VERMONT

AGENCY OF HUMAN SERVICES

DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING

2020 Annual Report

December 2020

Department of Disabilities, Aging and Independent Living

A Message from the Commissioner

Welcome to the Department of Disabilities, Aging and Independent Living's Annual Report for 2020. 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 really is 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

Table of Contents

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 managed throughout five distinct divisions. 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/

The Adult Services Division manages long-term services and supports for older Vermonters and adults with physical disabilities, including federal Older American's Act funding and a wide variety of Medicaid funded home and community-based services including Choices for Care, Attendant Services, Brain Injury services and Adult High Technology Services.

The Developmental Disabilities Services Division manages home and community-based services for Vermonters with developmental and intellectual disabilities as well as court appointed Public Guardian services for adults who cannot represent themselves, and do not have family or friends to represent their interests.

The Division for the Blind and Visually Impaired manages services for Vermonters who are blind or have a visual impairment to help people gain or maintain employment and independent living.

The Division of Licensing and Protection manages regulatory oversight of federal and state licensed facilities in Vermont including nursing facilities, residential care, assisted living, hospitals, and home health agencies. They also manage the Adult Protective Services Unit that investigates abuse, neglect and financial exploitation of older Vermonters who are considered "vulnerable" by state statute.

The Division of Vocational Rehabilitation manages federally funded training and employment services to Vermonters who need help to gain new job skills, to find or maintain employment and to create a path for career development. They also manage Employee Assistance Program (EAP) services for the State of Vermont and businesses.

Staff and Partners

DAIL includes 282 positions 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 $542 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

A few recent developments and accomplishments include:

- November 2019, DAIL finalized and submitted the Act 172 working group report of recommendations that led to the passage of the Older Vermonters Act in September 2020.
- In April 2020, the Adult Services Division promulgated new Choices for Care regulations within the Health Care Administrative Rules.
- In February 2020, Adult Protective Services unit (APS) within the Division of Licensing and Protection, was awarded a three year, one million dollar grant by the Administration for Community Living to create, coordinate, and maintain a Restorative Justice Program to serve both victims and perpetrators of vulnerable adult maltreatment – defined in Vermont statute as abuse, neglect, or exploitation. The program will provide meaningful, strength-based, participant driven responses to vulnerable adult maltreatment in Chittenden, Franklin, and Grand Isle Counties through the grant term, with hopes of expanding statewide.

- The Division of Vocational Rehabilitation was selected by the Kessler Foundation for a $450,000 grant designed to improve employment prospects for DVR consumers who receive Social Security disability benefits. Vermont was one of only 6 projects to be selected out of over 70 applications. The project will provide an innovative combination of services and financial incentives to help beneficiaries obtain income sufficient to exit the benefit rolls.
- The Division for the Blind and Visually Impaired implemented a grant with the Vermont Association for the Blind and Visually Impaired to receive $100,000 of CRF funding to reduce social isolation of older Vermonters using smart phone technology with accessibility features. Ninety percent of all clients who completed services from July 1, 2020 to September 30, 2020 reported feeling less socially isolated and better off for having received the services.
- After a short break due to the COVID-19 pandemic, DAIL continues to make progress 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.

Future Directions

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

- Recruiting to fill the Deaf, Hard of Hearing and Deaf/Blind Services Director position which will work closely with the Deaf, Hard of Hearing and Deaf/Blind Advisory Council and Vermont stakeholders to identify and address the needs deaf, hard of hearing and deaf/blind Vermonters.
- 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.
- Consider policy and practice flexibilities provided during the COVID-19 emergency that could be continued in the future that have been successful in meeting people's needs.

- Begin implementation of the Older Vermonters Act, including promotion of the principles and the development of the proposed process for the Vermont Action Plan for Aging Well. ... https://legislature.vermont.gov/assets/Documents/2018/Docs/ACTS/ACT172/ACT172%20As%20Enacted.pdf https://dail.vermont.gov/resources/legislative/older-vermonters-working-group
- Plan for the use of $5 million in supplemental Money Follows the Person grant funds from CMS, to strengthen the HCBS system and prevent or delay institutionalization.
- Continue work on health reform and alignment with the All-Payer Model, as directed by the legislature and existing agreements with the federal government. The efforts in the Developmental Disabilities Services Payment Reform project; which include goals toward independent assessment, case management/service coordination, and provider reporting and accountability; support the goals of health reform and alignment with the All-Payer Model.
- Within DVR and DBVI, continue 'CAREERS' work related to 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
- Continue 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
- Implement Summer Youth Employment: Real work-based learning experiences in high school have been shown to be the most effective way to prepare students with disabilities for employment after high school. For the first time, DVR is planning to implement a statewide summer youth program for students with disabilities. We hope to serve up to 200 students across the state in 2021.
- Continue 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.
- Continue 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.
- Continue 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
- Implement the Vermont Adult Protective Services Restorative Justice pilot program. This new program will seek to draw on a victim's identified strengths, culturally established beliefs, goals, wishes and expectations to create a plan to repair harm and attempt to make the victim "whole". This will provide additional options for harm reduction, service delivery, reparation and restitution, rather than solely relying on a perpetrator's placement on the Vermont Adult Abuse Registry. The Restorative Justice pilot program seeks decrease recidivism among perpetrators and reduce re-victimization.
- Continue 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 part of this process.
- In the next biennium, we plan to look at whether any changes should be made to the Adult Protective Services (APS) statute 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.

- Continue 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
- Continue work with DAIL 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, ensure 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

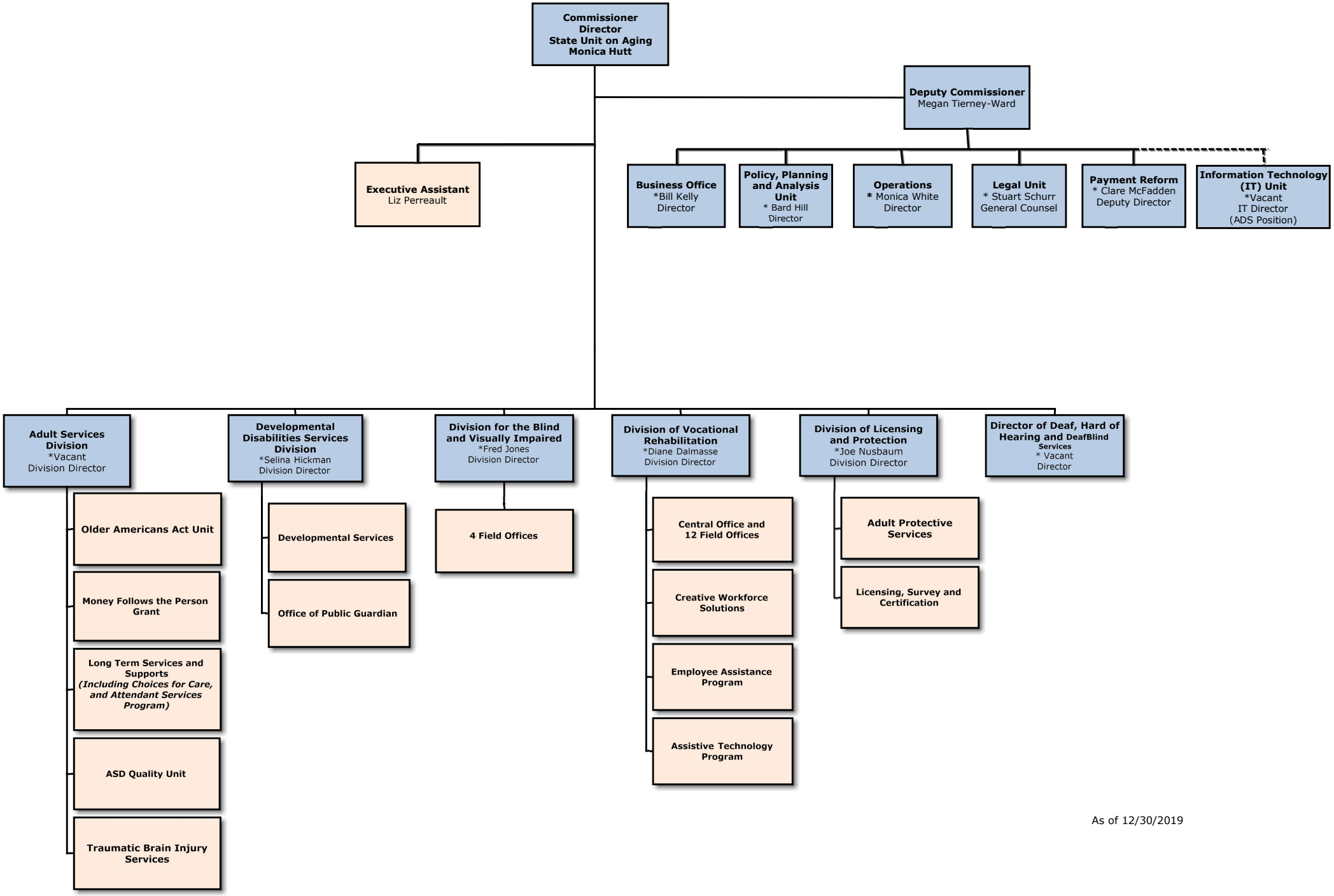
DAIL continues work to improve our use of performance measures and performance accountability. This is intended to support accountability for the results of our programs and services, including an increasing focus on measures of how people we serve are 'better off', and how we can improve our performance 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)



As of 12/30/2019

*** = Identifies contacts for DAIL Senior Leadership**

Facts and Figures

Themes

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

- Covid-19
- Vermont Demographics.
- Employment.
- Health and Health Disparities.

