People In Partnership

In this issue we celebrate partnerships: the continuation and growth of the Aging and Disabilities Resource Connection — a partnership between several organizations serving Vermont seniors, individuals with disabilities and their families. We celebrate the mental health peer network, a new partnership that gives peer organizations a stronger role in Vermont’s mental health reform. We also celebrate a young disability rights advocate who understands the importance — and the power — of building partnerships to change attitudes and end discrimination. As we recognize a new leader, we also remember a good friend and powerful advocate who spoke up for social justice for both individuals with disabilities and Vermont’s low-income community.

We also provide updates from our legislative and policy partners. Finally, we celebrate our partnership with you. Independent readers are a part of many of the partnerships we present in this issue and your lives and your concerns drive the missions and work of these organizations. Your voices and experience tell us where we need to go and what we need to cover. We hope this issue is helpful and good company and we hope you keep speaking up and reaching out.

~ Deborah Lisi-Baker, Editor

PHOTO BY PATRICIA TEDESCO

Leon Gaudette, right, shows James R. Tedesco, 12, how to use the hand controls on Leon’s adapted pickup. (See page 12.)
Letter to the Editor

Help For Hungry Vermonters

Vermonters are an honest and hardworking people, but many still struggle with the high costs of housing, fuel, and food. Hunger is a major problem across the United States and in Vermont, and the risk of hunger among the elderly and people with disabilities has a significant impact on health and well-being. Food insecure adults and seniors are more likely to be diabetic, suffer from depression and have limited daily activities. Further, the health impacts of food insecurity make it more difficult for a senior or person with a disability to remain independent and living in their home.

Ninety-seven thousand Vermonters, 22 percent of whom are adults or children with disabilities, currently receive 3SquaresVT food benefits. However, many more are eligible or could be receiving more and don’t know it. Others struggle with the complicated application process. For people with disabilities, applying for food and other assistance can be a particularly daunting task. Did you know that there is now a shortened and simplified application for 3SquaresVT? At six pages (compared to the standard 18), the application is targeted to seniors 60-plus and people with disabilities 22-plus who live in one- or two-person households on fixed incomes and are applying for 3SquaresVT only. Ninety percent of households that include a person with a disability receive at least $50 or more in monthly benefits and the average monthly benefit for these households is $224, so it’s worth it to apply. To help get more benefits, as a senior or person with a disability, be sure you are claiming all your out-of-pocket medical expenses, such as over-the-counter supplies and transportation costs to the doctor or pharmacy.

Is there someone you know who could benefit from 3SquaresVT? There’s enough money for everyone who is eligible, so it’s worth it to find out more. Visit www.vermontfoodhelp.com or call 2-1-1 for more information. Seniors and their families may also call the Senior HelpLine at 1-800-642-5119.

Angela Smith-Dieng is the 3SquaresVT advocacy manager for Hunger Free Vermont.
ADRC Builds Strong Connections

by Sarah Launderville

In this issue of The Independent we are highlighting partners of the Vermont Aging and Disability Resource Connection. According to the vision statement crafted by the group, “the Vermont ADRC is a collaboration between trusted, consumer-centered and consumer-directed nonprofit organizations. The VT ADRC will provide comprehensive and objective information to Vermonters seeking services, benefits or information related to aging, disability and independent living. Vermonters contacting an ADRC partner will have the ability to make informed decisions to live with independence and dignity.”

The bottom line is all of our organizations want to make sure that people reaching out to us have a good experience getting the information and resources they need to continue to live as independently as possible. By coming together on projects that provide excellent information and referral services, connection to needed programs and connection to advocacy issues and one another we will have a community of individuals who will continue to be engaged and discover their full human potential.

At VCIL, we have been proud to work on projects that bring us to that collective vision. We work hand in hand with our partners at the Area Agency on Aging for Northeastern Vermont, Brain Injury Association of Vermont, Central Vermont Council on Aging, Champlain Valley Agency on Aging, Senior Solutions, Southwestern Vermont Council on Aging, Vermont 2-1-1, and the State of Vermont Department of Disabilities, Aging & Independent Living. Recently, the VT ADRC was informed that we were granted additional funds to bring additional partners to the connection. We are pleased to announce that starting this month, Green Mountain Self-Advocates, the Veterans Administration and the Vermont Family Network will join the work of the ADRC.

One frustration I have heard from community members seeking information is how they are bounced around from organization to organization. We hope to help put an end to that frustration. To that end, VCIL set up a new telephone system that allows us to transfer from organization to organization. This means that if you are on the phone with our information and referral specialist and she wants to refer you to one of our partner organizations, she can transfer your call directly to that partner organization. It is so important when folks are seeking information to do everything in our power to ensure quick and easy access to that information.

Another project the group worked on was updating all the Web sites of our partner organizations to make them accessible and more usable. We worked together to create Web sites that are simple to navigate and easy to read. I invite you to check out the individual Web sites of the VT ADRC partners.

As a partner organization to the VT ADRC I envision a future of additional connections. Having many organizations come together to continue our individual missions but work on our common goal of seniors and people with disabilities living as independently as possible and having equal access and options in their communities. We are all part of this community and by simply working together we can rise to the occasion. As we pass the first anniversary of the devastation that Tropic Storm Irene left in our communities, I continue to see examples of how we all come together. These connections are strong and lasting. By continuing to reach out and work collaboratively, our bond will continue to strengthen.
A highlight of VCIL’s annual celebration of the signing of the Americans with Disabilities Act on July 26 was the presentation of the Deborah Lisi-Baker Leader of Tomorrow Award. This year VCIL recognized Alex Gallagher of Milton, who was selected for his leadership work with both Little People of America and the public schools in Milton.

In presenting the award, Lisi-Baker said, “Alex Gallagher has joined the disability rights movement by speaking out against bullying, both on his behalf and for all people. He is armed with powerful information and knows he has the power to change the world and the right be respected for who he is.”

Alex, 11, was born with dwarfism, a bone condition that means he is shorter than other kids his age. Having a disability hasn’t stopped him from being active in Boy Scouts, in theater productions and at school dances. But Alex knows what it is like to be bullied because he looks different.

After some incidents at school last year, Alex decided to take action. He said, “It was not hard to speak up. It was important for people to know how they were making me feel and then to tell them about dwarfism.”

Alex worked with friends from Little People of America to create a PowerPoint presentation which he used for a disability awareness talk he started giving at Milton classrooms. He also reached out to people in his community.

Alex said that special educator Saybra Varisano and Christian Mock, his teacher, really helped him.

His goal: To change attitudes. He wants everyone to understand what dwarfism is and that difference is part of being human. “Everyone’s different,” Alex tells his audience. “I am still human. I just have some bone disorders.”

When Alex speaks, students and teachers listen. But Alex says that changing attitudes is not something he does by himself. Accepting his award, Alex looked at his family and toward Varisano and Milton Principal Mary Jane Stinson. Thanking them, he said, “We did it together.”

