Reclaiming The Future

In this issue we share updates from VCIL and from many partners. Ed Paquin’s editorial on Page 3 puts a spotlight on changes in Vermont’s mental health system and a renewed focus on peer support and community-based services. He reminds us that government touches individual lives positively and negatively. In these hard economic times, we must not forget how important it is to share our stories. As Ed says, we need to inspire our leaders to build a system that offers real hope for the future and solutions for the problems of today. Though he is writing on transformations in mental health services, his message also rings true for senior programs and for a broad range of disability services.

COVE and VCDR present their 2012 legislative issues and priorities. Readers of The Independent are invited to get involved and can request updates on policy and budget concerns. Contact information is included at the end of their legislative articles. As VCDR says, “Nothing About Us Without Us.” We should never forget the power of life stories to shape change and to help create the future. Thanks to all of you who speak up to change the world.

-- Deborah Lisi-Baker, Editor
Letter to the Editor

Memories From The Past

I really enjoy The Independent. I really had to struggle in school because there were no special education services when I was young. I graduated from Hartford High School. I was sent to Brandon when I could not find a job. At least it was a way to get me on my feet and trained to get a job and be independent. I learned how to work in the kitchen, in the dormitories, then in the infirmary and finally with the children. Then I took the nurses aide course. In those days you didn’t have to be certified.

After that I got a job in a Rutland nursing home and then at Burlington Health and Rehab. That was my favorite job. I found it for myself and it was geriatric care, which I loved. I liked taking people out on field trips and going to the doctor with them.

Now I am retired of course. I stay busy! I wanted to share my story with readers of The Independent and let you know about the life history project.

Christine Lamphere
Burlington

EDITOR’S NOTE: Christine also shared her story during an interview for the Life History Project at UVM’s Center on Disability and Community Inclusion. Her story and other life histories of older Vermonters with developmental and other disabilities are posted at www.uvm.edu/~cdci/lifehistories/

To Our Readers: Have You Updated Your Subscription Lately?

Subscriptions and donations help VCIL continue to send this paper to over 11,000 households and community organizations. If you haven’t renewed your subscription recently, please do so. If you have, consider sending a contribution to help us with our publication and mailing costs.

We want to let our readers know that our next issue will come out in August or September. Budget constraints mean that we must publish fewer issues this year. We look forward to a time when we can publish more often. We appreciate your continued interest and support. Thank you!
The destructive action of Tropical Storm Irene accomplished what years of advocacy and planning could not: the closure of the Vermont State Hospital. The administration has presented a plan for replacing the institution’s services with a variety of community and peer-based services, new units at community hospitals and a new state-run facility in Central Vermont. The House of Representatives has supported the plan, but with a larger state-run facility, and passed it on to the Senate as H.630.

The patients previously at VSH have been added into a system already under stress. Outpatient services and services for individuals with developmental disabilities have been eroded for years. The system lacks capacity equal to the need for the treatment of addictions. The Department of Corrections doesn’t adequately serve the mental health needs of prisoners, often holding individuals in isolation when inpatient and other mental health treatment would be more appropriate. And as many providers have pointed out, the current system is not well equipped to meet the needs of individuals who present security challenges without a state-run “safety valve.”

The status quo is not meeting current needs. We need to address today’s problems while building a system for the future. H.630 outlines a plan for the future, but does not solve today’s crisis.

What should that future look like? The administration’s proposal includes many positive elements, with its emphasis on supports and services in less-restrictive and more community-based settings. DRVT supports the right to equitable and adequate care and believes that H.630 will increase the options in Vermont’s continuum of care. Examples include an emphasis on peer support, new support for emergency service options, the “Soteria” model proposal under discussion, “community based wrap-around” placements, and community residencies being developed to complement the parts of the proposal that deal strictly with replacing inpatient beds.

Inpatient services will undoubtedly be provided in community hospitals and in a state-run unit. The new system should afford people access to state-of-the-art care for physical and mental health conditions. Coordination of resources should allow for units that are better equipped than they currently are to foster Recovery without resorting to forced treatment. Vermont has a comparatively good system of due process protection, but we have never had a state-of-the-art delivery system with regards to uses of force like seclusion, restraint and involuntary emergency medication. Our leaders should remember the commitment expressed in Title 18 §7629(c) that: “It is the policy of the general assembly to work towards a mental health system that does not require coercion or the use of involuntary medication.”

Let’s hope that a new emphasis on peer and community-based services, a belief in the possibility of Recovery, and an understanding of the impact of trauma on people’s lives will inspire our leaders to build a system that offers real hope for the future.