COVID-19

The COVID-19 pandemic has impacted everything we do, beginning in SFY2020, continuing into SFY2021- and perhaps beyond. The virus has a disproportionate effect on older people, people with disabilities, and people with chronic health conditions- the very people who DAIL serves across our multiple divisions and programs. The most conspicuous outbreaks have occurred in long term care facilities, with residents of these facilities representing about 40% of all reported COVID-19 deaths nationwide. We continue to work with the federal government, state government, and local partners and providers to maintain the health and safety of Vermonters and to limit the spread of infection in our communities and facilities.

Relevant data and information is available on both the DAIL and Vermont Department of Health websites:
https://dail.vermont.gov/novel-coronavirus-information
https://www.healthvermont.gov/covid-19

Vermont Demographics

In 2019, Vermont had the fifth highest median age (42.8) in the United States. Maine had the highest median age (45.1) followed by Puerto Rico (43.1), New Hampshire (43), and West Virginia (42.9).
https://www.statista.com/statistics/208048/median-age-of-population-in-the-usa-by-state/

The six states with the highest percentage of their populations age 65 and older in 2018 were Maine (21%), Florida (21%), West Virginia (20%), Delaware (19%), Montana (19%) and Vermont (19%).
https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf

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

Facts and Figures

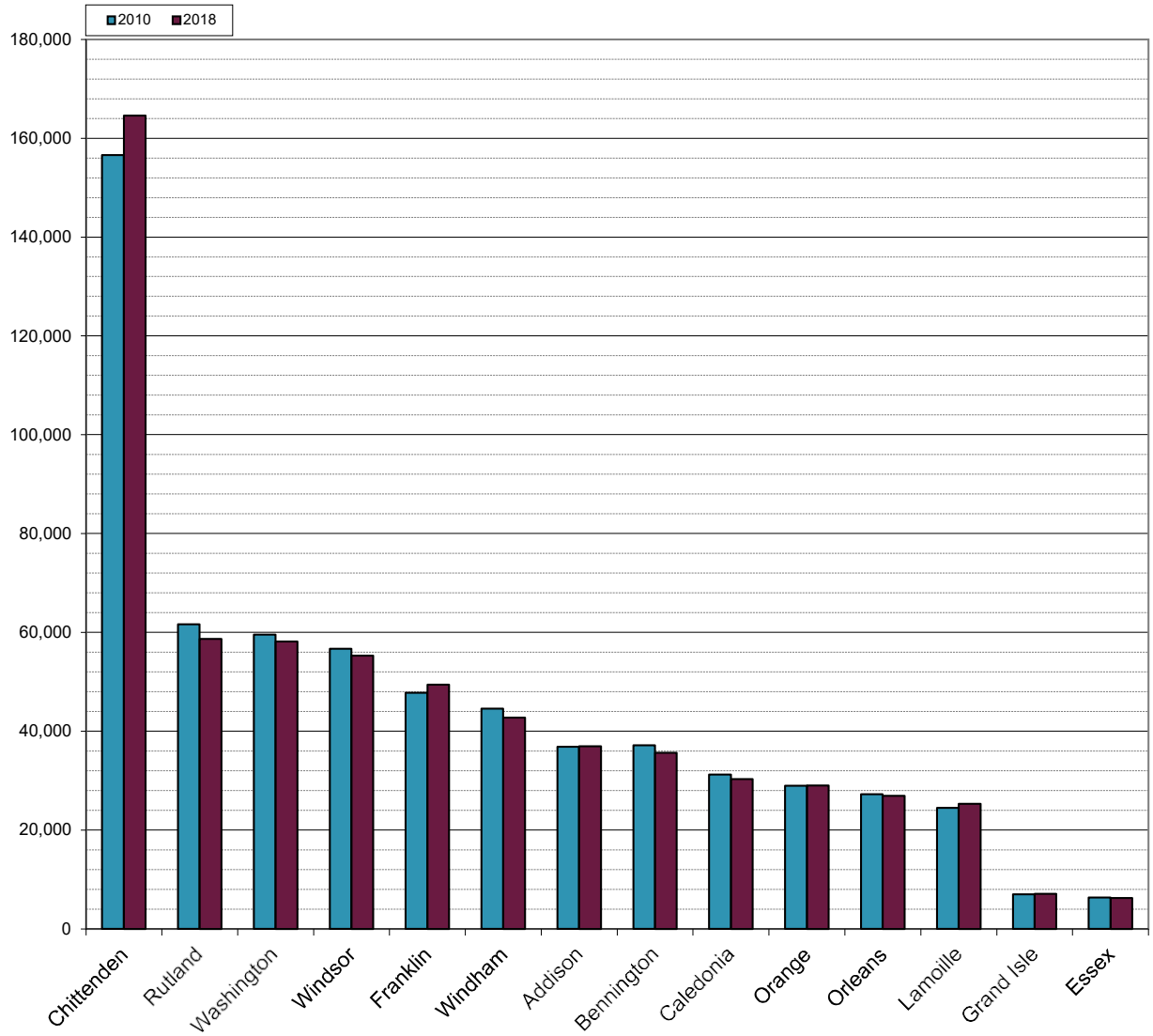
about 28% of the state's population by 2030. In 2015, nearly 15,000 Vermonters were over the age of 85; this is projected to increase to over 50,000 by 2050. Because this 'oldest' age group is most likely to need support services - partly due to a high prevalence of dementias among this oldest age group - 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- but a 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.

There is some evidence of increased immigration to Vermont from other states as a result of COVID-19, including purchases of homes by residents of other states and increased enrollment in some Vermont schools. This could potentially mitigate the aging of our resident population, but it is too soon to see if this is a significant trend that impacts US Census population estimates.

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

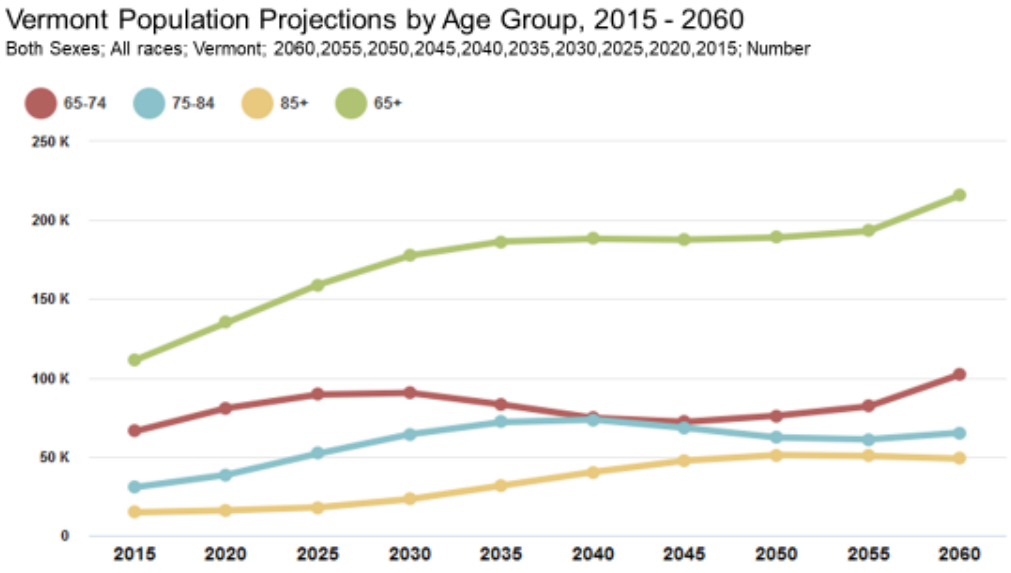
Figure 1. Population of Vermont Counties
2010 Census Counts and 2018 Estimates



https://www.healthvermont.gov/health-statistics-vital-records/vital-records-population-data/vermont-population-estimates

Recent US Census data show that between 2010 and 2018 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). The factors that drive 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

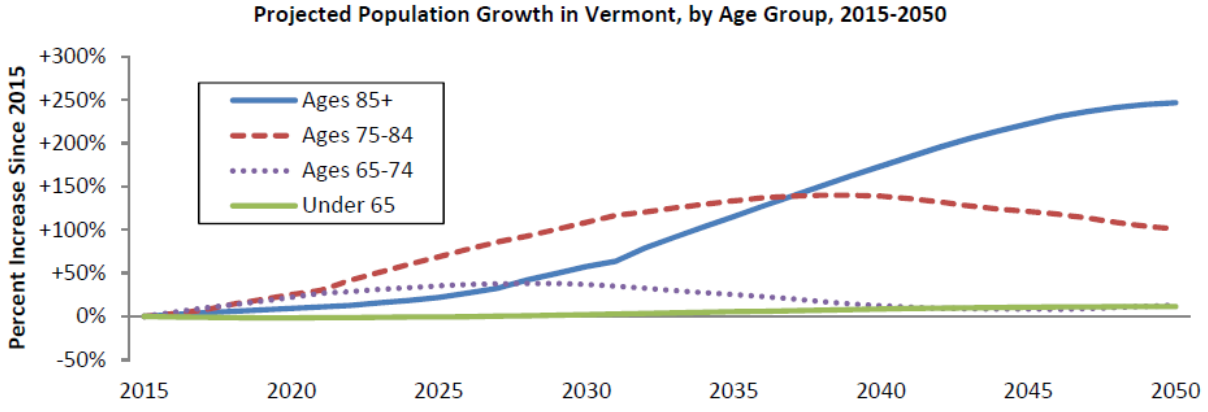
differences in population trends to produce regional differences in labor markets and in demand for services. For more information see: https://www.healthvermont.gov/sites/default/files/documents/pdf/HS-STAT-2019-Population-Estimates-Bulletin.pdf



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

AARP DataExplorer

This shows increases in the number of older Vermonters, including significant growth in the number of people aged 85+ between 2015 and 2050. 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

Facts and Figures

The Centers for Disease Control (CDC) defines the general fertility rate as the number of births per 1,000 women aged 15–44. In 2019, Vermont's general fertility rate was 46.8, the lowest rate in the US.
https://www.cdc.gov/nchs/pressroom/sosmap/fertility_rate/fertility_rates.htm

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 combined with a stable number of younger caregivers.