Principal Stinson said, “Alex and his family have always been terrific advocates not only for his needs but also for the needs of others.” She said, “I would like to see Alex update his presentation for the different age brackets: K-2, 3-5, and 6-8; and continue to present this year. It is very powerful for students to see.”

What Message Would You Like To Share With Young People?

“I would say we are all humans. Bone growth issues and other medical conditions do not give anyone the right to disrespect anyone with disabilities – it is not fair.”

~ Alex Gallagher

“I would like all young people to know that they have assets to share with others … Alex’s work is a sharing example of how he used his assets (integrity and honesty to name two) to enlighten others on the important topic of difference…”

~ Mary Jane Stinson, Principal of Milton Elementary School
Henault Remembered For Trying To Make World Better

by Kevin O’Connor of the Rutland Herald/Times Argus

EDITOR’S NOTE: We mourn the loss of this amazing advocate and appreciate his efforts on behalf of VCIL and the independent living movement.

Vermont Vermonter Bernie Henault was 17 when, hit by a drunk driver, he broke his back and lost his left leg. For some, that would be the end of the story.

But moving on to survive 17 surgeries, marry a woman with cerebral palsy, adopt two special-needs children and raise two of his five grandchildren, all while advocating for his low-income peers, the Northeast Kingdom amputee showed it was just the beginning.

Then Henault was diagnosed with stage 4 lung cancer. His right lobes collapsed last year, spurring three straight weeks of chest-burning radiation. But his condition couldn’t suffocate his desire to continue to speak out against social inequity and injustice right up to his death on June 4 at age 69.

“I don’t want to hear, ‘We don’t have the money, there’s nothing we can do,’” he told a newspaper reporter in a recent interview. “There still are billions in the budget. Should we have better results? A better return on our tax investment? All they’re doing is crunching numbers and not looking at the human face.”

Born in Boston in 1942, the longtime member of the Vermont Low Income Advocacy Council traveled the country with his “beatnik” single mother (“she took us to tent revivals, Catholic churches, ashrams — always looking for greener pastures,” he’d recall) before finding himself back home one dark night in a drunk driver’s headlights.

Henault went on to toil as everything from a fry cook to file clerk before enlisting in Robert Kennedy’s 1968 presidential campaign. He met the candidate the day before his assassination. Devastated, he moved to Island Pond, the Vermont village where his Canadian ancestors worked on the railroad, and spent his life advocating for a variety of economic, educational and environmental causes.

The amputee who didn’t wear a prosthesis drew a paycheck for 18 years as Essex County coordinator for the Northeast Kingdom Community Action Agency. He also volunteered on the boards of more than two dozen local, state and national organizations, being the first non-lawyer to chair Vermont Legal Aid.

Henault endured radiation last summer (“Fifty-some years of living with pain, I thought I had excellent tolerance, but I never have gone through the likes of this”) and chemotherapy and pneumonia last fall. At the beginning of April, doctors said he couldn’t withstand any more treatment. At the end of May, they prescribed morphine. On June 4, he began coughing at his Island Pond home before taking his last breath.

Henault spoke out against government attempts to save human services costs by trading community offices and staffs for centralized call centers and websites.

“It’s impossible to get a feel for someone without looking them in the face,” he said last fall. “We don’t have to have all this bureaucracy pushing paper — we have to get back to more hands-on with people.”

Growing up, Henault changed diapers and cleaned house for five siblings while their mother worked. Missing too many classes, he was still in ninth grade upon his accident at age 17. A half-century later, the great-grandfather of a 2-year-old recently enrolled in an adult diploma program in hopes of finishing high school.

“I don’t want to tell horror stories, I want to tell success stories,” he explained. “I could feel bad and sorry for myself, but you can’t do that. Being an amputee, I always say, ‘It didn’t grow back — should I worry?’ As long as you keep a positive attitude, you can move forward.”

His wife, Sharon, said her “warrior hero” died knowing “he could still change the world for the better.”

“I don’t think he’d want us all mourning,” she said before echoing the sentiment of family and friends: “I hope heaven’s ready for him.”
Mental Health Work Brings Peers Together

Act 79, “an act relating to reforming Vermont’s mental health system,” was signed into law by Gov. Peter Shumlin on April 4. As a peer-directed organization of people who have disabilities, VCIL applauds this groundbreaking legislation in light of its emphasis on peer services. After Tropical Storm Irene, the Vermont Department of Mental Health put together a “peer services” workgroup. The workgroup made recommendations to the state regarding peer services in Vermont.

Nick Nichols of the Department of Mental Health said, “We asked our existing peer organizations and peer support providers how we could best support them, and they all said that Vermont needs a network to facilitate cross-training, mutual support and mentoring, and networking for the benefit of anyone who is providing peer support, regardless of where they are working. They also said that VCIL is in a great position to help create that network across our different peer organizations and providers.”

VCIL Executive Director Sarah Launderville recently signed a grant to complete this work. “We are very excited as we begin to work on this project,” she said. “In the next couple of weeks we will be putting out an ad to hire a coordinator for the project. We are looking for someone who is a peer with lived experience in the mental health system.”

The work to be performed includes connecting the peer community organizations by developing a Web site to connect peer workers within the designated agencies.

Gloria van den Berg, executive director of Alyssum (a peer-operated holistic approach to mental wellness and recovery for Vermonters who are experiencing mental health crisis), will be a member of the group. She stated, “The peer network is important as a new linking service for all the diverse peer services coming on line in the state of Vermont. It will give peers a place to go for support, advocacy, reference and community networking. It will help to promote training and hopefully become a firm foundation for this new movement within the mental health system.”

For peer support go to:


Pathways Vermont, The Wellness Co-op: [www.pathwaystohousingvermont.org/Wellness-Co-op.html](http://www.pathwaystohousingvermont.org/Wellness-Co-op.html)


Green Mountain Self-Advocates: [www.gmsavt.org](http://www.gmsavt.org)

PHOTO BY STEFANIE MONTE

Mental health advocate Morgan W. Brown, center, speaks at the signing ceremony for Act 79.
Put People First Candidate Forums Scheduled For This Fall

The Put People First Campaign is organizing a series of candidates’ forums this October to discuss the issues impacting our communities including:

- Implementing a healthcare system based on human rights.
- A state budget process that meets our needs and is participatory and accountable to the people of Vermont.
- A healthy environment and livable planet for future generations.
- An economy that works for the people including livable wage jobs and the right to organize for all workers.
- The human rights of everyone in Vermont, including people with disabilities and dairy farm workers.

The dates, times and locations are as follows:

**Tuesday, Oct. 9**
6-8 p.m., Marlboro Graduate Center, 28 Vernon St., Brattleboro.
6-8 p.m., Rutland Free Library, Fox Room, 10 Court St., Rutland.

**Wednesday, Oct. 10**
6-8 p.m., Montpelier High School, 5 High School Drive, Montpelier.

**Sunday, Oct. 14**
3-5 p.m., Catamount Arts Center, 115 Eastern Ave., St. Johnsbury.

**Wednesday, Oct. 17**
7-9 p.m., Sustainability Academy at Lawrence Barnes, 123 North St., Burlington.
6-8 p.m., Ilsley Public Library, 75 Main St., Middlebury.