The outlines of the plan can be found at: www.mentalhealth.vermont.gov/sites/dmh/files/Shumlin%20Plan-version%203.pdf

H.630 as passed by the House can be found at: www.leg.state.vt.us/docs/2012/bills/House/H-630.pdf

Ed Paquin is the executive director of Disability Rights Vermont.
Survey Says:

Physician-Assisted Suicide Not A Priority For Vermonters

In a recent survey (conducted by Smith Johnson Research) of 400 registered voters in Vermont, 71 percent indicated that the issue of physician-assisted suicide should not be a priority in our Legislature this year. Although it may appear that physician-assisted suicide has overwhelming support in Vermont, the survey showed that the vote for approval among voters is 51 percent, with almost 7 percent undecided. This shows a trend toward a more thoughtful look at the issue in coming years. The information was released at a press conference in Montpelier recently.

Sarah Launderville, executive director of the Vermont Center for Independent Living, an organization that opposes physician-assisted suicide, said this issue needs to be looked at holistically and not as a stand-alone issue. “We need to take into consideration a person's supports, including access to adequate health care, home supports, income levels and safeguards for people in vulnerable situations,” she said.

VCIL believes that creating public policy around physician-assisted suicide is a bad idea because there are too many uncertainties and risks associated with it. Physician-assisted suicide does not address issues that many people with a terminal issue need, including support against coercion and abuse, and a system with safeguards to protect people when in vulnerable situations.

“With too many uncertainties and risk around physician-assisted suicide, VCIL stays committed to opposing this becoming public policy,” said Launderville.

Thank you, BlueCross BlueShield Of Vermont

VCIL employees recently acquired some new-to-them office chairs, courtesy of BlueCross BlueShield of Vermont. Enjoying the furniture are, seated from left, Helen Johnke, Patsy Huston and Ericka Reil. Standing are Janis Moore, Michelle Grubb, Janet Dermody, Dhiresha Blose and Sue Booth. Mavis and Bubba, canines frequently spotted at the Montpelier office, seem to appreciate the chairs as do grateful staff members!
PCA Cooperative Forming In Burlington Area

VCIL received a grant in early 2011 from the National Resource Center for Participant-Directed Services of Boston College to organize peers to form a participant-directed Personal Care Attendant cooperative. VCIL, its partners and peers have joined together to identify and create a model that leads to success and full peer participation in the delivery and quality of services.

A group of 10 peers and community leaders are serving on the Cooperative Steering Committee. This committee is implementing a cooperative that will provide 24-hour access to care for people who use personal attendant services and live in the Burlington area. The cooperative is expected to be operational beginning in the summer of 2012.

Members who join the cooperative will live independently and near one another and pool their “Flexible Choices” or other funding to achieve personal care services that help them live more independently as active members of their families and community and valued employees.

VCIL believes that the cooperative model will decrease forced segregation found in some other models of cooperatives and increase the ability of people with disabilities to have more control over their own lives.

The goals of the project are:

- Creation of a peer controlled system for 24/7 delivery of personal care services through pooling of care resources.
- Providing the opportunity for people to leave nursing homes or other restrictive settings and receive professional and adequate care within their own community.
- Personal Care Attendants are able to increase hours worked and decrease the cost of driving distances between peers served.
- Personal Care Attendants will receive a livable wage and benefits.
- Participants will increase their involvement in the community including: gain employment, attend school, volunteer, and experience improved relationships with family and friends.

For more information on the cooperative, please contact Santina Leporati, project organizer, at sleporati@vcil.org or 802-861-2896.
VCIL Awarded $25,000 SymPowered Office Makeover

The Vermont Center for Independent Living is the winner of the fifth SymPowered Office $25,000 Makeover.

Larry Sudbay, president and chief executive officer of SymQuest® Group, the region’s leading provider of network and document technology, solutions and services, made the announcement last fall.

VCIL Executive Director Sarah Launderville was thrilled to receive news of the award. “This means so much to our organization, especially in these tough economic times. We are extremely grateful to SymQuest for their generosity. Our office equipment is running more smoothly thanks to them.”

The award money will be used to improve network connectivity between VCIL’s various offices and to replace a server that runs the organization’s accounting software.

Each year, SymQuest chooses a different area to support with a makeover. The most recent call for applications was put out to not-for-profit organizations throughout Vermont’s Washington County.

Past recipients have included Champlain Valley Family Center in Plattsburgh, N.Y.; CHESCO, Inc. in Keene, N.H.; Rutland County Parent Child Center in Rutland, Vt. and WISE in West Lebanon, N.H. These four mark SymQuest’s $100,000 milestone in giving through this particular program. SymQuest also gives back to the communities it serves by other means, including their annual golf tournament, direct sponsorships, United Way campaigns and by making it easy for their employees to perform community service works in their own communities.

