

Developmental Disabilities Services Division

Division Philosophy

The Developmental Disabilities Services Division (DDSD) helps people to make choices and to direct their own lives; pursuing their own choices, goals, aspirations and preferences. To be effective and efficient, services must be individualized to the goals, capacities, needs, and values of each person. 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 exercise guardianship to adults with developmental disabilities and older Vermonters age 60 on behalf of the commissioner for people who are under court-ordered public guardianship.

Staff and Partners

Our work is carried out by a Quality Management Unit of six personnel, six Specialist Services staff and twenty-six (26) staff working within the Office of Public Guardianship, including twenty-two (22) full time guardians.

The Agency of Human Services contracts with fifteen private, non-profit developmental disabilities services providers to provide or arrange for services to people with developmental disabilities and their families through Master Grant Agreements. We emphasize the development of community capacities to meet the needs of all individuals, regardless of the severity of their disability. 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.

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Recent Developments and Accomplishments

Increased Funding for Direct Support Workers:

The Vermont legislature provided increased funding to allow Developmental Disabilities Services provider agencies to increase wages for direct support staff to a minimum of \$14 per hour. This was in response to difficulties hiring sufficient numbers of workers to provide essential care and support. The state will monitor the staff vacancy rate to determine whether increased wages helps alleviate the worker shortage so that people receive the services they need.

Vermont Clinical Training Consortium Focuses on the Power of Relationships:

The Vermont Clinical Training Consortium (VCTC) includes clinicians from developmental disabilities services provider agencies, the Director and Assistant Director of the Vermont Crisis Intervention Network, the Co-Executive/Clinical Director of the Francis Foundation and a DDSD representative. VCTC was formed in response to a need for more readily available resources, including training and technical assistance, for Vermonters with developmental disabilities with complex trauma.

VCTC has developed a three-day training titled “The Transformative Power of Relationships.” Multiple presenters deliver trauma-informed subject matter on topics including Caregiver Affect Management; Attachment as the Primary Response to Distress; Attunement and Co-Regulation; the Bio-, Psycho-, Social Model of Support; Defensive and Advancement Systems; Thinking About Consequences; Teaching Self-Regulation Skills and Building Emotional Alliances. As of December 2017, VCTC had presented to over sixty (60) direct support workers including service coordinators, community support staff, shared living providers and DDSD staff. VCTC has more trainings scheduled for 2018 and continues to offer targeted training and follow-along supervision.

Revision of Best Practices Manual for Supervision and Treatment of Sex Offenders with Developmental Disabilities:

Robert McGrath, an expert in the treatment of sexual abusers under contract with the Developmental Disabilities Services Division, collaborated with other contributors to complete a revised version of the Vermont Best Practices Manual – Assessment, Treatment, and Risk Management with Individuals with Developmental Disabilities and Problematic Sexual Behaviors. This new (January

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2017) manual, championed by DDS D leadership and community professionals, includes many updates to research and best practice. The previous manual has been cited and used by professionals around the world. The new manual is posed on the DDS D website: <http://ddsd.vermont.gov/vt-best-practices-manual-supervision-and-treatment-sex-offenders-dd>

Person Centered Thinking Training:

The Developmental Disabilities Services Division (DDSD) established a training series to create a self-sustaining training network and community of practice in person-centered skills in our community system workforce. The practice of person centered thinking (PCT) is a set of principles and core competencies that are the foundation for person centered planning. The training introduces seven PCT skills and tools to build capacity for person centered practices. The tools provide practical strategies for gathering meaningful information and facilitating conversations about goal setting, problem solving and action planning. This process ensures that that focus remains on the perspectives of individuals that receive supports.

This training series began by developing three certified PCT trainers. Ten workshops were provided to 300 participants, including direct support professionals, service coordinators, mid-level managers and senior leadership.

Future Directions

Home and Community-Based Services Rule:

The Developmental Disabilities Services Division is working in collaboration with the Agency of Human Services on the transition plan to ensure full compliance with the Federal Home and Community-based Services (HCBS) rule by 2023. 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 participants rights. In the past year, a self-assessment was completed by providers regarding their compliance with the rule. The providers also developed their plans for coming into compliance. The Division amended regulations and policies to come into alignment with the requirements of the rule. The next steps include site visits to ensure providers are implementing their plans.

