transformation leadership team" receives technical assistance from the Georgetown University National Center for Cultural Competence to recommend changes to policies, structures and practices; assess and respond to educational and training needs; and develop initiatives to foster dialogue and information sharing. The CoP is making linkages with other VT organizations working to promote equity in education, healthcare and workforce development.

Some activities that took place this past year include:

1. Hosting several showings of the film "Intelligent Lives" with panel discussions;
2. Presentation at the Vermont Care Partners health equity conference;
3. Participation by Green Mountain Self-Advocates at some forums hosted by the National Association of the Advancement of Colored People (NAACP); and
4. Beginning work on an organizational self-assessment tool.

Programs and Services

Home and Community-Based Services are provided through Designated Agencies and Specialized Service Agencies. These services include Service Coordination, Community Supports, Employment Supports, Home Supports, Respite, Clinical Services, Supportive Services and Crisis Services. Home Supports including 24-hour Shared Living, Staffed Living, Group Living and Supervised Living (hourly supports in the person's own home or in the home of a family member). Services can be managed by the agency, managed by the person or a family member, or shared-managed (a combination of agency-managed and self/family-managed services).

The Bridge Program provides care coordination to families to help them access and coordinate medical, educational, social or other services for their children with developmental disabilities.

Family Managed Respite is provided through designated agencies to offer families a break from caring for their child with a disability.

Flexible Family Funding provides funding for respite and goods for children and adults who live with their biological or adopted family or legal guardian. These funds are used at the discretion of the family for services and supports that benefit the individual and family.

Intermediate Care Facility for people with Developmental Disabilities (ICF/DD) is a highly structured residential setting for six individuals that provides intensive medical and therapeutic services.

Specialized Services are provided by service agencies to adults with developmental disabilities who live in nursing facilities to improve their quality of life by providing support to address social and recreational needs.

Targeted Case Management provides assessment, care planning, referral and monitoring to individuals who are not receiving service coordination though HCBS or other funding source.

Results

Quality Service Reviews: The DDSD Quality Service Reviews (QSRs) meet our commitment to monitor and review the quality of services provided with Federal and State HCBS funding. The purpose of the QSR is to determine the quality of the services provided by the Designated Agencies and Specialized Services Agencies and to ensure that standards are met with respect to DAIL and DDSD guidelines and policies.

The QSR is one component of a broader effort to maintain and improve the quality of services. Other activities supported by the review team and DDSD include monitoring and follow-up regarding agency designation; authorizing Medicaid and HCBS eligibility; verifying housing safety and accessibility inspections; monitoring critical incident reports; responding to grievances and appeals; providing technical assistance; and conducting satisfaction surveys of adults receiving HCBS.

National Core Indicators (NCI): DDSD participates in the NCI national standardized Adult In-Person Survey. Data from the 2017-18 survey show, of the adults receiving HCBS who were surveyed:

- 87% said they regularly participate in integrated activities in their communities [community inclusion: went shopping, on errands, for entertainment, out to eat].
- 86% said they make choices about their everyday lives [residence, work, day activity, staff, roommates].
- 71% said they make decisions about their everyday lives [daily schedule, how to spend money, free time activities].
- 48% of those who do not have a job in the community said they would like to have one.
- 3% were reported to be in poor health.

The complete NCI reports can be found here.

Employment Services: The employment rate for all working age adults with developmental disabilities who receive HCBS continues to be sustained at a high rate of 49% (FY 18). This compares favorably to the national average of individuals participating in ID/DD employment services. A 2018 Data Brief from National Core Indicators reported nationally that 20% of adults with IDD receiving services were engaged in paid employment in the community, including both individual and/or group supported jobs.

Post-Secondary Education Initiative: More Vermonters with disabilities are going on to post-secondary education than ever before and our Think College Vermont, College Steps and SUCCEED programs assist them in achieving their college goals. Participating colleges include Castleton University, Northern Vermont University – Johnson and Lyndon Campuses, and University of Vermont. For the 2019 academic year, the employment rate for those participating in the Post-Secondary Education Initiative was 84%.