The Vermont Center for Independent Living has offered services for individuals with disabilities, by individuals with disabilities, since 1979. The organization’s goal is to tear down the physical, communicative and attitudinal barriers that keep people from realizing their full human potential.

“Irv’s very difficult to choose an organization from the compelling applications we receive,” said Sudbay. “Every time we go through the process we are reminded of the enormous amount of really great, important work being done with less than optimal technology. Even though we’re proud of what we’ve done to help, we still wish we could do more.”

For more information about SymQuest® and The SymQuest Way, please visit www.SymQuest.com or call 800-374-9900. The SymQuest Group, Inc. maximizes the potential of technology in the business place, and offers networking and document management solutions with:
- Computer-network design and installation.
- Network support and performance monitoring.
- Kyocera and Canon copier sales, service and supplies.

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ADA Field Trainings
For Municipalities

The New England ADA Center and the Vermont Center for Independent Living are offering one-day field trainings to cities and towns to focus on one facility in need of access improvements. The building can be a town hall, library, school building, central pedestrian area, senior center, park, playground, health department, police station, playing field, recreation site, or other municipal facility. During the field training, municipal staff will learn how to conduct an existing facilities review and identify design-based or operational solutions that would improve accessibility under the Americans with Disabilities Act.

One municipality per year will be selected, with $1,000 awarded to the town/village/city to allow 25 staff to attend. ADA coordinators from neighboring municipalities are invited to participate. Applications are available from VCIL: contact Kim Brittemham at kbrittenham@vcil.org or 1-800 639-1522.

Tax Relief For Irene Victims

The IRS is offering tax relief for Irene victims. VCIL encourages people impacted by Irene to get assistance filing out taxes this year. If your home or business was damaged during Irene, consider filling out the long tax form this year. Costs for rebuilding and replacing items, not paid for by FEMA or charitable donations, may be eligible for tax deduction. Carolyn Stevens heads a task force offering free or reduced-cost tax preparation for storm victims and can be reached at Vermont Society of Certified Public Accountants: cstevens@trans-video.net, 802–229–4939.

New Helpline Makes Airline Travel Easier

The Transportation Security Administration recently announced the launch of TSA Cares Today, a new helpline number designed to assist travelers with disabilities and medical conditions. Travelers may call TSA Cares toll free at 1-855-787 2227 prior to traveling with questions about screening policies, procedures and what to expect at the security checkpoint. TSA recommends that passengers call approximately 72 hours ahead of travel so that TSA Cares has the opportunity to coordinate checkpoint support with a TSA customer service manager located at the airport when necessary. Every person and item must be screened before entering the secure area of an airport.

All travelers may ask to speak to a TSA supervisor if questions about screening procedures arise while at the security checkpoint. The hours of operation for the TSA Cares helpline are Monday through Friday 9 a.m. - 9 p.m., excluding federal holidays. All travelers can contact TSA using Talk To TSA, a Web-based tool that allows passengers to reach out to an airport customer service manager directly, and the TSA Contact Center, 1-866-289-9673 and TSA-ContactCenter@dhs.gov, where travelers can ask questions, provide suggestions and file complaints. Travelers who are Deaf or Hard of Hearing can use a relay service to contact TSA Cares or can e-mail TSA-ContactCenter@dhs.gov

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- Kyocera and Hewlett Packard printer sales, service and supplies.
- Digital document storage and retrieval.

For more than a decade, SymQuest Group, Inc., headquartered in South Burlington (with additional offices located in Rutland, Vt.; Keene and West Lebanon, N.H.; Plattsburgh, N.Y.; and Portland, Maine) has upheld its reputation as an affordable and accessible network infrastructure and document solutions technology services company; working extensively with small businesses, as well as larger enterprises.

SymQuest Group, Inc. focuses on highly customized and accessible customer service, innovative document solution programs and the crafting of high-availability infrastructure solutions. United by the pursuit of excellence in information management, service and corporate responsibility, SymQuest’s experienced people, refined processes and best of technology keeps its clients out front.
Let’s remove barriers for people with disabilities!

Make a Difference and be a part of the VT Statewide Independent Living Council (SILC) today! By joining our Council, you can be a part of efforts designed to identify and ease barriers for people with disabilities.

Interested in SILC?

The Vermont Statewide Independent Living Council (SILC) is a Federally-mandated, autonomous, consumer-controlled Council. The council is composed of 21 members, appointed by the Governor, from around the state – a majority of whom have disabilities – representing diverse cultures, regions, and needs in the state. The SILC is responsible for the development, implementation and monitoring of the 3-year Statewide Plan for Independent Living (SPIL).

You can make a difference!

For more information, call us at 802-233-4908, visit our website at www.vtsilc.org or email us at vtsilcpeter@gmail.com.

Join us for Breakfast.