**Thursday, Oct. 18**
6-8 p.m., Hartford High School, 37 Highland Ave., Hartford.
6-8 p.m., Johnson State College, College Hill Road, Johnson.

**Tuesday, Oct. 23**
6-8 p.m., Municipal Building Gym, 222 Main St., Newport.

**Wednesday, Oct. 24**
6-8 p.m., Vermont Veterans Home (Christ Room), 325 North St., Bennington.

**Thursday, Oct. 25**
6-8 p.m., Albert D. Lawton School, 104 Maple St., Essex Junction.
6-8 p.m., Vermont Technical College, 124 Main St., Randolph.

**Tuesday, Oct. 30**
7-9 p.m., BFA Performing Arts Center, 71 S. Main St., St. Albans.

Put People First is a statewide grassroots initiative to build a movement for human rights and real democracy.

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**Your Vote Is Your Voice**

Don’t forget to cast your ballot!

**Election Day is Nov. 6**

For information about accessible ways to vote or registering to vote, call the Secretary of State’s Office at 1-800-439-8683 or Disability Rights Vermont at 1-800-834-7890

Last day to register to vote is Oct. 31
ADRC Partnership Builds Better Connections For Vermonters

An initiative of the Administration for Community Living brings information to seniors, individuals with disabilities and families

You won’t find an office on the main street of your town that has a sign over the door saying, “Aging and Resource Center, Entrance Here.” Instead, the original partners, working in partnership with the Department of Disabilities, Aging and Independent Living, are developing new ways of working together and with the people they serve in order to improve information services for individuals with disabilities, seniors and families.

The idea is to “put individuals and families in the driver’s seat,” as one early Vermont ADRC member put it. Rather than having a center, and moving everyone under one roof, ADRC partners are working to make sure that people can go in any member organization’s door, or call any of their numbers, and get respectful and helpful information and support. A new name for the Vermont approach emerged: Vermont Aging and Disabilities Resource Connection.

ADRC funding is limited, but all the partners know that the need for informational and assistance services about disability and aging is not going to go away. In fact, we all know the need will only grow. The goal is to create more effective services, make them easier to access and better able to promote personal choice and community living opportunities.

Federal funding for the ADRC initiative comes from the Administration for Community Living (Administration on Aging) and is part of a national trend toward more person-centered and directed long-term care services, including the option of having services at home instead of in nursing homes or other institutions. We live at a time when people want a say in how disability and senior services are provided; the ADRC initiative reflects this. As the national ADRC goals state, “The ADRC focuses on improving access to the right services at the right time in the right place.”

It sounds simple; but of course it isn’t. No one organization can have all the answers; that’s one reason a partnership makes sense.

“Elders are as diverse as the populations from which they come. We all want to be treated as individuals, not as a statistical entity. It is far more important to ask what the person needs and wants than to provide them what we think they need and want. Listening is as important as advising and I am afraid that we need to pay more attention to the wishes of those we serve than the theories we have learned.”

~ Harriet Goodwin, DAIL Advisory Board member
Vermont 2-1-1

"VT 2-1-1 is your first step toward solving everyday problems or when you face difficult times."

~ VT 2-1-1 website

Many Vermonters know of Vermont 2-1-1, a general information services sponsored by United Way. As their website says, “2-1-1 is the number you dial to find out about hundreds of important community resources, like emergency food and shelter, disability services, counseling, senior services, healthcare, child care, drug and alcohol programs, legal assistance, transportation needs, educational and volunteer opportunities, and much more.”

2-1-1 is not an emergency number like 9-1-1, but it is available 24/7. 2-1-1 resources include a comprehensive and well maintained directory of local and statewide services, called Refer. For Vermonters who have never thought about disability program or senior services, it can be the first step in learning about your local Area on Aging, the Vermont Center for Independent Living, a state agency, or a peer support service, or a local developmental services or mental health agency. For many more Vermonters it is a place to call, or a website to visit when you want to know about resources and services that all Vermonters use.

The individuals answering Vermont 2-1-1 phones are trained in national AIRS standards for information and assistance. Their role in providing general information and referral services for all Vermonters makes them an important partner when individuals and families need assistance or when emergencies hit Vermont.

Brain Injury Association of Vermont

According to their website, “The mission of BIAVT is to create a better future for Vermonters with brain injury and their families through prevention, education, advocacy and support. Our vision is to bring Vermont to a place where brain injuries are prevented and those who already have a brain injury can get all the help they need.”

It is challenging for individuals and families to deal with brain injury. They often struggle to know what services are available. BIAVT was formed in response to these needs. Trained information and referral specialists answer BIAVT’s Helpline services, a doorway to both peer support groups and to specialized health care services, such as neuro-resource facilitation and veterans support.

Marsha Bancroft, president of BIAVT and coordinator of Disability Right Vermont’s legal services for individuals with TBI, says, “One of the most important and unique elements of the support BIAVT provides is the staff’s understanding of TBI and how it affects survivors. The cognitive and behavioral changes that accompany brain injury are complex and require patience. For a person with a brain injury to be able to work with someone who ‘gets it’ is critical.”

Jessica LeBlanc, who is a survivor herself and a former BIAVT staff member, agrees. “BIAVT can often be vital support for many individuals with TBI who live alone and for those who are just experiencing TBI. Not one day went by that I did not enjoy assisting those who had questions or needed assistance. It makes a difference when so many people I worked with are shining today! BIAVT has a wonderful team and they are trained to offer and provide the best services to those who have questions.”

One way to learn more about BIAVT is to attend their annual conference, which is being held Oct. 9 at the Sheraton in Burlington. Call BIAVT at (877) 856-1772 to find out more about workshops or to register online, go to www.biavt.org.
Vt.’s Area Agencies on Aging

“Welcome! Our nonprofit agencies ... share available options for caregiver support, health insurance counseling, transportation, senior nutrition programs including meals on wheels, adult day programs, home health services, housing alternatives, exercise and wellness programs.”

~ Vermont Association of Area Agencies on Aging website

Vermont’s five Area Agencies on Aging (AAA) bring the mission and resources of the Older Americans Act to Vermonters over 60, their families and their communities. Local staff work on the phone and in person to help Vermont seniors and families know about the resources in their community, understand their rights, and access benefit programs and services, including nursing homes and other home and community-based long term care. In addition to providing these services, they work with state and community partners to develop local services that respond to the unique interests and needs of seniors and their families.

A toll free call to the Senior Helpline (1-800-642-5119) connects you to the closest area agency on aging’s information and assistance line. This call links you to information and assistance, options counseling and case management services, benefits counseling, meals on wheels and other services to seniors and their families. You can also find out about any area agency with one click on the statewide map at the Vermont Association of Area Agencies on Aging website (www.vermontseniors.org).