Preventative Health Services: Vermonters age 22 and over with ID/DD who receive Home and Community-Based Services have high rate of access to quality health care. Ninety-five percent (95%) had access to preventive health services in CY 2018. This compares favorably to an 84% statewide average for the general Medicaid population. The expectation that adults with ID/DD receive an annual physical exam helps ensure that individuals have a visit with a medical professional to review chronic conditions and other health issues, thus increasing the likelihood of improved personal health.

Division of Licensing and Protection

Division Philosophy

Balanced and assertive regulation of health care organizations ensures that vulnerable Vermonters receive care with dignity, respect, and independence. When vulnerable Vermonters are maltreated, an effective investigation, appropriate remediation, and protective services should be put in place to prevent additional harm.

Division Overview

The Division of Licensing and Protection (DLP) has two branches that work to protect vulnerable adults and individuals receiving care:

- Survey and Certification (S&C) is the State Survey Agency for the State of Vermont. In this role, S&C licenses and certifies health care organizations to ensure that they meet minimum state and federal regulatory compliance. Details can be found at: **http://dlp.vermont.gov/survey-cert**
- Adult Protective Services (APS) investigates allegations of abuse, neglect, and exploitation of vulnerable adults and implements protective services, as necessary, to limit future maltreatment. The APS Annual Report can be found at: **http://dlp.vermont.gov/aps/statistical-info**

Staff and Partners

S&C has 21 employees, 18 of whom are Registered Nurses who are federally trained and certified to perform investigations and surveys, including 15 who are home based and travel throughout the state to investigate complaints and to perform recurring, scheduled surveys. S&C follows federal and state regulations and procedures developed by the Centers for Medicare and Medicaid Services (CMS).

APS has 16 employees, including 11 home-based investigators who travel throughout the state to investigate allegations of maltreatment of vulnerable adults. APS frequently partners with law enforcement agencies and human service providers in the performance of their investigations.

Recent Developments and Accomplishments

S&C continues to adapt to the recent changes of Act 125, which in 2018 transferred the review process for Nursing Facility Transfers of Ownership from the Green Mountain Care Board to the Agency of Human Services. S&C has taken on additional duties to prepare for this. It is hoped that the new process for

nursing facility transfers of ownership will ensure Vermont's nursing facilities provide sustainable and quality care for Vermonters.

Residential Care Homes and Assisted Living Facilities care for residents with increasing needs. Facilities today also face increasing workforce challenges. Coupled with low Medicaid reimbursement, facilities are facing a complex set of challenges.

A new challenge is the shift in ownership of some facilities from family or community ownership to larger, multi-level corporate ownership. These changes add complexity to the licensing and monitoring of these facilities.

Currently, S&C surveys state licensed facilities approximately every two years. Unannounced visits are made more often when complaints warrant onsite investigations.

In 2019, S&C absorbed the work of approving and monitoring nurse aide training programs. Since 2002, the Office of Professional Regulation (OPR) had overseen this work, but as demands on their time grew, they could no longer oversee these programs.

Vermont APS has followed the national trend with across the board increases in reporting. The number of reports in SFY19 increased by 8% from SFY18. To address this increase in reports, DLP implemented improved screening procedures. This resulted in a 29% decrease in the number of unnecessary investigations. The investigations that were opened were successfully completed at a higher rate, resulting in an overall 18% increase of investigations completed compared to SFY18. This also resulted in a 13% increase in the number of individuals placed on the Adult Abuse Registry.

The Department of Disabilities, Aging, and Independent Living (DAIL) Advisory Board continues its established APS Committee to advise the department on matters pertaining to APS. The APS Committee makes recommendations on APS operations to the DAIL Commissioner, the DLP Director, and the APS Director. As part of its advisory role the APS Committee participates in a quarterly file review, where a random sampling of APS screening decisions and investigations are reviewed as part of APS' continuous quality improvement plan.

Future Directions

Since the APS statute was established, Vermont demographics and service delivery have changed dramatically. When the statute was passed 40 years ago, most of the care provided to vulnerable adults was provided in institutional settings. Now many more vulnerable adults are receiving care in home and community-based settings, provided by a range of different service providers and family caregivers. APS is also seeing an increasing number of complaints that involve financial exploitation. In the next biennium, we plan to look at whether any changes should be made to the statutory measures to ensure that APS is able to achieve its goal to protect vulnerable adults whose health or welfare is at risk due to abuse, neglect or exploitation. This may lead to proposed changes in the APS statute at 33 V.S.A. Chapter 69.