On Thursday, March 29th at 7 AM at the Capitol Plaza, join us for a free buffet breakfast and a panel discussion on disability studies education in Vermont. Some members of the VT Legislature and Administration are expected to attend. Please RSVP to vtsilcpeter@gmail.com

VSA VERMONT PRESENTS:

Engage: A Juried Exhibition of Artwork by Vermont Artists with Disabilities

February 26–April 29, 2012

The Amy E. Tarrant Gallery at the Flynn Center for the Performing Arts.

Reception: February 26, 2012, 4–6 P.M.

Please contact VSA Vermont with accessibility and accommodation requests
Voice: 802-655-772
Relay calls welcome: dial 711
Email: info@vsavt.org
Visit our website at VSAVT.org
The State Budget: With the demands that Tropical Storm Irene has put on the state budget, COVE will be watching very carefully for any cuts that might be proposed to services that frail elders and people with disabilities need.

Choices for Care: This program was slated for cuts last year, but COVE and its partners succeeded in getting those cuts restored. We will continue to monitor CFC, to ensure that no cuts are made this year and that waiting lists do not build up again, as they have in the past. (Choices for Care is the Medicaid Waiver program that allows people who are eligible for Medicaid and who qualify by medical need, to receive services at home, if they choose. They may also receive services in residential care or nursing home settings.)

COVE has also been following:

- The new Money Follows the Person Grant, which would provide $17 million in new monies to help nursing home residents move into community settings.
- The Dual Eligible waiver, which would move seniors who are on both Medicare and Medicaid into the state’s Blueprint for chronic care management.

Fuel Assistance: COVE applauds Gov. Shumlin for adding state funds to ensure that no Vermonters will freeze in their homes this winter. We will participate in the process set up to make the program sustainable over the long term.

Electric Affordability: As soon as details are worked out by the utilities, low-income customers of CVPS and Green Mountain Power will be eligible for a reduction in their monthly electric bills, and on a one-time basis, forgiveness of certain arrearages. AARP, COVE and other organizations are pressing to have the program up and running before the end of this heating season.

Adult Protective Services: This program is supposed to protect vulnerable elders and other adults with disabilities from physical, emotional or financial abuse and exploitation. For a number of reasons, APS has not functioned well for many years. At the beginning of 2011, a backlog of more than 350 uninvestigated cases was acknowledged by the Department of Disabilities, Aging and Independent Living. Vermont Legal Aid and Disability Rights Vermont, with COVE’s support, worked with DAIL to attempt to remedy this situation. While DAIL made progress in some areas, there was little or none in others, so DRVT, VLA, COVE and two individuals filed a lawsuit against the state on Dec. 14, 2011. No frail elder or adult with a disability should have to suffer abuse, live in fear or lose his or her life savings.

There are two bills related to APS that COVE will be following:

- H.290 was passed by the House last year and sent to the Senate Committee on Rules, but may be taken up by Senate Health and Welfare this year. This bill would require the secretary of the Agency of Human Services to adopt rules governing the implementation of the statutory responsibilities of the Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection, with respect to Adult Protective Services.
- H.413 is in House Judiciary. It proposes to allow the attorney general to file a civil action against a person or caregiver who abuses, neglects, or
exploits a vulnerable adult, or against a person or caregiver who negligently allows another person or caregiver to abuse, neglect or exploit a vulnerable adult.

**Health Care Reform:** As this process evolves, COVE has several concerns:

- Will long-term care be included?
- Will Medicare supplemental insurance plans be included in the insurance “exchanges” slated to start in 2014?
- If a future single-payer system is funded through payroll/income taxes, will people who are on Medicare and still working have to pay into the system, but get nothing in return?

**Kinship caregivers:** COVE will support measures to help grandparents and other relatives caring for their young kin (when the parents are not able to do so) to get the supports and assistance the children need – and to which they are entitled – so that these dedicated caregivers can afford to provide secure loving homes for the children, without putting themselves into financial distress.

**Other Bills of Interest for 2012 Session**

COVE is actively involved in several task forces and coalitions, two of which are working on legislation:

- **The Hearing Aid Task Force** has been working with Rep. Ann Mook of Bennington, who is the lead sponsor of H.492. This bill, introduced in January, 2012, would require insurance to cover the cost of hearing aids. While we do not expect the legislation to pass in the 2012 session, we would like to get the conversation started in the Legislature this year.

- **The Oral Health Care for All Vermonters Coalition** is working to increase Vermonters’ access to oral health care. One piece of legislation (H.398) that would help increase access for Vermonters of all ages – and create new jobs and offer potential career advancement for dental hygienists – was introduced by Rep. Patsy French of Randolph last year and will likely be taken up by the House Human Services Committee in the 2012 session. It would establish a new level of dental practitioners, along with a program to train them. The Vermont Dental Hygienists’ Association has been a strong partner and continues to work with the coalition to shape the legislation. Alaska and Minnesota have similar practitioners, as have more than 50 countries across the world.