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

This table published by AARP shows a very significant change in the Caregiver Support Ratio in Vermont between 2015 and 2050.
https://www.aarp.org/content/dam/aarp/ppi/2018/08/vermont-LTSS-profile.pdf

	2020 Prevalence	Estimated Number of U.S. Adults Who Are Caregivers	2015 Prevalence	Estimated Number of U.S. Adults Who Are Caregivers
Overall	21.3%*	53.0 million	18.2%	43.5 million
Caregivers of recipients ages 0–17	5.7%*	14.1 million	4.3%	10.2 million
Caregivers of recipients ages 18+	19.2%*	47.9 million	16.6%	39.8 million
Caregivers of recipients ages 18–49	2.5%	6.1 million	2.3%	5.6 million
Caregivers of recipients ages 50+	16.8%*	41.8 million	14.3%	34.2 million

Figure 1. Prevalence of Caregiving by Age of Care Recipient, 2020 Compared to 2015
*Significantly higher

As reported by AARP, caregiving prevalence in the US has risen from 16.6 percent in 2015 to 19.2 percent in 2020. This represents an increase of over 8 million adults providing care to a family member or friend age 18 or older, largely driven by an increase in the prevalence of caring for a family member or friend who is age 50 or older. AARP authors note that this increase in prevalence may be due to any of the following:

- The increasingly aging baby boomer population requiring more care.
- Limitations or workforce shortages in the health care or long-term services and supports (LTSS) formal care systems.
- Increased efforts by states to facilitate home- and community-based services.
- Increasing numbers of Americans who are self-identifying that their daily activities, in support of their family members and friends with health or functional limitations, are caregiving.
- The confluence of all of these trends.

The 2020 AARP report notes: "Of key concern for policy makers and other stakeholders is whether this arrangement is sustainable with the care gap looming on the horizon, as more people need care and fewer potential family members are available to provide that everyday help. Without greater explicit support for family caregivers in coordination among the public and private sectors and across multiple disciplines, overall care responsibilities will likely intensify and place greater pressures on individuals within families, especially as baby boomers move into old age. In addition, the caregivers themselves require support to ensure they do not suffer deteriorating health effects, financial insecurity, or a combination of these negative impacts. There is an opportunity for public health experts, policy makers, health and social providers, researchers, employers, financial institutions, and other stakeholders to work together to improve the health care and LTSS systems so they better address the needs of caregivers." https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf

"Over the next 20 years, the number of people in their 80s and 90s living alone will dramatically increase. Because those living alone at older ages can have greater needs for support in the home as well as fewer resources than similarly-aged couples, the growth in single-person households has implications for family members and policymakers alike.
The first baby boomers will reach age 80 within the decade. By 2038, there will be 17.5 million households in their 80s and over, more than double the 8.1 million in 2018. These households will also constitute an increasingly larger share of all US households, doubling from 6 percent in 2018 to 12 percent in 2038. As we note in our recent report, *Housing America's Older Adults 2019*, the majority of these households will be made up of just a single person.
…

Facts and Figures

Going forward, all levels of government will need to address the needs of older adults living alone, particularly those who require in-home services and who live in places where social connections are made more challenging by limited transportation options."
https://www.jchs.harvard.edu/blog/the-number-of-people-living-alone-in-their-80s-and-90s-is-set-to-soar

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

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%

This table produced by AARP shows 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.
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 2018, an estimated 11.5% of Vermont residents age 21-64 had a disability, compared to 10.4% across the entire US. Conversely, among people age 65+, an estimated 32.4% of the Vermont population had a disability, compared to 33.8% across the entire US.
https://disabilitystatistics.org/reports/acs.cfm?statistic=1

In 2018 the Vermont Department of Health posted "The Health of Vermonters Living with Disabilities". This document provides information about Vermonters with disabilities. One on five Vermont adults have at least one type of disability, and one in ten have two or more disabilities.

Vermonters with a disability have significant differences in health compared to Vermonters without a disability:

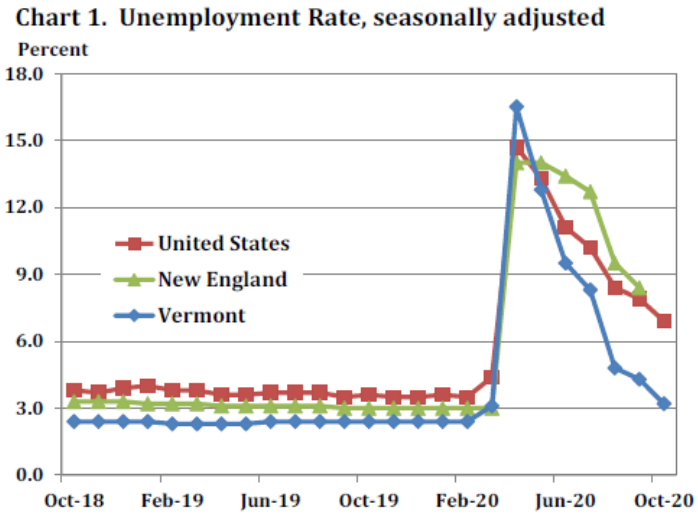
- Health Status: One third of Vermonters with a disability report poor physical health and one third report poor mental health. Adults with a disability are less likely to report seeing the dentist in the last year and are twice as likely to have ever had a tooth pulled compared to adults without a disability. 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.

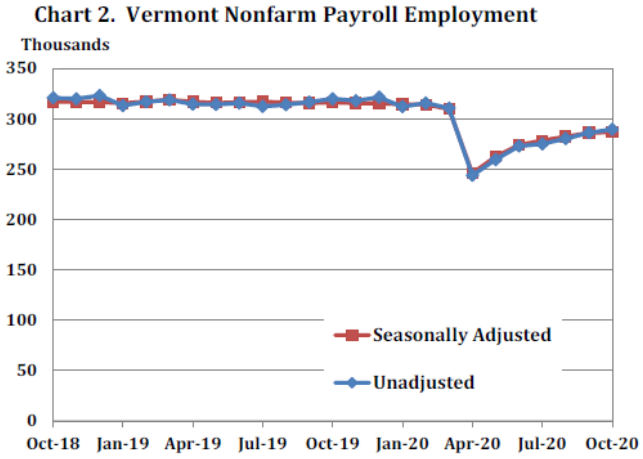
http://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf

Employment

Workforce: In November 2020 the Vermont Department of Labor posted a release that included the following graph:



Through most of SFY2019, Vermont unemployment remained very low. COVID-19 impacted both employment and unemployment beginning in March 2020.



http://www.vtlmi.info/press.pdf

"The nation's longest recovery left Vermont with fewer workers. In 2019, 342,226 Vermonters were working or actively looking for work—11,500 fewer than in 2007. Chittenden, Franklin, and Washington counties, which accounted for 46 percent of workers in 2019, saw their labor forces grow, but those gains were more than offset by declines in the state's other 11 counties. Vermont ranked fourth among the states in the share of population at retirement age (65 and older). The share of people of prime working age—35 to 54—shrank. And workforce participation dropped. These factors helped make Vermont one of 11 states, including three in New England, whose labor forces shrank between 2007 and 2019."
https://publicassets.org/wp-content/uploads/2020/12/SWVT2020.pdf

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 2020 Senior Health Report for Vermont, the United Health Foundation found that in the past two years home health care workers decreased 9%, from 209 to 190 aides per 1,000 adults age 65+ with a disability.
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 2020 the federal Bureau of Economic Analysis (BEA) updated statistics for gross domestic product (GDP) by county in 2019. Combined with BEA's county estimates of personal income, GDP by county offers a more complete picture of local area economic conditions. The data (table below) shows

significant differences across Vermont counties in GDP. Notably, GDP in Chittenden County represents nearly 35% of Vermont's total GDP.

While we can anticipate that COVID-19 will have significant effects on GDP across Vermont, those effects are not yet fully known. The Public Assets Institute recently published this observation:
"The pandemic also exposed deep-seated structural inequities. Most glaring: Illness and death from COVID-19 have been highest among people of color, immigrants, low-paid essential workers who leave their homes to earn a living, people with disabilities, and the most marginalized, including the incarcerated, institutionalized, and homeless. Historic trauma, limited access to health care, and the daily stresses of poverty and racism have left these people most vulnerable. Women have also been hit harder than men. They have left the workforce in greater numbers to care for children at home. And of those who've kept their jobs, many do so at risk to their health, since women predominate in frontline occupations such as hospital work and home care.