Harriet Goodwin, DAIL Advisory Council member and former Executive Director of COVE, says, “I am always surprised that even some professionals are not familiar with all the service provided under the Older Americans Act or that they are available to all those over 60. No proof of financial need is required. The act provides funds for social services including legal and long-term care ombudsmen, meal programs, case management, information and referral and home and community-based care. Vermont is recognized across the country as a model in innovative and successful programs, many of which utilize Older American Act funds. We should all be proud to share in these benefits.”

She adds, “I think seniors want and need information about available programs and services they will need as they age. Unfortunately, in my experience, folks often wait until a crisis looms before they seek this information. At that time they are most vulnerable and the frustration of gathering information becomes an issue. The information itself is readily available if you know where to look!”

Jackie Majores directs Legal Aid’s Long Term Care Ombudsman Program, which protects the safety, welfare and rights of Vermonters who live in long-term care facilities and those who receive long-term care services in the community through the Choices for Care Waiver (CFC). She says, “Even though Vermonters receive services in a variety of settings, they share the same concerns. They want to be treated with dignity. They want to receive good care and they want their care to reflect their individual needs and preferences.

She continues, “People want to know all their options. And, they want to know who they can turn to when they have specific questions about where to receive services and who should provide those services. They want to know who will be available to help them plan and who will help them when they run into problems.”
Options Counseling:
Knowing All the Available Choices

All ADRC partners share a responsibility to provide information that gives people a real role in deciding what services they want to use; and the ADRC has used some of its resources to train members in objective or conflict-free interviewing and options counseling. Conflict-free options counseling requires providing clear and complete information and putting people’s right to choose over organizational interests.

Dana Baker, supervisor of case management and information and assistance services for the Southwestern Vermont Council on Aging, explains, “I think the most important activity for the ADRC is changing the way options are presented, by putting the client at the center of the decision making process … We live in a world where people, especially individuals with physical or cognitive impairments, are often not told all the options available. Instead, they are given the options other people think they will benefit from.”

Majores would like to see state guidelines and oversight for conflict-free options counseling. She also has a simple suggestion for individuals who want more choice and control of their long term care services, “Keep asking questions. Think about your day and what you want to be able to do each day. Describe that to the options counselor and try to imagine what your day would be like in each of the options explained to you.”

Dana Baker has found that “offering conflict-free options counseling is refreshing; it puts the individual at the center of the decision making, where they are aware of everything that is available and have the ability to decide what direction is best suited for them … I think this type of options counseling can easily be achieved in Vermont and is a natural extension of the work that the Area Agencies on Aging have been doing. We have had several instances where individuals had been in a nursing home (private pay) and were unhappy with their residence and wanted to make a change. Options counselors met with these folks at the nursing home and discussed going home, residential care options and other nursing facilities. They also spent time addressing the financial concerns of running out of money, and how the process for applying for Long-Term Care Medicaid works. In most situations these individuals chose to make the move … and are quite successful.”

Area Agency on Aging for Northeastern Vermont
Caledonian, Essex & Orleans counties
[www.nevaaa.org](http://www.nevaaa.org)

Central Vermont Council on Aging
Lamoille, Orange & Washington counties
[www.cvcoa.org](http://www.cvcoa.org)

Champlain Valley Agency on Aging
Addison, Chittenden, Franklin & Grand Isle counties
[www.cvcoa.org](http://www.cvcoa.org)

Senior Solutions
(Council on Aging for Southeastern Vermont)
Windham & Windsor counties
[www.SeniorSolutionsVT.org](http://www.SeniorSolutionsVT.org)

Southwestern Vermont Council on Aging
Bennington & Rutland counties
[www.svcoa.org](http://www.svcoa.org)

To reach any of the AAAs by phone, call the Senior Helpline at 1-800-642-5119
VCIL works with individuals with disabilities and Deaf Vermonters to increase their independence and help them participate more fully in their community and advocate for needed social change. Information and referral and peer advocacy services are central to VCIL’s mission. Other services include home modifications, Meals on Wheels and the Sue Williams Freedom Fund. Local and statewide staff members help individuals get the information, support and services they need to live with dignity and with appropriate support in their own homes, fully participate in their communities and to control and make decisions about their lives.

VCIL staff and peers know how important it is to have the right and the opportunity to self-manage services and direct one’s life. This knowledge is at the root of VCIL’s work in information and assistance, options counseling, independent living services, and advocacy.

As Harold Nadeau, manager of VCIL’s direct service programs explains, “We are a disability rights organization, made up of people with disabilities. Many of us have personal experience with people making decisions for us, which translates into a unique understanding of the difference between ‘person-centered’ and ‘person directed.’ Conflict-free options counseling goes to the heart of person-directed policies. Without conflict-free options counseling, the individual may not be presented with all the options to choose from; and, as a result, may be prevented from making the best decision for themselves.”

VCIL staff members help individuals develop their own independent living goals and plan ways to successfully reach these goals. People get involved with VCIL when they need information and support to adjust to a disability, want to know about new disability resources and services, want to advocate for community access or make their home more accessible, get more involved in work or community life, or leave a nursing home or other institution. VCIL began helping peers leave nursing homes and other segregated programs as early as the 1980s and worked with Vermonters with disabilities to call for many of the community-based options that are available today.

Sometimes the solution is simple: Leon Gaudette has lived in Barre City for the past 11 years. He has a disability and uses a power wheelchair. His hobbies are hunting, fishing and camping. He learned about VCIL through the local senior center newsletter, and contacted VCIL’s Sue Williams Freedom Fund for help getting hand controls for his pickup so he could keep driving. When asked what VCIL meant to him, he said, “They helped me stay more independent. They’re doing a great job for people who need it.” He went on, “There are a lot of guys coming back from the service who are going to need you!”

Call VCIL if you are looking for information on specific disabilities, assistive technology resources and funding options, peer support, help adapting to life with a disability, or ways to stay active in sports, recreation, or community activities. You should also call if you need help with Deaf or hard of hearing issues, help with benefits to work options in regard to Social Security, tips for supervising your personal care provider, help making farm equipment accessible, disability rights information, or a chance to get involved in statewide or local advocacy and peer support activities.

Today VCIL has offices in Bennington, Brattleboro, Rutland, Montpelier, Newport and Burlington, and outreach staff covering other areas of the state. You can reach us on the web (www.vcil.org) on Facebook, or via our toll-free information line: 1-800-639-1522.
New VA Program Brings Community Options Home to Veterans

An ADRC partnership brings the new flexible and person-directed services to veterans looking for an alternative to nursing home care. The Veteran-Directed Independence Program allows eligible veterans to put together a plan to receive assistance in their home. Vermont’s Area Agencies on Aging staff act as “care advisors” for participating veterans who must able to develop to manage their own services or have a surrogate who can help them do this. The program is small: Ken Gordon, president of the Vermont Association of Area Agencies on Aging, says that the pilot program can only work with 30 veterans today but they are seeking permission from the Veterans Administration to expand this service to a total of 50 veterans. “We already have a waiting list in some areas,” Gordon says. “We are encouraging interested individuals to apply so we can document both the interest and the need.”