COVE is also watching H.500 (in House Health Care) and S.191 (in Senate Health & Welfare):

- **H.500** proposes to expand the scope of the charge to the Health Access Oversight Committee (HAOC) from oversight of the Medicaid and Medicaid waiver programs to oversight of “health care and human services programs in Vermont.” This committee is active when the general assembly is not in session. COVE is concerned that this expansion of the role of HAOC might dilute focus on the already sizeable job of monitoring Medicaid issues.

- **S.191** would create a commission on rational treatment of chronic pain. The commission would develop training programs for health care and human services professionals; and would advise the governor and the general assembly on matters related to the appropriate use of controlled substances in treating chronic pain and to the prevention of prescription drug abuse and diversion. It would also require health care and human services professionals to receive training on these topics.
The Vermont Coalition for Disability Rights presents our legislative platform for 2012. The member organizations of VCDR recognize that rebuilding from Tropical Storm Irene will be an important part of the legislative session. We saw – and in some cases shared – the losses experienced by so many Vermonters. We saw and celebrate the examples of community spirit and services shown by so many Vermonters following the devastation. The creativity, generosity and goodwill that emerged in those difficult days represent the strength of Vermont and the values that can and should shape the decisions we make in the days ahead.

Rebuilding from this disaster offers opportunities as well as challenges. For example, Vermont has the opportunity to move mental health services from an outdated state hospital to smaller, individualized and more community-based options. We also have the opportunity to address accessibility and eliminate architectural barriers as we rebuild Vermont roads and rebuild and restore our community spaces so that they work for all Vermonters.

Health care will be another important focus of legislative activity and we will be at the Statehouse to share our ideas and concerns as health reform moves forward. We ask that both the administration and the Legislature support policies and services that make independence, community participation and health possible for individuals with disabilities of all ages.

As we look for new solutions for the state’s infrastructure and health systems, we also want to preserve the best from the past. VCDR will work to protect Medicaid benefits and long-term care services that individuals with disabilities of all ages depend on to maintain health and independence. We will continue to advocate for successful peer directed services and other mental health, children and family services, transportation and economic development initiatives, legal resources, educational services, and other state and community programs that promote self determination, community participation, health and employment.

We look forward to working with both the administration and the Legislature to ensure that the work of this legislative session addresses the hopes and needs of Vermonters with disabilities and results in policies and programs that are beneficial to all Vermonters.

POLICY BILLS

Civil Rights

Respectful language legislation follow-up: All legislative drafting offices and state agencies should use respectful language when referring to individuals with disabilities in the preparation of legislation and rules provided that no changes in terminology are made that might negatively impact individual eligibility for services.

Safeguarding mental health rights and protections: VCDR will monitor and oppose legislative proposals that may diminish the civil rights of people with mental health issues, particularly those that might relate to forced treatment.

Transporting individuals with mental health issues to hospitals: Vermont law relating to the transport of individuals with mental health issues between hospitals should be amended to require, whenever possible, methods less traumatizing than those that currently employ shackles.

Values in developmental services: People with intellectual disabilities served by the Vermont’s developmental service system should be protected

Continued on next page
from abuse and neglect, have choices, and be able to be full participants in community life, and the values of self determination and community integration in Vermont’s Developmental Disabilities Act be should be adhered to in related laws, regulations, policies and in the provision of services and supports.

**Opposition to physician-assisted suicide legislation:** VCDR opposes legislating physician-assisted suicide. We are particularly concerned that this campaign is happening at a time when there are so many unresolved inequities in our current health care systems. Vermont can – and should – create needed options and real choices for individuals at the end of life by ensuring equal access to the programs, practices and protections that will make quality palliative care, hospice, and community supports at the end of life a real choice for all Vermonters.

**Education**

**Early intervention:** An equitable, needs-based funding formula should be mandated to provide developmentally beneficial, evidenced-based early intervention services for all of Vermont’s children 0-3.

**LEA monitoring:** The Legislature should monitor Vermont’s local education agencies to ensure that they continue to fully include and support students with disabilities to access the general education curriculum and achieve their maximum potential including the accountability measures such as assessing students with disabilities and motivating students with disabilities in a more rigorous course of study.

**Education awareness in schools:** Disability and Deaf awareness education in Vermont schools should be promoted and the third week of October should be designated as Disability History Month. No actions are required of schools but this would promote disability awareness and perhaps serve as a focus for support by educational leadership.