The growth of the nation's older population presents opportunities for people to live healthier longer, and in the places and situations they choose – but only if informed by a clear view of the challenges and with concerted efforts to address mismatches in our aging population; the affordability, location, and suitability of our housing; and the availability of supportive services. This will be particularly true for the growing number of solo households in their 80s and beyond."
https://publicassets.org/wp-content/uploads/2020/12/SWVT2020.pdf

US Bureau of Economic Analysis:
Gross domestic product (GDP): All industry total (Thousands of dollars)

Vermont	34,013,399
Addison, VT	1,755,115
Bennington, VT	1,799,219
Caledonia, VT	1,148,781
Chittenden, VT	11,805,010
Essex, VT	157,584
Franklin, VT	2,111,211
Grand Isle, VT	198,436
Lamoille, VT	1,228,737
Orange, VT	861,642
Orleans, VT	1,108,982

Rutland, VT	2,771,352
Washington, VT	3,900,571
Windham, VT	2,434,474
Windsor, VT	2,732,285

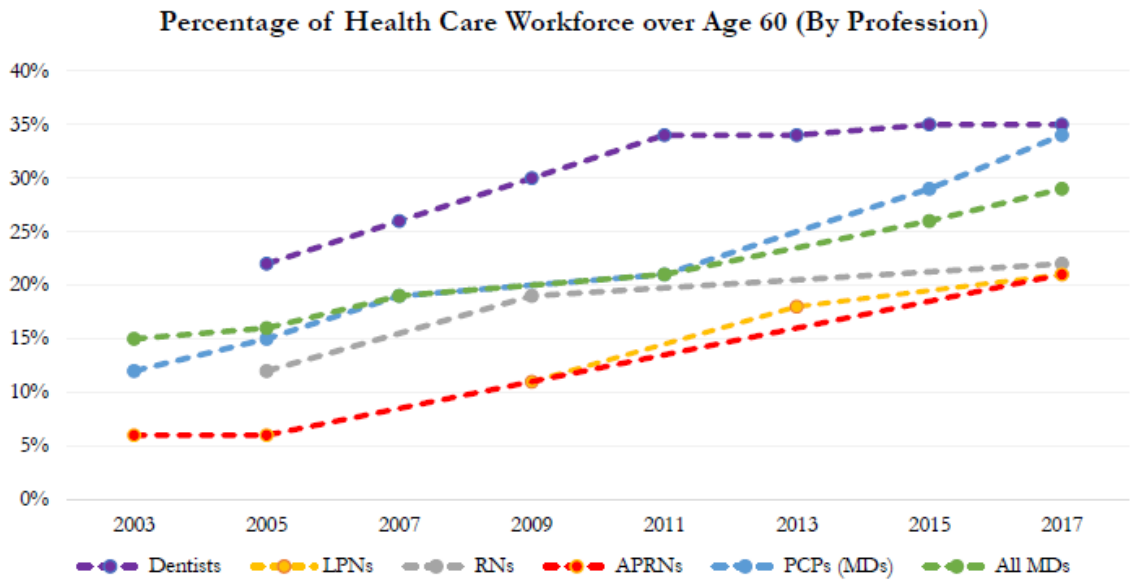
Legend / Footnotes:
Gross Domestic Product (GDP) is in thousands of current dollars (not adjusted for inflation).
Updated: December 9, 2020 -- new statistics for 2019

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. In December 2019 the Rural Health Services Task Force Workforce Subcommittee 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 disabilities services 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.

Facts and Figures



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

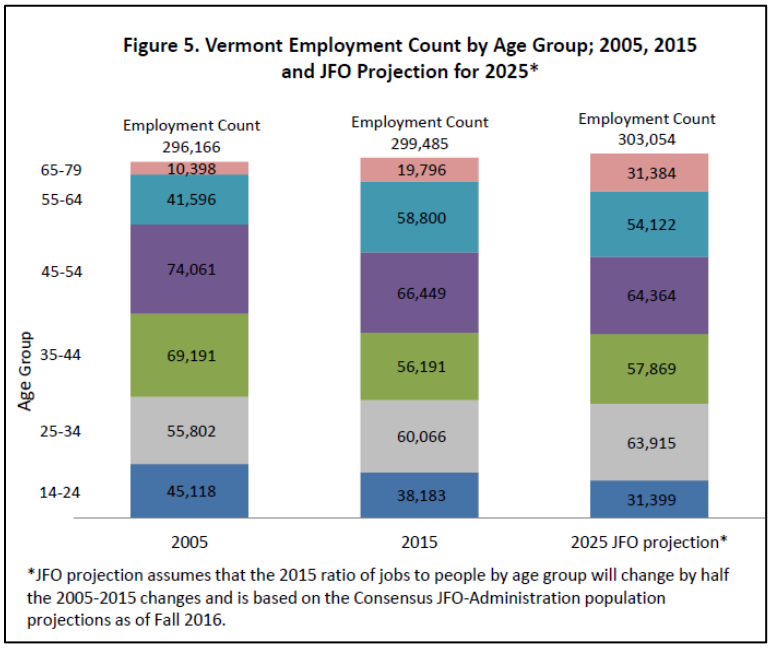
Older Workers: Older people in the United States today often need to work past their desired "retirement age." However, evidence demonstrates that this is not easy for most older workers; 52 percent of retirees left their jobs before they had intended to. Wages, hours, and working conditions for older adults often are much worse than their career jobs, and frequently do not accommodate aging bodies. Age discrimination occurs both in hiring and on the job. The Fall 2019 issue of Generations focused on the economic conditions of older people as they stay or reenter the workforce, with a critical look at the older labor market.
https://www.asaging.org/blog/generations-future-work-and-older-workers
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 work can maintain their 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 estimated in 2019 (a five-year estimate for 2015-2019) that 33% of Vermonters age 65-74 (26.0% for US) and 8.5% of Vermonters age 75+ (6.8% for US) participated in the labor force.
ACS TableS2301: https://data.census.gov/cedsci/table?q=ACSST5Y2016.S2301&tid=ACSST5Y2019.S2301

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 2018 employment rate of Vermonters with disabilities age 21-64 was 41.3%, compared to a national rate of 37.8%.
https://disabilitystatistics.org/reports/acs.cfm?statistic=2

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 reports that 36.0% of Vermont residents volunteered, ranking

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 2019 was $25.18/hour. This suggests that the contribution of volunteer time by older Vermonters and Vermonters with disabilities has an estimated 'value' of more than $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. The 2020 report includes specific strengths and challenges for older Vermonters:
Strengths:

- Low prevalence of multiple chronic conditions
- High prevalence of high health status
- Low prevalence of food insecurity

Challenges:

- High prevalence of falls
- Low percentage of hospice care use
- Low prevalence of cancer screenings

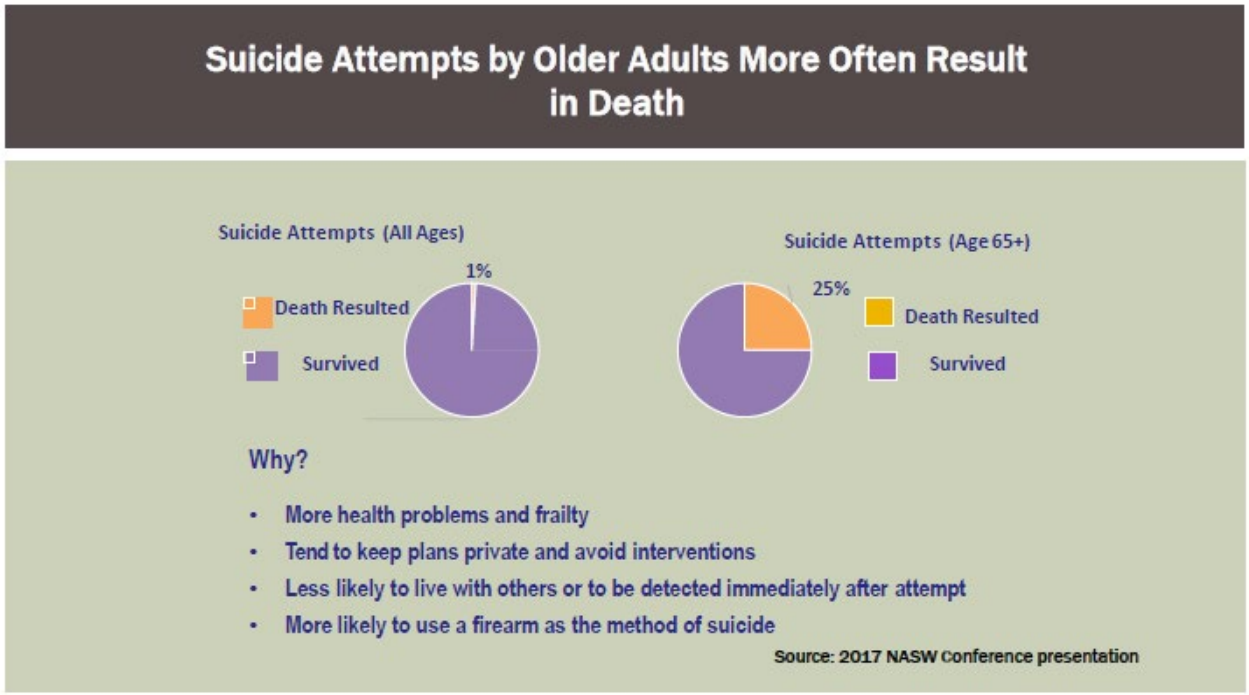
Other highlights:

- Food insecurity decreased 33% in the past three years from 15.4% to 10.3% of adults ages 60+
- Low-care nursing home residents increased 26% since 2013 from 6.5% to 8.2% of residents
- Home health care workers decreased 9% in the past two years from 209 to 190 aides per 1,000 adults ages 65+ with a disability
- Cancer screenings decreased 15% since 2014 from 82.8% to 70.6% of seniors receiving recommended screenings
- Flu vaccination coverage decreased 16% in the past five years from 65.0% to 54.4% of adults ages 65+
- Early death decreased 13% in the past five years from 1,708 to 1,486 death per 100,000 adults ages 65-74

https://assets.americashealthrankings.org/app/uploads/vermont-senior-summary-2020update.pdf

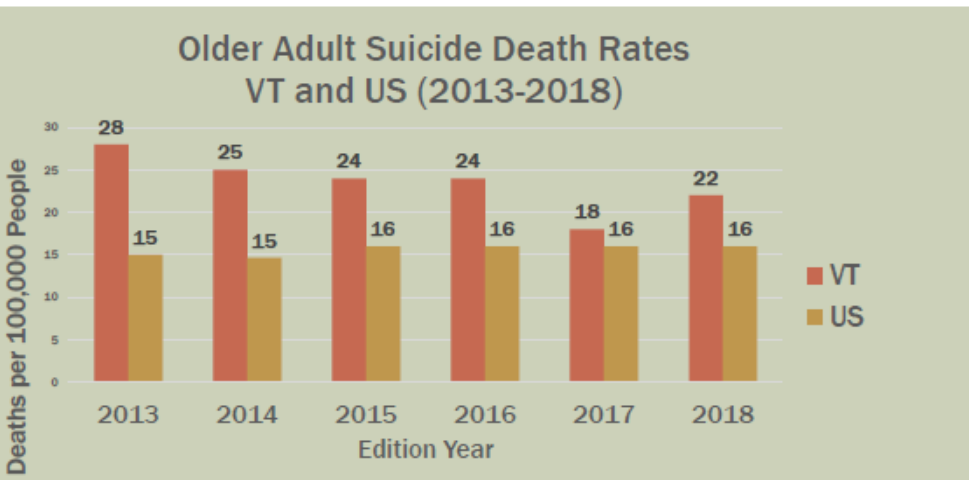
Facts and Figures

Suicide: In Vermont, death by suicide is high among males 65 years and older (32.2 deaths per 100,000 male Vermont Residents in 2015-2017). 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.