In May of 2019, S&C began the process of updating the Assisted Living Facility and Residential Care Home regulations. The goal is to include a separate, more stringent section for homes that care for residents with a higher level of care. Input from residents, stakeholders, providers, and the public will be an important step in this process.

Programs and Services

Both S&C and APS work to protect and serve vulnerable adults. Vulnerable adults are defined in statute as individuals over 18 years in age who are residents of a facility licensed by S&C, residents of a psychiatric hospital, recipients of home health services, have a diminished capacity to care for themselves, or a diminished capacity to protect themselves from maltreatment.

- S&C conducts unannounced, regular surveys at health care facilities, and investigates complaints made about the care received in these facilities. These surveys and investigations can result in fines and other corrective action, including bans on admissions or revocation of operating licenses.
- When APS discovers that a person has maltreated a vulnerable adult, that person may be placed on the Adult Abuse Registry. The Registry is used by organizations that serve children and vulnerable adults to check the backgrounds of employees and volunteers prior to hiring.

Division of Licensing and Protection

Results

- S&C conducted 324 on-site investigations of health care organizations, a 5% increase from the previous year.
- S&C continued to complete 100% of federal surveys and 96% of state surveys on time.
- APS received 4,080 reports alleging abuse, neglect, or exploitation of vulnerable adults, an increase of 8% from the previous year.
- APS initiated 787 investigations from these reports, a decrease of 29% from the previous year.
- APS completed 938 investigations, an increase of 18% from the previous year.
- APS placed 99 individuals on the Adult Abuse Registry, an increase of 13% from the previous year.

Division of Vocational Rehabilitation

Division Philosophy

The Division of Vocational Rehabilitation's (DVR's) mission is to help Vermonters with disabilities prepare for, obtain, and maintain meaningful employment and to help employers recruit, train, and retain employees with disabilities. Consumer choice and self-direction are core values that drive DVR's approach to providing services and developing new programs. DVR's ability to help jobseekers succeed also depends on clearly understanding the needs of our other customers: employers. To that end, DVR plays an important facilitating role in Creative Workforce Solutions (CWS), an Agency of Human Services (AHS) initiative that builds on DVR's initial employer outreach work.

Division Overview

DVR serves people with disabilities in Vermont who face barriers to employment. We help DVR consumers figure out what types of employment will work for them through assessment, counseling, and guidance. We use our extensive networks in the employer community to create job opportunities, match employer needs with jobseeker skills, and help employers retain staff with disabilities. We use our financial resources within Vermont communities to support consumers as they transition to stable employment, and employers as they try out new workers.

Staff and Partners

DVR collaborates with other service providers to reach people facing challenges to employment. Through collaboration, DVR has created partnerships to serve youth, offenders, veterans, people receiving public benefits, and those who need ongoing support in order to work.

Recent Developments and Accomplishments

Creating Career Pathways for DVR Consumers: In 2014 the US Congress reauthorized the Rehabilitation Act via the Workforce Innovation and Opportunity Act (WIOA). WIOA is the first legislative reform of the public workforce system in more than 15 years. WIOA introduced new Common Performance Measures (CPM) that core partners including DVR will be measured on. The measures are:

- Job retention six months post program exit.
- Job retention twelve months post program exit.
- Median earnings six months post program exit.
- Credential attainment.
- Measurable skills gains.
- Employer satisfaction.

Prior to WIOA, DVR had been primarily measured on how many people the program assisted to get a job. This shift from quantitative to qualitative measures requires a major paradigm shift in our service delivery system. To respond to the paradigm shift, DVR has implemented a series of strategies to align program services to meet the new measures, called the Careers Initiative. DVR staff and management have welcomed the new focus on assisting our customers to have not just a job, but a career. The new strategies include:

- Promoting Post-Secondary Education and Training: DVR has realigned case service resources to support more consumers in post-secondary training and education to help them achieve credentials in high-demand, high-wage fields. For individuals who need more support to succeed in education and training, DVR is implementing a “progressive education” approach that provides an incremental and low-risk path.