**Seclusion and restraint in Vermont schools:** Efforts should be continued to ensure enforcement and to get appropriate, comprehensive rules or legislation promoting Positive Behavior Supports in Schools, and limiting Restrictive Behavioral Interventions.

**MEDICAID & BUDGET**

**Preserve Medicaid:** Vermont’s current Medicaid Program (including eligibility, benefits, and cost sharing as delineated in the SFY 2012 budget) should be maintained and current levels of long-term care and other supports for people with disabilities, including people with developmental disabilities and mental health issues, should be maintained or enhanced.

**Medicaid funding for palliative and curative care:** The anticipated DVHA budget proposal to finance concurrent palliative and curative care for children with life limiting illnesses on Medicaid should be monitored to insure that children with life limiting illnesses can receive palliative care without stopping curative services.

**EPSDT Medicaid:** The state should review funding levels for mandated EPSDT services (especially case management and rehabilitative therapies) for Vermont’s Medicaid eligible children.

**Family Funding & CSHN Respite:** Appropriations should be made to Flexible Family Funding and the Department of Health/Children with Special Health Needs Respite Program in order to restore the programs to past funding levels, and to bring the programs to parity.

**Integrated family services:** VCDR will monitor the actual budget and policy actions being implemented under the Integrated Family Services initiative to ensure that actions are consistent with stated goals and the outcomes that have been set (Design and implement a family and child-centered system of early intervention, treatment, and support; flexible funding based on best practices and family
needs; early intervention in a preventive fashion; and provide services to the family unit, not just the child).

**Long-term care and supports**: A realistic level of long-term supports must be available to those with serious needs. These include developmental services, especially those oriented toward transition to adulthood, and services for individuals with serious mental health issues. The goal is to ensure that people with disabilities have equal opportunity to participate in all aspects of society.

**Work incentives**: Efforts by the administration and/or the Legislature to expand Vermont’s work incentive benefits, including expanding eligibility and asset protections in Vermont’s Medicaid for Working People with Disabilities Program should be monitored and supported when they effectively eliminate disincentives to work.

**SERVICES AND NEW INITIATIVES**

**Support for peer initiatives**: The state should continue and expand support for peer initiatives and organizations like VPS, GMSA and Another Way.

**Peer navigation for families with complex needs**: Vermont should reinstate this program. Experienced mentors helped other families with complex social service needs to help them find their way through the complex system of social and economic programs. Formerly federally funded for six years (Family Support 360 Project), peer navigation has a documented record of success in supporting more informed choices and positive outcomes for families with children and/or parents with disabilities.

**Insurance coverage for hearing aids**: Private insurance should be required to provide some reasonable level of coverage for hearing aids.

**Insurance for PKU**: Loopholes in the current law requiring private insurance to cover supplements for people with phenylketonuria should be closed and a requirement should be added for payment for medically modified foods.

**Van modification**: Funding should be provided to assist families with expenses related to modifying a van or other vehicle to make the vehicle accessible to children whose medical condition requires adaptive equipment and/or a wheelchair.

**21st-century communications**: The administration and/or the Legislature should ensure access to a complete electronic communication infrastructure, including unified data/voice/video communication modalities and technologies that use location-based and voice transcription services.

**Traumatic Brain Injury Trust Fund**: A trust fund should be established by legislation, and funded by a surcharge on vehicle registration or other DMV penalties, to provide a source of revenue dedicated to filling the gaps in services and support for people with brain injuries and to develop programs designed to reduce the incidence of brain injury in Vermont.

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**“Nothing About Us Without Us”**

VCDR thanks the Vermont Developmental Disabilities Council, VCDR members and friends for their contributions and support of our work. For more information about particular bills and other VCDR advocacy activities, or to share your recommendations and concerns, contact us:

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DISABILITY RIGHTS VERMONT ANNOUNCES 
FY2012 PRIORITIES

Disability Rights Vermont (DRVT) is a private non-profit 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 fifteen 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 here that we have done this year but following are a few of our important activities.

- DRVT has been closely engaged with the major transitions in our mental health system since Tropical Storm Irene struck in late August. DRVT activities in response to the storm included identifying where former VSH patients were placed and making face to face contact with them soon after the storm and continuing to provide outreach and monitoring at the various locations where former VSH patients are placed. DRVT has also been deeply engaged in the efforts to create a more robust community-based system to provide support and services to people experiencing mental health crises or needs in order to avoid involuntary treatment, incarceration or other major life disruptions. In addition, DRVT staff continues to monitor the situation and provide advocacy services to people placed in the designated psychiatric units around Vermont that have themselves been stressed by the closure of the VSH. Within all this work, DRVT continues to advocate for the reduction and eventual elimination of the use of restraint and seclusion against individuals with mental health issues.