Facts and Figures

OLDER VERMONTERS HAVE HIGH RATE OF SUICIDE



Suicide Facts & Figures: Vermont 2020

On average, one person died by suicide every three days in the state.

More than eight times as many people died by suicide in Vermont in 2018 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 2,290 years of potential life lost (YPLL) before age 65.

Suicide cost Vermont a total of **$117,583,000** combined lifetime medical and work loss cost in 2010, or an average of **$1,109,277 per suicide death**.

8th leading cause of death in Vermont

2nd leading cause of death for ages 10-44

4th leading cause of death for ages 45-54

5th leading cause of death for ages 55-64

15th leading cause of death for ages 65+

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Vermont	**125**	**18.66**	**18**
Nationally	48,344	14.21	

CDC, 2018 Fatal Injury Reports (accessed from www.cdc.gov/injury/wisqars/fatal.html on 3/1/2020).

afsp.org/statistics

American Foundation for Suicide Prevention

Facts and Figures

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 Vermont's rates of suicide.
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
https://static1.squarespace.com/static/564f3d4fe4b06abfbce08b63/t/5e3c55eb89f1dd0fb7409e6f/1581012462353/SuicideAmongtheElderly_190920.pdf
https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_suicide_morbidity.pdf

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 is 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 August 2018 the Vermont Department of Health published The Health of Vermonters Living with Disabilities. The report noted that one in seven (15%) people in Vermont have a disability.

- The amount of people who have a disability increases as people get older; 22% of adults living in Vermont have a disability.
- About half of these adults, or 49,000 people, have more than one disability.
- Adults of color are two times as likely to have a cognitive disability or visual disability than white adults.
- LGBT adults are two times as likely to have any disability or more than one disability than non-LGBT adults.
- Half of adults living in Vermont who have a disability live in a house that makes less than $25,000 a year.
- Four in ten adults in Vermont with a disability have fair or poor general health. This is seven times more than adults without a disability.

Vermonters with a disability have significant differences across a broad range of health measures compared to Vermonters without a disability, including:

- 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.
- 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.
- 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.

Facts and Figures

- Adults with a disability are three times as likely to smoke cigarettes and twice as likely to use marijuana than adults with no disability.
- Vermont adults living with a disability are twice as likely to have ever experienced sexual violence and intimate partner violence.
- Half of adults in Vermont with a disability that are age 65 and older fell in the past year. This is two times the amount of adults age 65 and older without a disability that fell in the last year (26%). Among the adults with a disability age 65 and older who fell at least once in the past year, 4 in 10 had a fall that caused an injury.

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

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 ranked 20th in the country for risk of social isolation among older adults in the 2020 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 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 age 65+ 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. In 2016, 17% of people receiving hospice in Vermont had a primary diagnosis of dementia.
https://www.alz.org/getmedia/63d70f05-798f-49ad-aab6-994ff1bc13e6/vermont-alzheimers-facts-figures-2020

The Centers for Disease Control and Prevention reported that Alzheimer's Disease was the fifth leading cause of death in Vermont in 2018 (after heart disease, cancer, accidents, and chronic lower respiratory diseases). A total of 333 people were reported to have died of some form of dementia in 2018, reported as the 14th highest death rate in the US.
https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm

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

Long Term Services and Supports: Long term services and supports help to address a variety of health conditions and health disparities. Vermont's long-term services and supports were ranked #5 in the United States in the most recent (2020) Long-Term Services & Supports State Scorecard produced by AARP and The Scan Foundation. The scorecard ranks each State on long-term services and supports for older adults, people with physical disabilities, and family caregivers.

The Scorecard ranks the states from highest to lowest performance on indicators in four dimensions: Affordability and Access, Choice of Setting and Provider, Quality of Life and Quality of Care, and Effective Transitions. Within each of these four dimensions, individual indicator ranks are averaged, and those averages are then re-ranked for dimension-level ranks. The Support for Family Caregivers dimension is a single composite across twelve policy areas, with state dimension rank based on the total composite score. The dimension ranks are then averaged (with the Quality dimension given half weight) and re-ranked to compute the overall ranking of each state's LTSS system performance.

Facts and Figures

Minnesota and Washington have ranked either #1 or #2 in every Scorecard. In 2020 Minnesota was ranked #1 followed by Washington, Wisconsin, Oregon, and Vermont.

Ranking #5 overall, Vermont's ranking in the five dimensions was:

- Affordability and Access: 23.
- Choice of Setting and Provider: 3.
- Quality of Life & Quality of Care: 8.
- Support for Family Caregivers: 7.
- Effective Transitions: 16.

https://www.longtermscorecard.org/2020-scorecard/preface
https://www.longtermscorecard.org/databystate/state?state=VT
http://longtermscorecard.org/~/media/Microsite/State%20Fact%20Sheets/Vermont%20Fact%20Sheet.pdf

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 36 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 variety of organizations in managing services for Vermonters, including:

- 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
- Transition II
- Traumatic Brain Injury Providers
- Vermont Center for Independent Living

Recent Developments and Accomplishments

In response to the COVID-19 State of Emergency, ASD worked diligently to serve Vermonters under the 'stay-at-home order' and beyond:

- We administered $5.2 million in federal Families First Act and CARES Act COVID relief funds and $5.7 million in federal Coronavirus Relief Funds (CRF) for services such as Adult Day, Meals on Wheels, Information & Assistance,

Case Management, Eldercare Counseling, and innovative initiatives to combat social isolation.

- We provided flexibilities in Choices for Care, Moderate Needs, Attendant Services, and the Brain Injury Program to allow for assessments and services to be delivered remotely, for more funds to be used for assistive devices and home modifications, for many different types of caregivers to be paid, and for care plans to be modified and funding to be shifted to different services and providers.
- We issued policy and procedure memos and guidance for staff, home-based service providers, caregivers, senior centers, Adult Days, and Meals on Wheels volunteers.
- We supported our networks of providers and partners with hundreds of hours of ongoing technical assistance through regular conference calls, web-based meetings, and network discussions.

Additional ASD developments and accomplishments in SFY19 include:

- In November 2019, we finalized and submitted the Act 172 working group report of recommendations that led to the passage of the Older Vermonters Act in September 2020.
- In April 2020, our new Choices for Care regulations were approved by the Vermont legislature.
- We engaged with stakeholders and surveyed participants regarding federal conflict-free case management rules for Choices for Care and the TBI programs.
- We worked with agencies to ensure that more Adult Family Care homes have completed housing and accessibility inspections to ensure that participants have safe residences that meet their needs.
- We strengthened partnerships across state government, for example, supporting the Agency of Transportation's focus on aging in their new Public Transit Policy Plan and the Department of Health's successful grant application to build a public health infrastructure for Alzheimer's and Dementia.

Future Directions

In SFY21 ASD plans to:

- Conduct a survey of Choices for Care and Brain Injury participants to understand their experiences during the early months of the COVID-19 emergency and analyze results to address future service delivery planning.

- Apply for supplemental Money Follows the Person grant funds made available by CMS to strengthen the HCBS system and prevent or delay institutionalization.
- Launch a quality survey process for participants in Adult Family Care homes.
- Consider policy and practice flexibilities provided during the COVID-19 emergency that could be continued in the future that have been successful in meeting people's needs.
- Continue work on the federal Home and Community-Based Services (HCBS) rules with regards to setting characteristics and conflict-free case management.
- Work with stakeholders to improve the way the Moderate Needs program is managed.
- Implement Year Three of the federal TBI State Partnership grant.
- Improve the assessment tool used by the long-term services and supports programs.
- Review Year Two progress of goals and objectives in the current FFY19-22 State Plan on Aging and identify priority areas of focus for Year Three.
- Conduct a statewide survey of older Vermonters and family caregivers to inform the development of the Area Agency on Aging Area Plans and FFY23-26 State Plan on Aging.
- Begin implementation of the Older Vermonters Act, including promotion of the principles and the development of the proposed process for the Vermont Action Plan for Aging Well.

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
- Brain Injury Program

Adult Services Division (ASD)

Older Americans Act (OAA) Services include:

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

Other initiatives, programs and 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
- 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
- Reframing Aging in Vermont
- Suicide Prevention
- Brain Injury State Partnership Grant
- Implementation of Act 156, the Older Vermonters Act
- High Tech Nursing payment reform
- Per member/per month nursing facility rate project
- Electronic Visit Verification (EVV) Implementation
- Older Vermonters Act Implementation

Adult Services Division (ASD)

Results

ASD strives to utilize the Results Based Accountability framework throughout the work we do. 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 2020, 5,837 people were enrolled in all settings which is a 6% increase from last year. Of the total enrolled, 20% were in the Moderate Needs Group and 80% were in the High/Highest Needs Groups. Of the total enrolled in the High/Highest Needs Groups, 46% were in a home-based setting, 12% were in an Enhanced Residential Care home, and 42% were in a nursing facility. This represents the following changes from last fiscal year:
   a. Moderate Needs enrollments decreased by 4%.
   b. Home-based (High/Highest) enrollments increased by 12%.
   c. Enhanced Residential Care enrollments increased by 5%.
   d. Nursing Facility enrollments increased by 7%.