- Career Assessment: DVR is promoting the use of modern career assessment tools that help consumers see beyond entry-level employment and identify their potential. Modern assessment tools such as Virtual Job Shadow open up consumers to potential careers they may have never considered.

- Supporting Practice Change: DVR has updated policy and practice to promote consumers achieving longer-term career goals. For example, counselors are encouraged to support consumers to see beyond the "right now" job they need to pay the bills and look towards a career that will help them transition to a better life.

- Teaming to Support the Consumer: DVR encourages counselors to pull in other team members to support consumers in achieving their employment goals. This might include the employment consultant, the benefits counselor, or the assistive technology specialist. We also strongly encourage teaming with the Department of Labor, Adult Basic Education, and a range of other community partners.

- Follow-Up After Placement: DVR requires regular follow-up with consumers post-exit to promote job retention and career advancement. This can be critical for consumers who are struggling to retain their jobs. It can also be an opportunity to encourage consumers to see if they are ready for the next career step.

DVR tracks implementation of our new strategies through a new Performance Dashboard. The Dashboard provides real-time information on these practices for staff and managers at the counselor, district, and statewide level. The Dashboard provides the counselor and manager everything they need to know at a glance. It helps them judge how they are doing within a useful frame of reference so they can focus on what they need to do to achieve desired outcomes.

The WIOA measures are lagging measures, meaning most of the desired outcomes occur well after services end. For example, the measure of median earnings occurs two full calendar quarters after case closure. As a result, the measures are not very useful in guiding the work of frontline staff on a day-to-day basis. Therefore, DVR decided to establish leading measures of near-term activities that are expected to improve the longer-term WIOA outcome measures. The chart below outlines these leading measures and how they are expected to influence the lagging outcome measures.

Lead Measure (the Intervention)	Lag Measure (the Outcome)
1. Use of Assessment Leads to Better Career Choices and Employment Outcomes.	
How many have had at least one assessment done?	What is the difference between the rate of closure with successful employment for cases with assessment done and for those without?
2. A Team Approach Strengthens the Foundation Supporting Customer Engagement in Completing Goal.	
How many have documented activities by staff other than the case lead?	What is the difference between the case completion rate for cases with team involvement and those without?
3. Career-Focused Education and Training Improves Job Quality, Engagement, and Earnings.	
How many engaged in career-preparatory training or post-secondary education?	What is the difference between median earnings in the first post-exit quarter for those who engaged in training and those who did not?
4. Counseling Emphasis on Career-Focused Plans Results in Higher-Wage Employment.	
How many had a goal associated with higher wage occupations for the latest active plan for open cases in the period?	What is the difference between hourly wage greater than 125% of minimum wage for cases closed with successful employment with career-focused goals and those without?
5. Continued Encouragement and Support After Closure Results in Job Retention and Career Advancement.	
How many received the minimum expected follow-up contacts for cases closed from plan status in the period?	What is the difference between the employment rate for cases with post-exit follow-up and those without?

Linking Learning to Careers (LLC): LLC is a 5-year statewide research project awarded to DVR by the U.S. Department of Education. This grant is an opportunity to improve career outcomes for Vermont students with disabilities by offering a menu of enhanced services on top of the core services already available through DVR Transition Counselors. LLC is a timely and direct complement to recent WIOA regulatory changes with Pre-Employment Transition Services and provides valuable, real-world-tested insight into the most effective DVR practices for working with students. Throughout Vermont, 801 students are participating in the project with coordination and support from key LLC partners including the Community College of Vermont (CCV), Agency of Education, local schools, Mathematica Policy Research, TransCen, and others.

OCS and JFI: DVR partners with the Office of Child Support (OCS) on the problem of non-payment of child support via the Work4Kids program. Many people with a child support order face employment barriers – often disabilities – which prevent them from meeting their child support obligations. EAP counselors help identify these barriers, as well as treatment options and resources. People referred to Work4Kids have increased their child support payments between five- and seven-fold.