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Manchester Housing Project:

The Developmental Disabilities Services Division (DDSD) is partnering with community members in supporting the development of potential housing options for adults with developmental disabilities. We at DDSD believe that by working together with local schools, developmental disabilities services agencies, housing development agencies and families receiving services, adults with developmental disabilities can make meaningful choices about which communities and settings they choose to live in while accessing needed and familiar supports.

DDSD is working with Creedo, a nonprofit organization formed by parents and professionals in southern Vermont, United Counseling Service and the Bennington-Rutland Supervisory Union to support the development of an apartment setting for adults who wish to live in their own home. This project includes four studio apartments with an additional apartment for support staff, so support staff can be available during the overnight hours.

Continuing Integration of Services for Children at the Agency of Human Services:

Integrating Family Services was an Agency of Human Services (AHS) initiative intended to streamline and integrate services currently provided to children and families through multiple AHS departments. The goal was to create a holistic, seamless system of service delivery across the state. The intent was to streamline the intake process for families, increase access to a variety of services and reduce fragmentation of funding and service delivery. While AHS remains committed to a holistic, integrated system of care, the next steps will focus on state level integration activities. This includes having integrated outcomes, determining priorities in the children's system and payment reform. The unique "IFS" identifier as an initiative will no longer formally exist. However, the current IFS master grants in Addison and Franklin/Grand Isle Counties will continue to be supported under the management of the Department of Mental Health. The IFS website will continue to be maintained and updated with information relevant to integration efforts. The IFS Director position has been moved into the Department of Mental Health as the Interagency Planning Director to provide leadership, oversight and direction of these integration efforts within AHS and the State of Vermont.

Community of Practice on Cultural and Linguistic Competence:

Recognizing the increasing diversity of residents and citizens with developmental disabilities, Vermont applied for and was selected as one of ten

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states/jurisdictions to participate in a five-year initiative building a Community of Practice on Cultural and Linguistic Competence in Developmental Disabilities. The aim of the project is to advance and sustain cultural and linguistic competence in developmental disabilities service systems. A state “transformation leadership team” will receive technical assistance from experts at the Georgetown University National Center for Cultural Competence to examine and recommend changes to policies, structures and practices; assess and respond to educational and training needs; and foster both statewide and local dialogue and information sharing. The team starts with mandatory participants from the state Developmental Disabilities entity (Developmental Disabilities Services Division (DDSD)), the University-affiliated program (Center on Disability and Community Inclusion), the Vermont Developmental Disabilities Council, and Disability Rights Vermont. It also includes representatives from Green Mountain Self-Advocates and the Vermont Center for Independent Living, and will expand to include key leaders from other culturally and linguistically diverse groups and communities.

Revisions to the Developmental Disabilities Services Regulations and the System of Care Plan:

In FY 17, a significant amount of work was done to two major guiding documents, the [Regulations Implementing the Developmental Disabilities Act of 1996](#) and the [Vermont State System of Care Plan for Developmental Disabilities Services - Three Year Plan - FY 2018 - FY 2020](#), both of which were finalized October 1, 2017. This was the culmination of over a year-long process gathering input and public comment from major stakeholders. The Regulations were updated in response to legislation that required certain categories of the System of Care Plan to be adopted by the rulemaking process, including identifying the priority programs, the criteria for receiving services or funding, the types of services provided and the process for evaluating the success of programs. Together these documents outline how Medicaid funds are used for individuals with developmental disabilities and their families. New language was added to both documents to ensure compliance with the new Home and Community-Based Services rules.

Programs and Services

Home and Community-Based Services (HCBS) are provided through our designated agency and specialized service agency partners. These include Service Coordination, Community Supports, Work Supports, Home Supports – including 24-hour Shared Living, Staffed Living, Group Living and Supervised Living (hourly

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home supports in the person's own home and hourly supports in the home of a family member). Services can be managed by the agency, self-managed, managed by family members, or shared-managed (a combination of agency and self/family managed services).

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

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.

Targeted Case Management provides assessment, care planning, referral and monitoring.

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.

Results

The DDS Quality Services Reviews (QSRs) meet our commitment to monitor and review the quality of services provided with Federal and State Home and Community-Based Services (HCBS) funding. The purpose of the QSR is to ascertain the quality of the services provided by the Designated Agencies (DAs) and Specialized Services Agencies (SSAs) and to ensure that minimum standards are met with respect to DAIL DDS guidelines and policies. The QSR is one component of a broader effort to maintain and improve the quality of services. In FY 17, eight agencies (five Designated Agencies and three Specialized Service Agencies) received QSRs resulting in 199 individuals reviewed who received HCBS. In addition, two agencies went through the re-designation review process.