The program is open to veterans of all ages. There are no income requirements, but individuals must need nursing home level care. Area Agencies on Aging serve as the local contact point for program information and the VA determines medical eligibility. Once enrolled, Area Agency on Aging staff will be available to advise participating veterans as they develop their service plan and budget. The program allows participants to purchase a broad range of services. Examples of allowed purchases include: adult day, caregiver education, home modifications, adaptive devices, chore and maintenance services, health maintenance services, personal care, and other products or services that are needed to let the veteran live independently at home.

Participating veterans determine their own service priorities and must be able to hire and supervise caregivers and manage their services. A Vermont organization, ARIS, manages caregiver payroll, as it does for other person-directed long-term care programs in Vermont. Participating veterans can access peer support from ADRC partners, Brain Injury Association of Vermont and VCIL.

Robert Kline, VA Administrator for the Vermont programs, says, “The partnership with the Area Agency on Aging and other partners has been remarkable.” Both Kline and Gordon highlight the power of having partners who care who have been willing to work to create a new resource for Vermont Veterans.

“Bob has been amazing to work with and ARIS went out of their way to make this program possible,” Gordon says. “Our hope is to expand it to more Vermon ters.”

For more information, contact your local Area Agency on Aging by calling the Senior Helpline, 1-800-642-5119, and asking for information on the Veterans Directed Independence Program.
ADRC Welcomes Two New Members

Green Mountain Self-Advocates

Green Mountain Self-Advocates is Vermont’s statewide self-advocacy organization. Today, because of GMSA, hundreds of self-advocates speak up for themselves and participate as members of 18 local groups. Each group comes together to listen to each other, make new friends, learn about rights and services and speak with politicians. They present at local, state and national meetings. Recently GMSA members led national workshops on educating support workers, converting sheltered workshops to employment supports and sexuality education.

As Max Barrows, outreach coordinator for GMSA, said recently, “You get the honest truth from your peers. You are hearing it through the experience of peers directly. When information comes from others, it can be sugar-coated; the environment can feel too controlling and biased. It is important to have a peer-to-peer connection because you learn how much you have in common. The strength of your self-advocacy increases. When you get involved, you realize you are not alone when facing tough times.”

GMSA understands how Vermont’s developmental services system works and how to make this information accessible to individuals with intellectual and communication disabilities. They look forward to helping the ADRC help Vermonters with disabilities speak up for themselves and the services they want.

Vermont Family Network

Vermont Family Network (VFN) is a statewide family support organization and the federal Family Health and Parent Information and Training Center for Vermont.

Pam McCarthy, VFN’s Executive Director, explains, “Information, referral and assistance are at the heart of our work, most of it provided by experienced staff who are themselves parents of children with special needs. This type of parent-to-parent support is essential to families to help them successfully navigate an often-confusing system of services and supports. Funding from the Vermont Developmental Disabilities Council has helped us support families of adults with disabilities.”

What creates quality information assistance and options counseling? According to Pam, “Knowing what it means to be a person with a disability or a family member; knowing how to actively listen; know what the resources are so that people can make informed choices that meet their needs, as they define them. Ultimately, it is all about resources, relationships, and clear communication.”

She adds, “We look forward to engaging family voices in the ADRC and to bringing expanded options counseling and person centered, holistic and strength-based supports to the families we serve, to young adults preparing for adult life, and to all others served by the ADRC.”
Contact Information For ADRC Partners

Area Agencies on Aging
See page 11 for a complete listing.

Brain Injury Association of Vermont
Toll-free Helpline: (877) 856-1772
Email: support1@biavt.org
Website: www.biavt.org
Fax: (802) 244-4005
Mail: PO Box 482
Waterbury, VT 05676

Green Mountain Self-Advocates
Toll-free in Vermont: 1-800-564-9990
Local: 802-229-2600
E-mail: gmsavt@gmail.com
Website: www.gmsavt.org
Mail: 2 Prospect St., Suite 5
Montpelier, VT 05602
And, look for GMSA on Facebook

Vermont 2-1-1
Reach them by telephone — 3 ways
1. Simply dial 2-1-1. This is a local call from anywhere in Vermont.
3. 1-802-652-4636 – from outside of Vermont.
The Vermont 2-1-1 call center is available 24 hours a day/seven days a week.
Email: info@vermont211.org
Website: www.vermont211.org
Fax: (802) 861-2544
Mail: Vermont 2-1-1
PO Box 111
Essex Junction, VT 05453

Vermont Family Network
Toll-free: 1-800-800-4005
Website: www.vermontfamilynetwork.org
Fax: (802) 876-6291
Mail: 600 Blair Park Road, Suite 240
Williston, VT 05495
And, look for VFN on Facebook and Twitter

Vermont Center for Independent Living
Toll-free in Vermont: 1-800-639-5112
Email: info@vcil.org
Website: www.vcil.org
Mail: 11 East State St.
Montpelier, VT 05602
And, look for VCIL on Facebook and Twitter

Thanks to Our Sponsors and Supporters
Thank you to our issue sponsors:
The Administration for Community Living
(Administration on Aging) through the
Vermont Department of Disabilities, Aging and
Independent Living; Disability Rights Vermont;
VCDR; and the Vermont Developmental
Disabilities Council.

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Please consider being a co-sponsor or sending a contribution to help us continue to bring independent news to independent Vermonters!
A subscription form can be found on page 2.
The 2012 legislative session ended on May 5. This was the second year of the biennium under the Shumlin administration, with Democratic majorities in both the House and Senate. The major focus of the Legislature and administration was the task of rebuilding after Tropical Storm Irene, which involved everything from finding the funds to rebuild heavily damaged state and municipal infrastructure, helping Vermonters who lost homes and livelihoods, deciding whether to rebuild or relocate the Waterbury state office complex and resolving the long-standing issue of replacing the Vermont State Hospital while redesigning the state’s mental health system.

In the end, many complex issues were addressed, including resolving the fifth projected budget deficit in as many years and the continuation of work on comprehensive health care reform.

For a much more detailed report and the VCDR platform, visit our website: www.vcdr.org.

VCDR Issues

VCDR members, organizations, other disability advocates, and private citizens testified in numerous legislative committees, public hearings and state meetings on a variety of VCDR platform priorities and other topics of interest to the disability community.

In addition to budget issues related to SSI, Reach Up benefits, Choices for Care and Developmental Disabilities, policy topics of interest included: The Mental Health System of Care, Vermont State Hospital, Respectful Language, Warrantless Access to Drug Monitoring, School Harassment and Bullying, Autism Insurance Coverage, Physician Assisted Suicide, Seclusion & Restraint Rules and School Resource Officers, Integrated Family Services, Sports Injuries, Mental Health Ombudsman, Health Care Reform, Dual Eligibles, Medicaid for Working Persons with Disabilities, Adult Protective Services, Vulnerable Adults, Peer Navigators, Fuel Assistance, Disability Awareness and Emergency Management. And that’s not a complete list.

Disability Awareness Day

On March 21, VCDR brought together disability advocates, peers and families, providers and policymakers from across the state to spend time at the statehouse, testify in committees and meet with legislators on Disability Awareness Day.