- DRVT staff has also assisted in providing emergency preparedness planning and disaster services to people with disabilities. DRVT has begun working with the Vermont Red Cross and FEMA to provide functional accessibility surveys for all major shelters in Vermont and to provide disability rights training to shelter staff throughout Vermont.

- DRVT is working with Vermont Legal Aid, concerned folks from the Community of Vermont Elders (COVE) and the Vermont Center for Independent Living to foster reform of Vermont’s Adult Protective Services. We believe that major increases in their staffing and reform of their protocols are needed to insure that timely and thorough investigations lead to safe and just resolutions for vulnerable adults who have faced abuse or neglect in our communities and institutions. Much progress has yet to be made!

- We have continued our work with DLP monitoring special education services for youth detained at Woodside Juvenile Detention Facility. In addition, DRVT staff is involved in monitoring and providing quality

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assurance regarding uses of force against youth detained at Woodside. DRVT continues to work with Woodside staff and DCF in the transition from the former status of Woodside as a detention facility to its current position as a treatment program. We continue to monitor our settlement agreement with the Department of Corrections (DOC) that requires an outside expert to evaluate the Department’s compliance with policies to protect prisoners who self-harm. DRVT has also been a vital participant in the ongoing work of the AHS State Interagency Team. It was organized to assure that disability does not cause people to lose their liberty. Without access to effective and appropriate services people with serious functional impairments are at risk of incarceration or delayed release from incarceration.

• We continue to monitor all the designated psychiatric hospitals in Vermont, as well as perform outreach to residential and community care homes. We continue to expand our focus on community placements to include outreach to homeless shelters and contact with refugee communities.

• DRVT reaches out at disability-related events, recovery groups around the state, and during all of our outreach activities, to inform people with disabilities about their right to vote and to assist people in registering to vote. DRVT staff also continues to perform polling place accessibility surveys, providing recommendations to town voting officials on how to provide access.

• We work with beneficiaries of Social Security who face barriers to employment, and have resolved several cases of employment discrimination based on disability.

• DRVT recently reached an agreement with the Vermont State Police to change their policy on the use of Taser weapons in order to prevent their unnecessary use against people with disabilities.

• DRVT has also worked with victims of crime who have disabilities to provide them accommodated assistance as they go through the criminal justice system. This work has resulted in a plan to have DRVT participate in statewide ethics training for victims’ advocates, including issues of assisting victims with disabilities.

• Each of the DLP and DRVT staff has made real and positive differences in the lives of the many individuals who have contacted us and for whom we have provided information, referrals, short term assistance, investigations, and litigation.

DRVT is once again publishing the priorities adopted by our Board for the current fiscal year (October 1, 2011 – September 30, 2012.) 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!

Send us your comments to help us stay connected to the community we serve!

Continued on next page
2012 PRIORITIES FOR PROTECTION & ADVOCACY FOR INDIVIDUALS WITH A MENTAL ILLNESS (PAIMI)

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

**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.

2012 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 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.

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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.

Health Priority Area
• People with disabilities have access to needed health care/long term care.

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.

2012 PRIORITIES FOR PROTECTION & ADVOCACY FOR INDIVIDUAL’S RIGHTS (PAIR)
This program serves people with disabilities other than those served by PAIMI & PADD.

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.

How can you make your voice heard?

Contact DRVT at:
141 Main Street, Suite 7, Montpelier, VT 05602
Or by phone: 1-800-834-7890 or, locally, at (802) 229-1355
By email at: info@disabilityrightsvt.org
Please visit our Web site at www.disabilityrightsvt.org
What We Heard From Vermonters With Disabilities

Almost a year ago, the Vermont Developmental Disabilities Council asked Independent readers and others to complete a survey to help us learn more about what is happening for people and families in Vermont. VTDDC also held six forums statewide. You will probably not be surprised by the key things we heard from over 400 people:

- Individuals and families need easier access to information about services and supports in everyday language.
- Individuals and families need individualized supports that provide more options and flexibility that can really meet their needs.
- People are concerned about the impact of cuts over the last few years, including deterioration in the quality of services and also the safeguards that protect people from abuse, neglect and exploitation.
- People with disabilities and families want to have better relationships with community members and providers: to be listened to and have their needs and interests understood, from being part of medical home to choosing activities they would like to do and where they would like to live.
- People want to work, and want Vermont to become a state where everyone will get more help to be able to get and keep a job.

If these are things you also want to work on, think about getting on our information list, and check out the information about becoming a member at the end of the article.