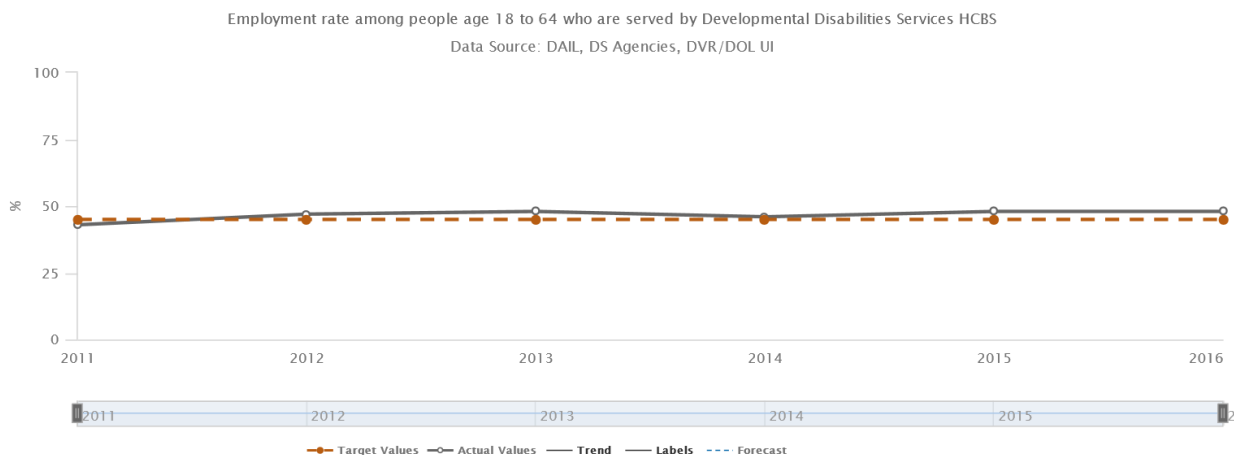
Other components supported by the review team and DDS include monitoring and follow-up regarding agency designation; Medicaid and HCBS eligibility; housing safety and accessibility inspections; monitoring of critical incident reports; responding to grievances and appeals; providing technical assistance; and independent surveys of consumer perception and satisfaction.

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Our division participates in the National Core Indicators project that applies a national standardized Adult In-Person Survey. Data from the 2015-16 survey showed, of the adults receiving home and community-based services who were surveyed:

- 95% said they said they like where they work.
- 92% said they like where they live.
- 91% said direct support workers show up and leave when they are supposed to.
- 71% said they have friends (who are not staff or family).
- 58% said they can see friends when they want.
- 28% did not have adequate, reliable speech which is understood by others.
- 27% said they volunteer.
- 8% said they feel lonely.

Our employment services have been recognized as a national model with a 42% increase in the number of people on the job over the past ten-year period. Vermonters who experience disabilities are earning total wages of over \$4 million, yielded a potential tax contribution of \$613,585 from employees and their employers. The employment rate for working age adults with ID/DD who receive Home and Community-Based Services continues to be sustained at a high rate of 48% (FY 16). This compares favorably to the national average of individuals participating in ID/DD employment service estimated to be 18.6% in 2015 (State Data National Report on Employment Services and Outcomes, 2016.)



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More Vermonters with disabilities are going on to post-secondary education than ever before and our Think College Vermont, College Steps and SUCCEED programs are helping them get there. Project SEARCH is a school-to-work youth transition

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program that matches students who are in their final year of high school with internships in host businesses where they learn multifaceted skills that lead to employment at graduation. These four youth transition programs have enabled young adults to live independently and attain occupations in media, public relations, human resources, data entry, baking, and human services. Participating colleges include Castleton University, Northern Vermont University – Johnson and Lyndon Campuses, Southern Vermont College and University of Vermont. For the 2017 academic year, the employment rate for these programs was 86%.

Vermonters age 22 and over with ID/DD who receive Home and Community-Based Services have high access to quality health care. Ninety-three percent (93%) had access to preventive health services. This compares favorably to an 83% 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.