2. National Core Indicators. 2018 data (most recent 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 499 people per month in SFY20 (July – February) with Medicaid funded services (High/Highest Groups, Moderate

Needs Group, and Adult Day Health Rehabilitation), a 5% decrease from the previous year. Note: Due to the COVID-19 restrictions Adults Days in Vermont were closed for a portion of March and all of April, May, and June of SFY20.

4. Older Americans Act Home Delivered Meals
   a. 5,826 people were served in FFY19 (2% increase from previous year).
   b. 779,938 meals were served in FFY19 (3% increase from previous year).
   c. 96% of consumers reported they had enough to eat (unchanged from previous year).
   d. 83.5% of consumers reported that meals helped manage or improve their medical condition (1.5% decrease 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 the DBVI White Cane event was held virtually. This was very different from previous years due to the COVID-19 pandemic. Typically, there would be several in-person events held in each of the DBVI regions. The intent is 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. Many members of the public and community leaders usually attend to participate in a simulated walk in the community facilitated by an Orientation and Mobility instructor to increase the awareness of what it is like to travel with the white cane.

Since in-person participation was not possible this year, an educational video was produced and widely distributed throughout social media and email groups. The theme included the history of the white cane in Vermont and included stories and information beginning from the 1920s with the first person who traveled with a white cane in Burlington. The video includes the History of the White Cane in Vermont.

The Vermont Association for the Blind and Visually Impaired received $100,000 of CRF funding to reduce social isolation of older Vermonters using smart phone technology with accessibility features. Ninety percent of all clients who completed services from July 1, 2020 to September 30, 2020 reported feeling less socially isolated and better off for having received SMART Services. Of those who did not report a change in their feelings of social isolation, the causes were due to extenuating circumstances not related to their vision or receipt of the training. Clients who received benefit were able to accomplish at least one or more tasks, such as video conferencing with their doctor, video/teleconferencing with the PALS Groups, communicating with family and friends through various modes of technology, having groceries delivered, and more.

The importance and impact of the SMART program might be best understood by one of the success stories. A woman in her late 70's was given a smartphone and iPad from her daughter. In her words, she knew the devices could help her, but her daughter did not have the patience to teach her how to use the devices. We often hear this as a common complaint from our clients that their children and grandchildren have the knowledge of how to use these devices, but they just do not know how to explain it to their senior relatives effectively. The reason for this is two-fold. First, we often have the least patience with those who are closest to us. Second, and most important, the family members often know the software or app, but do not have a knowledge of how to use accessibility features like enlarging text, contrast and text to speech features native to the devices. There

are many success stories and VABVI will finalize the second quarter of the training and funding from October through December 2020.

DBVI also partnered and assisted with the Vocational Rehabilitation (VR) Vermont Transition Core Teams Virtual 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. DBVI specifically hosted one of the concurrent sessions about how to find and use career assessments that are accessible for individuals who use assistive technology.

DBVI has a commitment to ongoing training of staff to deliver services well. This year one staff member began a certificate program at Mississippi State to gain a specialized credential for vocational counseling in the blindness specialty. Another staff member applied and was chosen to participate in the Vermont Agency of Human services Leadership Development Program.

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 a new portable closed-circuit television that allows a person with low vision to use a camera to enlarge text and also has a text-to-speech synthesizer, so the text also has high quality voice output. The portability of this new device is a great breakthrough for people to use as they travel between meetings.

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 the accessibility of several career assessments that recently moved their content to online platforms due to the pandemic. The team has discovered that many of the career assessment companies are only in the beginning stages of making the content accessible for assistive technology. The team has identified some that are accessible and some that are not accessible, and recommendations have been made for improvements. 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 contract 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 we served (SFY2020):

- 244 individuals received services to assist them to maintain or find employment as a result of their vision loss. 248 received services in FFY 2019.

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.

- 778 individuals over the age of 55 received specialized vision rehabilitation services.
- 74 individuals under the age of 55 were served by the Independent Living Program.
- 4 individuals served in the Business Enterprise Program.
- Total for SFY 2020= 1,100 (Includes DBVI VR; DBVI Independent Living; and Older Blind programs.

How well we served 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 summer 2021).

- 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 people are better off:

- 29 blind or visually impaired individuals closed their DBVI case in SFY 2020 with successful employment.
- 62% had a wage above 125% of the minimum wage.

Vermont's DVR and DBVI programs also received data for the first time, on the WIOA Common Performance Measures and how we compared to national averages. This data combines the outcomes for both DVR and DBVI programs because it is measured as a single program by the federal government. This data shows that:

- Vermont DVR/DBVI consumers are achieving measurable skills at a much higher rate than the national average.
- The employment rate two quarters post exit improved from 49% in SFY 2019 to 51.1% in SFY 2020.
- The median earnings two quarters post exit increased from $3,516 in SFY 2019 to $3,900 in SFY 2020.

Measure	National Average SFY 18	Vermont Results SFY 18	National Average SFY 19	Vermont Results SFY 19	National Average SFY 20	Vermont Results SFY 20
Measurable Skills Gains	21.1%	37.8%	23.4%	54.9%	31.4%	49.3%
Employment Rate 2 Quarters Post Exit	NA	NA	50.4%	49.0%	51.3%	51.1%
Employment Rate 4 Quarters Post Exit	NA	NA	NA	NA	NA	NA
Median Earnings 2 Quarters Post Exit	NA	NA	$3,875	$3,516	$3,931	$3,900

Division for the Blind and Visually Impaired

Measure	National Average SFY 18	Vermont Results SFY 18	National Average SFY 19	Vermont Results SFY 19	National Average SFY 20	Vermont Results SFY 20
Credential Attainment	NA	NA	NA	NA	NA	NA

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.
- 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:

2020 presented new challenges. Typically, LEAP offers a slate of residential programs throughout the year. In March of 2020 when it became clear that residential programs could not be run due to COVID-19, LEAP dramatically changed the way programming was delivered.

Despite the uncertainty, LEAP was quick to identify the need and respond, effectively creating virtual programming that connected and continues to connect youth who are blind visually impaired when they've felt more isolated than ever.

When the stay-at-home order went into effect March 25th in Vermont, LEAP was able to pilot its first Friday Retreat in which 14 students attended by April 10th. Ever since that first Friday, LEAP has offered weekly virtual retreats to students across Vermont. Our virtual retreats allow students access to training, peer interactions, supervision, and structured breakout sessions that support enhanced learning.

Summer and Fall programs focused on the same skills as residential programs including teamwork, independence, time management and self-advocacy. The virtual environment demanded new and creative ways to deliver these topics. For example, for a virtual class on culinary skills, boxes were mailed to students with ingredients and kitchen tools. Cooking and technical skills were taught while online together with a Certified Vision Rehab Therapist (CVRT) and a locally trained Chef.

Students also received specialized services online necessary to develop adaptive skills related to their blindness including Orientation and Mobility (O&M), Vision Rehabilitation Therapy, and Instruction in Assistive Technology.

Since April 10th, LEAP has offered a total of 98 workshops online and provided 1632 total training hours.

Training Hours, LEAP 2020:

- LEAP's Winter Retreat: 360 hours
- Friday Retreats: 175 hours
- Work Based Learning Program: 580 hours.
- Orientation and Mobility with a COMS: 81 hours.
- Independent Living Skills with a CVRT: 192 hours.

- Assistive Technology with a CATIS: 46 hours.
- Social, Leadership and Self Advocacy: 198 hours.

*Other than the first set of training hours which was our early February in person Winter Retreat on Networking, all other hours, students were engaged in training were virtual.

We were fortunate to provide so many hours in Vision Rehab Therapy due to our partnership with the University of Massachusetts, Boston. We work with their graduate Interns in Vision Rehab Therapy. These Interns develop lesson plans and facilitate workshops online to students in Independent Living Skills. They are supervised by Dan Norris, Program Coordinator for UMass Boston's Vision Rehab Program and a CVRT himself.

DBVI has successfully expanded and maintained 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 and remains substantial at 27% in SFY 2020.

In 2020, COVID gave LEAP the unique opportunity to completely rethink our partners in the community. In our residential program, we partner with businesses and organizations to provide in-person work experiences and internships.

In the new and exciting virtual world, LEAP had the opportunity to connect with people across the country. Students experienced meeting and engaging with professionals who are blind or visually impaired and succeeding in their individual careers. They include:

- Professional blind YouTuber and Advocates.
- Professional blind videographer and YouTubers.
- Director of Advocacy and Governmental Affairs of American Council for the Blind.
- Policy Director at the American Foundation for the Blind.
- Blind and visually impaired Paralympians.
- Blind Product Specialist for Apple.
- Adaptive Technology Experts.
- Executive Director of New England Adaptive Sports and Paralympian.

- The Gibney Family Foundation.
- Professional storytellers from The Vermont Moth.
- The Executive Director of the National Civilian Conservation Corps.
- Global Learning Partners.
- Vermont Community Garden Network.
- Vermont Department of Labor.
- Sangha Yoga Studio.

As a result of the success of the virtual programming in 2020, LEAP will make a virtual program part of its regular offerings.
In summer 2021, we hope to offer both residential and virtual programming. Our priority is to return to residential as soon as it's safe. We recognize that the in-person, hands on experience is where the most important learning happens on the job, and students living with their peers. We also recognize that a virtual program offers students who cannot or who are not fully ready for a residential experience, to engage in job readiness training from their own home.