This year’s theme, “We are ALL Vermont Strong,” brought us together to focus on emergency preparedness, response and recovery during disasters from the unique perspective of people with disabilities. Dr. Kate McCarthy-Barnett, our FEMA regional disability integration specialist, gave a spirited keynote and joined us for a day of meetings with legislative committees, presentations, workshops, a social hour with legislators and dinner.

Below are some brief notes on the budget and policy legislation of interest to the disability community that were the subject of discussions during the 2012 legislative session. Links to actual legislative documents can be found in our 2012 end-of-session report at www.vcdr.org.

BUDGET

The FY2013 Appropriations Bill (H.781, passed as Act 162)

The “Big Bill” provides appropriations for the support of state government during the upcoming fiscal year. It also amends and adds substantive provisions affecting state laws and programs.

Some highlights of the FY 2013 budget:

The approved budget covered a $50 million gap with fewer reductions than in the last five years. It Continued on next page
grew by 5.8 percent to cover losses in federal Medicaid match dollars, increased retirement costs, pay act increases and replacement of lost special funds. Half of the increase was to address the effects of Tropical Storm Irene and other natural disasters.

On the plus side, federal funds helped with transportation infrastructure, disaster relief, increases in new Medicaid Information Technology Systems and the Healthcare Exchange. Vermont also leveraged new Medicaid/Medicare dollars by delivering mental health care in facilities other than the de-certified, flooded and closed Vermont State Hospital.

The budget provides for $13.6 -16.5 million in reserves above the stabilization (“Rainy Day”) fund to provide some capacity to address revenue shortfalls and continuing federal fund losses. Any revenue surpluses in the budget are designated to be automatically deposited; 50 percent to the education fund, 25 percent to offset federal cuts, and 25 percent to build the Rainy Day reserve fund, ending the practice of funding desired programs with “Waterfall” surplus revenues.

The bill also adds language about the purpose of the state budget. “…The state budget should be designed to address the needs of the people of Vermont in a way that advances human dignity and equity.” It requires a public process in the development of budget goals and a current service budget, which must provide estimates of what these services are expected to cost in the next fiscal year.

Selected highlights of Human Service Budget Funding:

**DCF Reach Up/SSI** — The state used AHS caseload reserves and avoided a proposal to save $927,262 by reducing the Reach Up grant for families receiving SSI.

**DAIL Developmental Services/Hospitalization Reimbursement Change** — The governor proposed saving $825,000 by eliminating services for developmental disabilities Home and Community Based Care (HCBC) while individuals are hospitalized. This reduction jeopardized funds for contracted home providers and service coordinators. The reduction was lowered to $475,000 by tapping the Developmental Services caseload increase for high school graduates.

**DAIL Developmental Services/Caseload Increases** — The DS budget is level funded, but with an additional $6.1 million for new caseloads, which includes high school graduates and those who meet public safety criteria. The “net” total is the same for DAIL.

**DVHA/Choices for Care/Home and Community Based Care/Case Management** — Reductions in current utilization trends and changes in rates and caps allowed restoration of a proposed $827,830 reduction. The Legislature also made additional investments in Choices for Care using $1.1 million in carry-forward funds. It added language that directs DAIL to meet with providers and stakeholders before implementing any significant changes in that program.

**DMH** — Funding for Mental Health Reforms added $15 million for an enhanced investment in community based services (in separate legislation- H.639/Act 79)

**ADAP** — Additional funding for Methadone treatment ($636,000). “Hub and Spoke” will receive $4.1 million in federal funds.

**Medicaid/Dental Cap** — The Legislature lifted the dental cap for 60 days for pregnant and postpartum women. Cost: $378,701.

**AHS Central Office/Legal Aid** — The Legislature restored a proposed cut of $100,000 to VLA funding with $50,000 in general funds and $50,000 in federal funds.

**Homeowner Assistance/Legal Aid** — The Legislature put in $200,000 of special funds for homeowner foreclosure assistance.

**POLICY legislation**

**MENTAL HEALTH SYSTEM OF CARE (H.630, PASSED AS ACT 79)** — This legislation is intended to strengthen Vermont’s mental health care system, replacing the flooded state hospital with a continuum of community and peer services, as well as a

Continued on next page
range of acute inpatient beds throughout the state. This system of care is to be designed to provide flexible and recovery-oriented treatment opportunities and to ensure that the mental health needs of Vermonters are served. It calls for the agency of human services to fully integrate all mental health services with all substance abuse, public health and health care reform initiatives, to be consistent with the goals of parity.

MEDICAID FOR WORKING PERSONS WITH DISABILITIES (S.89, PASSED AS ACT 132) — This legislation calls for analysis and implementation of initiatives that promote work incentives and increase the stability of health coverage for individuals receiving Medicaid for Working Persons with Disabilities. It should make it easier for individuals and eligible spouses to transition to work without losing health care and some other benefits. The bill also sets up the coordination of public and private efforts for the donation and transplantation of human organs and tissues in Vermont.

AUTISM INSURANCE COVERAGE (S.223, PASSED AS ACT 158) — This health insurance legislation requires coverage for the evidence-based diagnosis and treatment of early childhood developmental disorders, including applied behavior analysis supervised by a nationally board-certified behavior analyst, for children from birth to age 21. This coverage also applies to Medicaid, the Vermont Health Access Plan, and any other public health care assistance program.

HEALTH CARE REFORM (H.559, PASSED AS ACT 171) — This legislation implements a number of changes to Vermont’s health care laws, including: defining a small employer for the first three years of the Vermont health benefit exchange as an employer with 100 employees or fewer; merging the individual and small group insurance markets; expanding the duties and clarifying the role of the Green Mountain Care Board; giving the GMCB authority over the health insurer rate review, hospital budget review, and certificate of need processes; banning discretionary clauses in health insurance contracts; restricting the amount of out-of-pocket expenditures for prescription drugs; authorizing AHS to seek certain waivers from the Centers for Medicare and Medicaid Services; and repealing Catamount Health and the Vermont Health Access Plan once the health benefit exchange is implemented.

SPORTS INJURY — Changes in Act 171, on concussions and head injuries related to participation in sports activities, make it clear that “A coach shall not permit a youth athlete to continue to participate in any training session or competition associated with a school athletic team if the coach has reason to believe that the athlete has sustained a concussion or other head injury during the training session or competition...” and that a “coach shall not permit a youth athlete who has been prohibited from training or competing (…) to train or compete with a school athletic team until the athlete has been examined by and received written permission to participate in athletic activities from a health care provider (…) trained in the evaluation and management of concussions and other head injuries.”

PHYSICIAN ASSISTED SUICIDE (S.103) — “An act relating to patient choice and control at end of life” did not pass. This bill would allow a physician to prescribe a lethal drug to a “mentally competent” person diagnosed as having less than six months to live. The senate voted against the proposal when an attempt was made to attach it to a bill regulating tanning.

ADULT PROTECTIVE SERVICES (H.290) — Passed but was vetoed by the governor. This bill, initially drafted to require rulemaking, passed as a mandate for reporting to the Legislature by APS that the administration found unacceptable.