"Spirit of the ADA" Awards: During National Disability Employment Awareness Month, The Governor's Committee on the Employment of People with Disabilities (GCEPD) selects Vermont businesses who excel in recruiting, employing, and retaining Vermonters with disabilities. The GCEPD receives nominations from the public, state stakeholders, and community members. Award winners were recognized at on-site award presentations attended by the nominators, legislators, community members, and GCEPD members, and received exposure through media coverage of the events. The award for EM Brown & Son in Barton in was attended by Governor Phil Scott, as well as Commissioner Hutt and Acting Commissioner Harrington. Added this year was the Sagi Accessibility Award to commemorate the legacy of David Sagi, whose dedication served Vermonters in advocating for increased access. Ultravation in Poultney received the Sagi Accessibility award. There was a total of 28 businesses nominated and 13 awards given statewide.

Youth Advocacy Council: In collaboration with several state agencies and community partners, DVR initiated a Youth Advocacy Council in the fall of 2018. The Council is comprised of individuals between the ages of 14 and 26 with differing abilities who expressed interest in leadership and training opportunities; the focus is to increase transitional experiences after high school. Members connect with other students, advocate for youth resources, and serve as leaders while providing a community service. Participants learn about state and local initiatives that support Vermonters with disabilities and have the opportunity to provide valuable feedback. Members will also identify areas of personal concern in which they would like to effect change. Examples from the past year include employment, self-advocacy, transition to adulthood, and bullying/harassment. The Council also plans an annual statewide Youth Summit that focuses on topics and resources specific to the needs of youth and young adults in Vermont.

Future Directions

As noted, the passage of the Workforce Innovation and Opportunity Act (WIOA) includes the new requirement that VR agencies across the country devote 15% of DVR 110 federal grant funding to provide Pre-Employment Transition Services (Pre-ETS) for students still in high school, starting services as early as the freshman year. The goal of Pre-ETS is to engage students with disabilities earlier to improve their long-term employment and post-secondary educational outcomes. DVR has fully implemented Pre-ETS statewide to serve all of Vermont's 59 supervisory unions. In SFY 2019, DVR served 2,676 high school students statewide, approximately 44% of the eligible student population.

DVR is evaluating how effectively the Pre-ETS program is working and what adjustments should be made. DVR is looking at how to make sure students who engage with DVR in high school are supported after they graduate. We want to be sure we do not lose youth in the transition period after high school. DVR has formed a Charter Group to look at all aspects of DVR services for students and explore new approaches. This might include:

- An increased focus on post-secondary education and training
- Allowing Youth Transition Counselors to maintain young people on their caseload post high school exit
- Investing in dual enrollment in post-secondary programs for students with disabilities while they still in high school

The Charter Group is expected to finish its work in 2020 and present its recommendations. DVR expects to start implementation of the group's redesign recommendations in 2020.

Programs and Services

1.	Assistive Technology Program (VATP).
2.	Benefits Counseling.
3.	Creative Workforce Solutions (CWS).
4.	Developmental Services and Jump on Board for Success (JOBS).
5.	Invest EAP – Employee Assistance Program (EAP).
6.	Jobs for Independence (JFI).

7.	Linking Learning to Careers (LLC).
8.	Mature Worker Program.
9.	Progressive Employment Program.
10.	Rehabilitation Counseling for the Deaf and Hard of Hearing (RCD).
11.	Supported Employment (SE).
12.	Transition (high-school aged youth and young adults).
13.	Vermont Assistive Technology (AT) Reuse Project.
14.	Vermont Senior Community Service Employment Program (SCSEP).
15.	Work4Kids.

Vocational Rehabilitation Services: DVR services to jobseekers are tailored to the person and driven by his or her own interests, job goals, and needs. Each person meets regularly with his or her DVR counselor, who helps to develop an Individualized Plan for Employment (IPE) and manages the services and supports needed to realize the person's career goals. The core services of vocational assessment, counseling and guidance, job training, and job placement provided by DVR staff and partners are enhanced with a range of purchased services and supports.

Placement Services: DVR counselors benefit from dedicated Employment Consultants who provide job development, job placement, and workplace supports to help people find and keep jobs. DVR has longstanding partnerships with Designated and Specialized Services Agencies (DAs and SSAs) to provide supported employment services to people with developmental disabilities. DVR also has an ongoing partnership with the Vermont Association of Business, Industry, and Rehabilitation (VABIR) to provide employment services to DVR customers.