Quotes from 2020 LEAP Students

- "Even virtually, LEAP created an opportunity for us to share, connect, and learn. We got to pick up new skills and strengthen existing ones in all different areas, not just social or mobility or daily living. It felt like a dynamic, comprehensive program where each student could decide which sessions would be most beneficial for them."
  -LEAP Intern, Storytelling Project, 2020
- "I learned that I had leadership skills within me, which I had always doubted before, as well as learning how to effectively work with others in a professional setting."
  -LEAP Intern, Youth Advisory Council, 2020
- "I am so grateful for these LEAP Virtual Retreats. We share ideas, laugh and learn from one another. These retreats remind us that no barrier will set us apart."
  -LEAP Virtual Retreat Participant, 2020
- "One lesson I will take with me from LEAP is to step out of your comfort zone, say yes to every opportunity and embrace adventure. Treat your seemingly insurmountable barriers as challenges that can be overcome."
  -LEAP Virtual Retreat Participant, 2020

- "The LEAP program means friendship and community for young adults with vision differences. I learned how to communicate and advocate regarding my visual needs. The greatest impact of LEAP for me is happiness."
  -LEAP Virtual Retreat Participant, 2020
- "The LEAP program is a wonderful, supportive community in which we can laugh, learn, and form ever lasting friendships. I don't know of any other program that is so supportive in meeting the emotional and educational needs of blind and visually impaired youth: LEAP is my second family!"
  -LEAP Intern, Interview Project, Fall 2020

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 February 2020 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 4,649 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.

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 continued to work on 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. There is an advisory committee and workgroups focused on a new needs assessment tool and process; improvements to agencies ability to fully report on services delivered to individuals (encounter data); and the design of the future payment model.

Work on the project was paused for six months to refocus on the response to the pandemic. However, work has resumed recently in two areas: the needs assessment and encounter data. DAIL posted a Request for Proposal (RFP) for a standardized assessment tool and independent assessors. DAIL is currently negotiating a contract with a vendor to begin in the Spring of 2021. The contractor will be responsible for conducting individual assessments of need using the Supports Intensity Scale. Changes were made in 2019 to the Medical billing system to allow the Medicaid Management Information System (MMIS) to accept encounter claims that document service delivery for increased accountability.

Additional changes were worked on in 2020 and it is expected that agencies will begin reporting by March 2021. Providers are preparing their systems to be able to fully report their encounter data into the MMIS. Information gathered from the needs assessment and encounter data will be used as building blocks for the design of the future payment model.

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.

DDSD completed site visits to validate survey information submitted by providers in September 2019 regarding compliance with federal rules for HCBS settings. Providers are mostly in compliance with the setting requirements with minor changes being required. It is anticipated that all providers will be able to comply with the setting requirements and none will need to transition recipients to other settings. This information was included in the Vermont's State Transition Plan in February 2020. In addition, DDSD is developing policy guidance for providers to ensure compliance with the rules. The DDSD Quality Management Unit has incorporated oversight of HCBS rule requirements into their overall quality review process to ensure ongoing compliance with the rules. With the completion of the site visits and information incorporated in the Vermont State Transition Plan, the DDSD Quality Management Unit is preparing and sending reports to each provider agency requiring a plan of correction to address the areas of non-compliance by the 2022 deadline.

Currently the state is working on conflict of interest in HCBS case management, however, in the fourth quarter of the fiscal year, work was suspended due to the state of emergency and required pandemic response. DVHA is working with departments who operate HCBS programs, including DDSD, to analyze HCBS case management across the state. A significant stakeholder engagement process was utilized to gather ideas regarding how the State can mitigate the risks of conflict in case management in compliance with that part of the HCBS rule.

A website devoted to HCBS conflict of interest in Vermont contains products of this work. The opinions collected range from complete separation of case management from direct service provision, to keeping the status quo and seeking approval from CMS to continue with existing case management providers (Designated Agencies and Specialized Service Agencies) as the only willing and qualified providers of a service. For this reason, DDSD is exploring the concept of a "choice model" for case management and is working with a HCBS technical assistance vendor that is under contract with CMS to help states work towards compliance with HCBS requirements. Vermont hoped to initiate technical assistance in the first quarter of 2020; however, discussions with New Editions had to be paused as the scope of the COVID-19 pandemic became clear and State resources were diverted to respond to the unprecedented public health emergency. DDSD continues to plan for a "choice model" proposal to be included in the next waiver application.

Response to COVID-19

The final quarter of the fiscal year was dominated by responses to the coronavirus pandemic. DDSD took immediate steps to protect the health and safety of developmental services recipients as well as introducing new means of connecting with providers, recipients, and advocates. Actions taken include:

- Immediate suspension of non-essential face to face services to reduce the risk of infection. Non-essential services, such as community supports, were considered to be those not essential to protect the health and safety of service recipients.
- Immediate changes to service delivery requirements supporting health and safety, including but not limited to; personal protective equipment requirements, new allowances for telehealth services, transportation guidelines, home-visiting requirements, signature requirements, and redeployment of support staff.

- Temporary changes to the DDSD HCBS daily rate payment model to a bi-weekly case rate to improve predictability and sustainability of payment to providers during the pandemic.
- Weekly provider video calls and twice monthly advocacy and stakeholder video town-halls.
- Assessment tools to help agencies have conversations with individuals and their teams about when and if it may be safe to go out into the community with one-to-one supports or to return to places of employment.
- New Difficulty of Care stipends for unpaid family caregivers who were providing care in lieu of typically available support services.
- Difficult of Care stipends for shared living providers who were providing additional care in lieu of typically available support services.

Future Directions

Workforce: The Division convened a stakeholder group that included 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 identified a variety of short-term and long-term solutions to the ongoing challenge of recruiting and retaining direct support workers. COVID-19 brought the work of the group to a halt. However, the pandemic further aggravated and highlighted issues regarding hiring and retaining direct support workers. The Division will continue to work with providers and others to explore solutions to this increasingly challenging issue.

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 leadership team receives technical assistance from the Georgetown University National Center for Cultural Competence to consider 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.

Activities of the CoP in fiscal year 2020 included:

- Showed the film “Intelligent Lives” with a panel discussion.
- Presented “Stepping Forward Together” at the virtual Vermont Care Partners health equity conference.
- Provided ongoing work to simplify and adapt an organizational self-assessment tool for use by a wide range of organizations.
- Published a statement condemning police brutality directed towards people of color in response to the murder of George Floyd.
- Submitted a letter to the Governor’s Racial Equity Task Force supporting the work of the Task Force; pointing to the intersectionality of many inequities for people of color and people with disabilities; and asking the Task Force to examine these areas of disparity: economics, employment, housing, health care, mental health, and education.

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 Service 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. Vermont data from the 2018-19 survey show, of the adults receiving HCBS who were surveyed:

- 88% said they regularly participate in integrated activities in their communities [community inclusion: went shopping, on errands, for entertainment, out to eat].
- 91% said they make choices about their everyday lives [daily schedule, how to spend money, free time activities].
- 71% said they make decisions about their everyday lives [residence, work, day activity, staff, roommates].
- 54% of those who do not have a job in the community said they would like to have one.
- 2% 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 19). 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 the University of Vermont, Castleton University, and Northern Vermont University – Johnson and Lyndon Campuses. For the 2020 academic year, the employment rate for those participating in the Post-Secondary Education Initiative was 92%.

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[1]. 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.

[1] CY 2019 data was not available at the time of publication.

Division of Licensing and Protection

Division Philosophy

Balanced and assertive regulation of health care organizations ensures that 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 18 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.

Division of Licensing and Protection

Residential Care Homes and Assisted Living Facilities are facing increasing challenges that S&C must account for in its survey efforts, including greater levels of care for residents with increasing needs. Facilities today also face increasing workforce challenges and struggle to maintain staffing levels. These growing difficulties, coupled with low Medicaid reimbursement, present a complex set of challenges for facilities.

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 reporting decreasing in the final quarter of FY20 because of COVID-19. As a result of the decrease, the number of reports in SFY20 decreased by 11% from SFY19. Lower reporting and improved screening procedure resulting in a 19% decrease in investigations initiated as compared to SFY19. Similarly, investigations completed were down 27% from SFY19. However, this relative decrease of completed investigations was also driven by the abnormally high number of investigations completed in SFY19. Despite the lower number of completed investigations, 14% more individuals were placed on the Adult Abuse Registry as compared to SFY19.

The Department of Disabilities, Aging, and Independent Living (DAIL) Advisory Board continues the 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, here a random sampling of APS screening decisions and investigations are reviewed as part of APS' continuous quality improvement plan.

In early 2020 APS was awarded a three year, one million dollar grant by the Administration for Community Living to create, coordinate, and maintain a Restorative Justice Program to serve both victims and perpetrators of vulnerable adult maltreatment – defined in Vermont statute as abuse, neglect, or exploitation. The program will provide meaningful, strength-based, participant driven responses to vulnerable adult maltreatment in Chittenden, Franklin and Grand Isle Counties through the grant term, with hopes of expanding statewide.

COVID-19 Response

On March 4, 2020, the Center for Medicare and Medicaid Services suspended routine survey activities nationally due to the Coronavirus pandemic. The Vermont State Survey Agency limited activity to complaints alleging severe harm or death, allegations of abuse or neglect, and infection control concerns. On March 23rd, 2020, CMS issued further guidance to specify that state survey agencies were to concentrate on targeted infection control in certified health and long-term care facilities. Conversations with CMS leadership indicate that states may need to resume re-certifications in early 2021. CMS is considering hybrid re-certification surveys that would require fewer surveyors onsite at a time to facilitate social distancing. When directed to do so by CMS, The Vermont State Survey Agency will resume re-certification surveys in Vermont facilities.