VULNERABLE ADULTS (H. 413, PASSED AS ACT 141) — Permits the attorney general to bring a civil action for damages against a person or caregiver who abuses, neglects, or exploits a vulnerable adult.

HARASSMENT AND BULLYING IN EDUCATIONAL SETTINGS (H.412, PASSED AS ACT 140) — Defines what is needed to prevail in alleging harassment under the Vermont Fair Housing and Public Accommodations Act in an educational setting. To meet the new standard the harassment must be
Disability Rights Vermont (DRVT) is a private nonprofit agency dedicated to defending and advancing the rights of people with mental health and disability issues. We are empowered (and funded!) by the federal government to investigate abuse, neglect and serious rights violations. Our 15-member staff teams with the nine-member staff of the Disability Law Project of Vermont Legal Aid (DLP) to create the cross-disability legal protection and advocacy system for Vermont. This past year DRVT and the DLP were busy defending the rights of people with disabilities both in individual case work and in systemic change.

Of course we can’t list everything, but for 2012 highlights, please visit us on the web at: www.disabilityrightsvt.org/2012.html

DRVT is once again publishing the priorities being considered by our Board for the current fiscal year (October 1, 2012 – September 30, 2013.) We would welcome your thoughts about how our unique system can best serve people with disabilities and mental health issues. DRVT is publishing our formal priorities for the Protection & Advocacy for Individuals with Mental Illness (PAIMI) program, the Protection & Advocacy for Developmental Disabilities (PADD), and the Protection & Advocacy for Individual Rights (PAIR) programs on the adjoining pages.

These priorities serve to focus the work of the agency and are developed by our Board and our advisory councils, who get input from the community and staff. Your input is appreciated! We strive to do as much as we can with the resources we have … and we can do that best when folks in the community let us know their greatest advocacy needs!

To help us stay connected to the community we serve, send us your comments:

DRVT, 141 Main Street, Suite 7, Montpelier, VT 05602
By email: info@disabilityrightsvt.org
Or by phone: toll-free, 1-800-834-7890 or locally, (802) 229-1355
And please visit our website at www.disabilityrightsvt.org

2013 PRIORITIES FOR PROTECTION & ADVOCACY FOR INDIVIDUALS WITH A MENTAL ILLNESS

Priority 1: Investigate individual cases of abuse, neglect, and serious rights violations in inpatient facilities (designated hospitals, any state run facilities, designated agencies, emergency rooms, facilities for minors), prisons/jails, and community settings, including peer services.

Priority 2: Reduce the use of seclusion, restraint, coercion and involuntary procedures through systemic efforts. Continue systemic work to create culturally competent, trauma-informed, violence free and coercion free mental health treatment environments.

Priority 3: Reach out to community settings, designated facilities, emergency rooms, prisons/jails, residential and therapeutic care homes. Monitor conditions and educate residents about rights and self-advocacy. Engage in systems work to improve conditions.

Priority 4: Advocate for self-determination and access to alternative treatment options and community integration. Use legal advocacy to enforce and expand rights across the State of Vermont.
2013 PRIORITIES FOR PROTECTION & ADVOCACY FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (PADD)

Health Priority Area
- People with disabilities have access to needed health care/long term care; children with developmental disabilities and/or mental health needs will receive needed services and supports.

Education Priority Area
- Students with disabilities are not harassed, are not subjected to Restrictive Behavior Interventions, and are not unlawfully disciplined, suspended or expelled from their educational program. Students with disabilities receive an appropriate transition from school to employment and independent living. Resources permitting: Students with disabilities are identified, evaluated, and receive a free and appropriate public education and related services. Federal and Vermont entitlements and procedural protections are preserved.

Quality Assurance Priority Area
- Olmstead: People with disabilities have access to appropriate services/supports in the least restrictive, and most integrated, settings.
- Children in institutional and other residential and alternative educational settings will receive protection and advocacy services.
- Access to Developmental Services for children and adults with developmental disabilities.
- Guardianship: Protection of legal rights in guardianship proceedings. People with developmental disabilities do not have unnecessary guardianships.
- SSI: Access to and preservation of SSI benefits for income eligible children under age 18 or turning 18 whose benefits are terminated on the basis of disability. Maintain maximum SS benefits for adults who are disabled and working.
- Title II ADA: Increased accommodations for people with disabilities in government services, including state and local emergency services.
- Title III ADA: Individuals with disabilities will have increased access to businesses open to the public.
- Communication Support Project (Joint priority with DDC and UCE) People with developmental disabilities receive communication support in judicial and other proceedings.
- Self Determination: People with disabilities make meaningful and informed choices about their services and supports.
- Abuse Neglect & Exploitation: Adults and children with developmental disabilities living independently, in institutions, or in parental, family, group or developmental homes, are free from abuse, neglect or rights violations.

Housing Priority Area
- People with disabilities receive needed accommodations in housing and are not discriminated against in housing.

Employment Priority Area
- People with disabilities will not be discriminated against in hiring, employment and advancement.

Transportation Priority Area
- People with disabilities have access to accessible transportation.

Parenting Priority Area
- Parents with disabilities have access to appropriate services/supports that promote family preservation/reunification.

2013 PRIORITIES FOR PROTECTION & ADVOCACY FOR INDIVIDUAL’S RIGHTS (PAIR)

This program serves people with disabilities other than those served by PAIMI & PADD.

Health Priority Area
- People with disabilities have access to needed health care/long term care; children with developmental disabilities and/or mental health needs will receive needed services and supports.
Quality Assurance Priority Area

- Olmstead: People with disabilities have access to appropriate services/supports in the least restrictive and most integrated settings.
- Guardianship: Protection of legal rights in guardianship proceedings. People with disabilities do not have unnecessary guardianships.
- Maintain maximum SS benefits for adults who are disabled and working.
- Title II ADA: Increased accommodations for people with disabilities in government services, higher education, Reach Up, judicial and corrections systems — including people with disabilities who have been victims of crime, and parents with disabilities in the child protection system.
- Title III ADA: Individuals with disabilities will have increased access to businesses open to the public.
- Communication Support Project (Joint priority with DDC and UCE): People with developmental disabilities receive communication support in judicial and other proceedings.
- Abuse Neglect & Exploitation: Adults and children with disabilities living independently, in institutions, or in parental, family, group or developmental homes, are free from abuse, neglect or rights violations.

Housing Priority Area

- People with disabilities receive needed accommodations in housing.

Employment Priority Area

- People with disabilities will not be discriminated against in hiring, employment and advancement.

Transportation Priority Area

- People with disabilities have access to accessible transportation.

Parenting Priority Area

- Parents with disabilities have access to appropriate services/supports that promote family preservation/reunification.

VCDR, continued from page 18

severe or pervasive, not both.

SCHOOL RESOURCE OFFICERS (S.181, PASSED AS ACT 101) — Clarifies that a police office in a school is not bound by the new state regulation on restraint and seclusion, but acts with law enforcement authority.