Results

How many people we serve:

- 8,074 individuals were served in SFY 2019. 8,393 were served in SFY 2018.
- 6,756 people served in the core DVR program. 7,120 were served in SFY 2018.
- 1,318 high school students served through Pre-Employment Transition Services only. 1,555 were served in SFY 2018.

The primary reason the overall caseload has gone down, is that the new WIOA performance measures encourage agencies to focus on longer term career outcomes for consumers instead of the number of job placements. This emphasis on quality over quantity is shifting DVR practice to serve fewer consumers more intensively over a longer period of time. For example, it takes more resources and more time to support a consumer to achieve a post-secondary credential than it does to place them in entry level employment. However, once that consumer has that credential, their long-term career and earnings prospects are greatly improved.

How well we serve them:

The DVR Consumer Experience Survey is conducted every three years to determine consumers' overall satisfaction with the program. The survey is conducted by a third-party research firm, Market Decisions Research (MDR), who have an extensive background in working with other VR agencies nationwide. Seven hundred consumers were contacted to provide information for our 2019 survey.

The results from our 2019 survey were positive. Market Decisions Research found that of the consumers surveyed:

- 81% reported that they were satisfied or very satisfied with DVR.
- 96% said that they would recommend that their friends or family members seek help from DVR.
- 92% of consumers reporting that they are satisfied with their experience working with DVR staff and DVR Counselors; this statistic has risen two percent from our previous survey in 2016.

Consumers have reported consistently high rates of satisfaction about their treatment by DVR staff. In the 2019 survey, 98% of consumers reported feeling that they were treated by DVR staff with dignity and respect. The largest improvement in customer experience was seen in the ability of consumers to communicate with their DVR counselors. In 2016, 88% of consumers were satisfied with their ability to contact their counselor; in 2019 this percentage has risen to 91%, an all-time high.

VR is studying the effects of the LLC design. Participants were randomly assigned to either the 'enhanced' or 'core' group at enrollment. Roughly half are in each group: 412 receive enhanced services, and 389 receive core DVR Transition services. As of November 2019:

- Over 61% of Enhanced group participants have had work-based learning experiences (unpaid internships or paid employment), compared to 23% in the Core group.
- Over 54% of Enhanced group participants have had post-secondary counseling, compared to 32% in the Core group.
- Over 89% of Enhanced group participants have worked with Employment Consultants, compared to 65% in the Core group.
- Over 56% of Enhanced group participants have an LLC Plan – a personal, aspirational plan documenting their work with LLC (only available to Enhanced group).
- At least 26 Enhanced group participants have taken Contracted Courses at CCV (only available to Enhanced group).
- At least 80 Enhanced group participants have had a one-on-one consultation with an LLC Assistive Technology Specialist (only available to Enhanced group).
- Over 16% of Enhanced group participants have used the additional transportation funding available through LLC.

How people are better off:

- 877 individuals closed their DVR case in SFY 2019 with successful employment. This means they:
  - had met their individual employment goal
  - had been employed for at least 90 days and were stable
- 330 or 38% had a wage above 125% of the minimum wage.

The WIOA legislation mandated that VR agencies significantly shift their priorities to providing "Pre-Employment Transition Services" (Pre-ETS) to students with disabilities in school, even prior to their applying officially for VR services. It also required that VR agencies reserve 15% of their grant awards for these Pre-ETS services. This new emphasis on introducing high school students to DVR's career counseling, work-based learning, training, and support services should yield better career outcomes in the future. In the meantime, our primary task has been to reorient our staff and services to ensure we are meeting this new federal mandate.

Providing real work-based learning experiences in real employment settings is one of the most effective ways to prepare students and youth for long-term success. Therefore, DVR has invested more resources in providing these opportunities for students and youth. The percent of students and youth served by DVR who engaged in work-based learning experiences with real employers before age 22 has increased.

- SFY 2011-2014 (pre-WIOA): 15% of all DVR youth served received a work-based learning experience.
- SFY 2015-2019 (post-WIOA): 26% of all DVR youth served received a work-based learning experience.
- In SFY 2019, 931 students and youth under age 22 had work-based learning experiences as part of their DVR services.