APS operations have altered in response to COVID-19. APS implemented a COVID-19 protocol which provided direction on when to conduct in-person interviews, PPE use, and other necessary precautions. Remote contact has been mandated except in cases where in-person contact is required to ensure the safety of the vulnerable adult.

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.

Early in SFY20, 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.

Results

- S&C conducted 189 onsite investigations across all state and federal provider groups. A suspension of all survey activities across all provider types went into effect in the 3rd quarter of SFY20 due to the pandemic causing a decrease of approximately 47% in onsite investigations from the previous year.
- S&C was on time for 100% of Federal Surveys and 90% of State Surveys before the suspension of survey activities across all provider types went into effect in the 3rd Quarter of SFY20.

- APS received 3649 reports alleging abuse, neglect, or exploitation of vulnerable adults, a decrease of 11% from the previous year.
- APS initiated 639 investigations from these reports, a decrease of 19% from the previous year.
- APS completed 689 investigations, a decrease of 27% from the previous year.
- APS placed 113 individuals on the Adult Abuse Registry, an increase of 14% 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. 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 measured primarily on how many people the program assisted in getting a job. This shift from quantitative to qualitative measures required a major paradigm shift in our service delivery system. To respond to the paradigm shift, DVR implemented the Careers Initiative, a series of strategies to align program services with the new measures. The new strategies include:

- **Promoting Post-Secondary Education and Training**: DVR has realigned case service resources to support more consumers in post-secondary education and training, both of which will help them achieve credentials in high-demand, high-wage fields.
- **Career Assessment**: DVR is promoting the use of modern career assessment tools that help consumers see beyond entry-level employment and identify potential career paths.
- **Supporting Practice Change**: DVR has updated policy and practice to promote consumers achieving longer-term career goals.
- **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.
- **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.

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

Dashboard data already shows how DVR's Careers Initiative is changing practices, services, and outcomes. In the last year DVR has seen the following:

- A 10% increase in DVR consumers participating in post-secondary education and training.
- A 20% increase in DVR consumers with higher wage employment plan goals.
- A 23% increase in DVR consumers earning over 125% of minimum wage at program exit.
- A 9% increase in the number of DVR consumers achieving an employment outcome.

Linking Learning to Careers (LLC): Linking Learning to Careers (LLC) began its fifth and final year of operation on October 1, 2020. This project is a Disability Innovation Fund research study supported by the US Department of Education's Rehabilitative Services Administration. It provides supplemental or 'enhanced' transition services to a select group of 400 Vermont youth with disabilities, beginning in their 10th or 11th grade in high school. These services include work-based learning experiences, post-secondary education/training exploration and dual enrollment opportunities, assistive technology assessments and supports, and transportation assistance. A comparison of participation rates between students with 'enhanced' services and those in the 'core' group shows:

- 70.2% of 'enhanced' students participated in targeted work-based learning experiences compared to 27.8% of the 'core' group.
- 'Enhanced' group students participated in 282 post-secondary education or training activities compared to 58 in the 'core' group.
- 27.3% of 'enhanced' students received assistive technology assessments and support compared to 1% of the 'core' group.

Formative and summative evaluations of the impact of LLC interventions on youth are now underway in partnership with Mathematica Policy Research. DVR has also identified the following programmatic and policy changes based on LLC program results:

- Increasing transition staffing statewide.
- Having transition counselors keep enrolled youth from age 14 through 24 rather than transferring them to an adult counselor.
- Increasing access to post-secondary education/training exploration and experiences.
- Strengthening local VR district youth teams.

Future Directions

Kessler Foundation Grant: DVR was selected by the Kessler Foundation for a grant designed to improve employment prospects for DVR consumers who receive Social Security disability benefits. Vermont was one of only 6 projects to be selected out of over 70 applications. The project will provide an innovative combination of services and financial incentives to help beneficiaries obtain income sufficient enough to exit the benefit rolls.

Progressive Education: DVR was invited by the Federal Department of Labor's Office of Disability Policy, to do a presentation on its innovative approach to supporting people with disabilities in post-secondary and training programs. People with disabilities are less than half as likely to have a post-secondary credential than their peers without disabilities. To address this issue DVR developed the progressive employment approach that systematically introduces consumers to low risk opportunities to try out post-secondary programs. This is combined with intensive supports like tutoring, assistive technology, and peer mentoring to give the consumer every possible chance to succeed.

Summer Youth Employment: Real work-based learning experiences in high school have been shown to be the most effective way to prepare students with disabilities for employment post high school. For the first time ever, DVR is planning to implement a statewide summer youth program for students with disabilities. We hope to serve up to 200 students across the state in 2021.

Programs and Service

Vocational Rehabilitation Core Services: DVR services for 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.

DVR Placement Services: DVR also has an ongoing partnership with the Vermont Association of Business, Industry, and Rehabilitation (VABIR) to provide employment services to DVR customers DVR counselors benefit from dedicated employment consultants who provide job development, job placement, and workplace supports to help people find and keep jobs.

Creative Workforce Solutions (CWS): CWS is the employer outreach arm of the DVR program. DVR oversees 12 Business Account Managers (BAM) who have active relationships with 2,500 employers statewide. The BAMs convene local teams of Agency of Human Service providers who provide employment services across multiple populations. These CWS teams are designed to coordinate local employer outreach across programs to better serve employers.

Jump on Board for Success (JOBS): The JOBS program is a DVR partnership with the Department of Mental Health. JOBS provides employment and mental health case management services for youth with severe emotional/behavioral disabilities.

Benefits Counseling Program: The DVR benefits counseling program provides expert advice to Social Security disability program beneficiaries on the impact employment will have on their benefits.

Employee Assistance Program (EAP): EAP has offered comprehensive Employee Assistance Program (EAP) services since 1986. EAP provides short-term counseling and referral, management consultation, wellness workshops, and resource information.

Rehabilitation Counselor for the Deaf (RCD): RCDs provide a wide range of services for Vermonters who are Deaf, hard of hearing, or late-deafened.

Assistive Technology Program: The AT program helps individuals of all ages find accessible solutions to overcome disability and aging related barriers at home, work, and in the community.

Results

Number of People Served:

- A total of 6,610 individuals were served in SFY 2020. 8,074 were served in SFY 2019.
- 5,709 people were served in the core DVR program in SFY 2020. 6,756 were served in SFY 2019.
- 1,583 high school students were served through the Pre-Employment Transition Services program in SFY 2020. 1,318 were served in SFY 2019.

How well we served 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 VR agencies nationwide. Seven hundred consumers were contacted to provide information for our 2019 survey.

The overall results 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 responded that they are satisfied with their experience working with DVR staff and DVR counselors; this is a two percent increase from our 2016 survey.

Consumers also 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 counselors; in 2019 this percentage rose to 91%, an all-time high.

Employer Satisfaction with DVR Creative Workforce Solutions (CWS)

In 2019 DVR contracted with MDR to develop a survey that would determine employer satisfaction with DVR services. From April 10, 2019 through May 15, 2019, MDR surveyed 200 employers that had contact with a CWS team member(s) within the last 18 months. The survey found that 77% of employers were satisfied with CWS services, and 94% would be open to working with the CWS team in the future. One area of improvement that was identified in the survey results, is that employers would like to be contacted more frequently. The information the survey provided is invaluable as we continue to improve our services to employers and develop more connections to best serve DVR customers.

Youth and School Staff Satisfaction with DVR

In 2020 DVR contracted with Market Decisions Research (MDR) to develop two electronic surveys. One was designed to determine the satisfaction of youth with DVR transition services, and the other to evaluate school and partner satisfaction. The youth survey was distributed to 639 consumers; 104 completed the survey. Consumers included in the sample were youth who were currently receiving or had received transition services within the last year. Over 75% of youth respondents stated that they were satisfied with services, and 78% of youth reported that they found working with their transition counselor helpful. The school and partner survey was sent to 502 school and partner staff; 189 responded. 96% reported they were familiar with DVR transition services and 93% reported they felt confident they know how and when to refer a student for services. Overwhelmingly both surveys found that satisfaction with transition services is high. However, one area for improvement that was identified is to increase the number of counseling staff that serve transition age youth. This would allow youth to have more regular contact with their counselors and for school staff and partners to collaborate more frequently to provide the most comprehensive services.

How people are better off:

The most immediate measure of how people are better off is their employment status when they leave the program. The SFY 2020 numbers are as follows:

- 621 individuals closed their DVR case with successful employment. This means they:
  - Met their individual employment goal.
  - Were employed for at least 90 days and were stable.
- 289 or 47% had a wage above 125% of the minimum wage.

Vermont's VR programs also received data for the first time, on the WIOA Common Performance Measures and how we compared to national averages. This data shows that:

- Vermont VR consumers are achieving measurable skills at a much higher rate than the national average.
- The employment rate two quarters post exit improved from 49% in SFY 2019 to 51.1% in SFY 2020.
- The median earnings two quarters post exit increased from $3,516 in SFY 2019 to $3,900 in SFY 2020.

Measure	National Average SFY 18	Vermont Results SFY 18	National Average SFY 19	Vermont Results SFY 19	National Average SFY 20	Vermont Results SFY 20
Measurable Skills Gains	21.1%	37.8%	23.4%	54.9%	31.4%	49.3%
Employment Rate 2 Quarters Post Exit	NA	NA	50.4%	49.0%	51.3%	51.1%
Employment Rate 4 Quarters Post Exit	NA	NA	NA	NA	NA	NA
Median Earnings 2 Quarters Post Exit	NA	NA	$3,875	$3,516	$3,931	$3,900
Credential Attainment	NA	NA	NA	NA	NA	NA