PRESCRIPTION DRUG MONITORING (H.745) — Did not pass because the House and Senate failed to agree on giving police access to electronic prescription records without a warrant.

MENTAL HEALTH IN CORRECTIONS (H.765, PASSED AS ACT 87) — Sets in motion an assessment of the mental health needs of prisoners with serious functional impairments.

IMMUNIZATION (S.199, PASSED AS ACT 157) — Seeks to increase immunization of children. The bill as passed modifies but doesn’t remove the “philosophical exemption” that currently exists.

SECURE RESIDENTIAL RECOVERY FACILITIES (H.759, PASSED AS ACT 160) — Defines the secure residential recovery facility envisioned in the mental health care law (Act 79) as a Therapeutic Care Residence and provides for the updating of the TCR regulations.

RESOLUTIONS

RESPECTFUL LANGUAGE (J.R.H. 58, PASSED AS NO. R-456) — Instructs the Legislative Council to prepare a bill that would replace statutory language disrespectful to people with disabilities.

CONCERN OVER PORTRAYAL OF MENTAL ILLNESS (J.R.H. 38, PASSED AS NO. R-504) — Expresses concern over the Reader’s Digest portrayal of mental illness.
VERMONT DEVELOPMENTAL DISABILITIES COUNCIL
2012 Public Policy Priorities

About VTDDC and its Priorities
The Vermont Developmental Disabilities Council is a statewide board that works to increase public awareness about critical issues affecting people with developmental disabilities and their families. Fourteen of its 23 members are self-advocates and family members.

VTDDC follows the federal definition of developmental disability: A disability that begins before age 22 that substantially affects three or more activities of daily life such as self-care, communication, movement, learning, self-direction, independent living and employment.

The following priorities are based on what Vermonters told VTDDC in extensive outreach during 2011. 283 people from across Vermont participated in a survey about what needed to happen and over 150 attended forums held around the state. The priorities are embedded in VTDDC’s 5 Year Plan (2012-2016) that guides its systems advocacy work and the projects it funds.

Priority 1
PUT PEOPLE FIRST! Assure that Vermonters with developmental disabilities have individualized supports they need to work, live and thrive
• Live up to Vermont’s Developmental Disabilities Act and promises made when Brandon Training School closed to end segregation and provide supports in the community.
• Stem the trend toward segregated congregate day services and contracted wrap services.
• Restore and expand flexible supports and options for children, adults and families.
• Require full and complete analysis of the impact of changes in funding priorities and cuts on the lives of people, including families, support staff and home providers.
• Restore funding to peer and family organizations for cost-effective support.

Priority 2
End waiting lists of Vermonters in need of developmental services
• Provide a transparent application and decision process for services.
• Require a statewide analysis of service and support needs of people on current waiting lists and those receiving minimal Flexible Family Funding.
• Develop a plan to address needs of people on any wait list.

Priority 3
People with developmental disabilities need quality supports and well-trained staff to be treated with dignity and respect and have opportunities to be part of community life
• Restore state level quality assurance staff so there are reviews that are not crisis driven.
• Restore statewide oversight of training and develop direct service standards so people are assured quality person-directed services no matter where they live or who the provider is.

Priority 4
Vermonters with developmental disabilities need to be able to work for more hours and more pay in jobs they choose
• Make employment a funding priority for all, not just graduates.
• Restore job development positions and invest in other customized resources.
• Restore cuts to individual job supports to increase the rate and hours people are working.

Priority 5
Vermont needs an independent information, referral and assistance source for people with disabilities and family members
• Support a specialized link that ensures people with developmental disabilities and their families get unbiased information on how to get started & navigate complicated systems.
got access?
by Kim Brittenham

Ending Bullying In Schools

Were you bullied in school? Are other students mean to you? Have teachers made you do your work in another room away from your class? Vermont’s Department of Education is putting an end to this behavior and VCIL is a part of this effort.

Vermont Commissioner of Education Armando Vilaseca knows that in order for children to be able to receive a good education, they need to feel safe in their classrooms. At the first meeting of his new advisory council on harassment, hazing, and bullying prevention, Vilaseca said, “Bullying is a serious issue in our society and the learning process can be significantly impeded if students are denied a safe learning environment. Cyberbullying is another challenge schools are facing. It is much more pervasive, and presents additional issues and challenges when it occurs after school hours and off school property.”

Commissioner Vilaseca also said, “We have an increasingly diverse student body in Vermont, and now more than ever, we need to make sure all students feel safe and valued.”

VCIL sits on this new commissioner’s Prevention Advisory Council on Harassment, Hazing, and Bullying alongside community partners Outright Vermont and Vermont Partnership for Fairness and Diversity, school administration associations and four high school students.

Council members plan to meet every other month at Vermont high schools. Their goals will include developing student-led strategies to end bullying and to support students caught up in bullying and harassment.

Vermont already has bullying and harassment laws that require schools (public and private) to adopt and follow a plan for responding to student misbehavior. Bullying is violence against one student by another student or group that is repeated over time, intended to ridicule, humiliate, or intimidate and occurs during the school day—or before or after the school day at a school-sponsored event. Harassment is bullying of a student because she or he is a member of a protected class, for example: a student who has a disability; is gay, bisexual, or transgender; or is a member of an ethnic minority group.

We all need to share our stories of being bullied in school in order to understand each other and to be strongly united in changing old attitudes. Contact Kim Brittenham at VCIL if you have a story to share or would like to offer your ideas about what could have stopped the behavior or who might have made a difference.

The next Commissioner’s Advisory Council on Harassment, Hazing, and Bullying Prevention Meeting will be Oct. 24, from 1 to 4 p.m. at the Howard Dean Center in Springfield. For more information, contact council chair Tracey Tsugawa at the Vermont Human Rights Commission at 802-828-2493 or tracey.tsugawa@state.vt.us.

VCIL’s Community Access Program works to improve access to buildings, services and programs as Vermont’s ADA technical assistance and training provider [through a grant from the National Institute of Rehabilitation and Research (NIDRR)]. For more information, contact the Community Access Program: 1-800-639-1522 (Voice/TTY) or visit: http://www.vcil.org.
Help Obtaining A Guide Dog

Are you blind and in need of a guide dog, or do you know someone who is? Thanks to a generous donor, VCIL may be able to assist with expenses. For more information, contact Ericka Reil at ericka@vcil.org or 802-224-1824.

Special thanks to Mark Kaufman for his hard work putting together this year’s ADA Celebration, and to the Inaccessibles for their gift of music at the event.

Living Connections

a photo essay that shows the mutual relationships between people of all abilities and their supports.

“As he swung at 3, 4, and 5 balls our team was yelling louder than ever and crowds joined in. Then did the “Bushy Bunt” and ran to first base. Everyone cheered loudly. Smiles everywhere. Game done. Loss forgotten.”

To find out about other disability or senior programs and activities, contact VCIL at 1-800-639-1522 or the Senior Helpline at 1-800-642-5119

VCIL
Vermont Center for Independent Living

SUBMISSION DEADLINE
Submissions for the next issue must be received by
Feb. 15, 2013