VTDDC members used the information we gathered to create our new 5 year Plan that guides VTDDC’s advocacy work and the projects we will fund from 2012 to 2016. You may not be familiar with VTDDC, but you probably know about some of our projects. We fund Green Mountain Self-Advocates to expand membership around the state, and VCDR’s Advocacy Response Network Project that gets legislative alerts out about bills and programs. VTDDC also has a scholarship fund to attend conferences and trainings, and is the major sponsor of Disability Awareness Day. If you attend, look for the Portraits Project, a photo exhibit showing individuals with caregivers who have changed each other’s lives. Also look for the Breaking Barriers videos that will air soon on VT Public Television, and be available at www.ddc.vermont.gov.

Advocates Needed!

VTDDC is looking for new voices! We need Vermonters with developmental disabilities and family members who want to help us make positive change in Vermont. Chances are that if you have had a disability since childhood that has a major impact on your life, you have a developmental disability. You might not meet Vermont’s definition but you probably have a developmental disability according to a number of federal laws. Members let VTDDC know what is happening for people with developmental disabilities and families throughout Vermont, get the word out to policy-makers and the community, and decide how to use council funds to have the greatest impact in people’s lives.

For more information about what VTDDC does and about becoming a member call us at 1-802-828-1310 or toll-free at 1-888-317-2006, or e-mail vtdc@state.vt.us.

You can also check our Web site at www.ddc.vermont.gov.
got access?

by Kim Brittenham

Rebuilding ‘Accessible’ After Flood Irene

If there can be a silver lining in the very dark rain cloud that poured countless gallons of water into our Vermont rivers and streams last summer, perhaps it is the opportunity to rebuild more accessible communities. Of the 225 communities impacted by Irene, 45 incurred severe damage. More than 600 historic buildings were impacted. Sixteen mobile home parks and 1,500 mobile homes were damaged or destroyed. More than 3,500 homes received damage. An estimated 1,405 households were displaced – some permanently. This adds up to a lot of damage; but also a whole lot of rebuilding.

VCIL proposes that we, the collective “Vermont Strong,” get the building part right this time. Let’s rebuild energy efficient, affordable, accessible homes and community buildings. Let’s rebuild sidewalks and roads that provide good access and comply with our federal civil rights laws.

Vermont has all the resources it needs to rebuild in an accessible manner. Vermont has the Complete Streets law that puts people before autos and requires all roads be designed, built and maintained with pedestrian access and safety in mind. The U.S. Department of Justice has adopted the new ADA Standards – which now contain guidance for playgrounds, pools, recreation areas, fishing and boating areas – in addition to all existing and new construction. Ironically, Irene, access-wise, may have had good timing. All new construction and alterations to buildings need to comply with the new ADA standards for facilities as of March 15, 2012.

In addition to having the Americans with Disabilities Act to follow and the guidance to show us how, Vermont has the funds to rebuild accessible. The state will be receiving $21 million from the federal government in the form of Community Development Block Grant Disaster Recovery funds. Over the next few months, the state will be creating an action plan for how that money will be spent.

We all have a role to play in redesigning and rebuilding. The state needs to hear from people with disabilities and include their ideas and recommendations in its plan to rebuild accessible affordable homes and community buildings. VCIL encourages you to attend local planning and rebuilding forums and speak up about rebuilding accessible. Announcements are posted on www.vtstrong.vermont.gov/ and can be found by calling the state’s Irene Recovery Office: 802-828-3333.

Your community needs you to review its upcoming design plans. Attend your city council meetings, design review committees and review the requests for proposals in the newspaper. Pay attention to what is being built in your area and share your opinions. The best way for a town to build for best access is to hear how people in the town will use the park, or building, or roadway. Not sure what you are looking at on a blueprint? Ask the plan presenter. Or send VCIL a copy and ask us. VCIL will be hosting a blueprint and plan-reading training later in 2012. Call us for details or to sign up.

Remember, you can always call VCIL if you have a question about access or a concern about how your town is rebuilding after this natural disaster. VCIL would love to hear your post-Irene needs or rebuilding ideas.

Community Access Program works to improve access to buildings, services and programs in the state of Vermont – and is supported by the regional DBTAC ADA Technical Assistance provider: New England ADA Center 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: www.vcil.org.
Disability Awareness Day

SAVE THE DATE!

March 21, 2012
At the Statehouse

The Vermont Coalition for Disability Rights invites you to join us in celebrating and speaking up for disability rights and services. Take the opportunity to talk to your senators and representatives, participate in a workshop and possibly tour the Statehouse. Check out VCDR’s Web site, www.vcdr.org, for more information.

ReCycle Catalog

The Vermont Center for Independent Living maintains a ReCycle Catalog, a listing of used disability equipment that people are seeking and disability equipment that is for sale. To receive a copy of the ReCycle Catalog or to list an item, contact Ericka Reil at 802-224-1824, or visit us online at www.vcil.org/resources/recycle-catalog

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

SUBMISSION DEADLINE

Submissions for the next issue must be received by August 10, 2012