

GOING THE EXTRA MILE

DIVISION OF SERVICES FOR
PEOPLE WITH DISABILITIES

2013 ANNUAL REPORT

STATE OF UTAH
DEPARTMENT OF
HUMAN SERVICES



Brian & Danny Ross
(Courtesy of Team Ross)

GOING THE EXTRA MILE

**Utah Department of Human Services
Division of Services for People with Disabilities
Annual Report
Fiscal Year 2013**

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DIRECTOR'S MESSAGE

The dedicated team at the Division of Services for People with Disabilities is pleased to present the 2013 Fiscal Year Annual Report. This report demonstrates how many people utilize the services provided by our Division and describes the services being used. It is designed to provide accountability to the citizens of Utah, highlight the need for these services, and showcase our initiatives to improve services for people with disabilities in Utah.

The mission of the Division continues to be to promote opportunities and provide supports for persons with disabilities to lead self-determined lives. One important way for someone to live a more self-determined life is to become employed and participate in contributing to their community. The Supported Work Independence program continued its success and ended the year at its highest participation rate since receiving ongoing funding. This is due to the support of many people in services, advocacy groups, and the Legislature. This success has been coupled with the start of a pilot initiative to improve the way people with disabilities are supported when beginning the search for employment. By focusing time and energy at the beginning of the process to assess a person's interests and abilities and match them to the needs of employers, we have had wonderful results.

The Legislature also appropriated funds in the 2013 session to address the deficit in funding services. This alleviated the need for any service or rate reductions. Additionally, a general service rate increase of 1% was appropriated to help counteract the rising costs of providing quality services throughout Utah. It is humbling to see the tireless efforts of the many advocates for people with disabilities, the dedication of those who testified at the legislative hearings and committee meetings, and the great work of contracted providers and Division employees who go the extra-mile each day.

This year we have had tremendous success with projects and initiatives due to great collaboration and input from our stakeholders. In particular, we developed and launched a case-management system interface for providers. The implementation of this interface has allowed our service system to better meet increasing administrative and workload demands, as well as provide a secure method for accessing and transferring information.

As Division employees, we consider it an honor to work for the people of Utah. I am impressed every day by the hard work and dedication of those in my agency. I hope that you find this annual report a useful tool in understanding how services are delivered to people with disabilities in Utah.



Paul T. Smith, Director

Division of Services for People with Disabilities

FY 2013 EXECUTIVE SUMMARY

During 2013, the Division met the basic health, safety, and service needs for **5,267** Utahns with severe disabilities through three Medicaid Waiver programs, one Medicaid Waiver pilot program, three Non-Medicaid programs, and the Utah State Developmental Center.

The Division:

- ◆ Provided **3,131** Utahns with supports and services during the day or on the job; **1,818** with residential care and training in group homes, supervised apartments, or home-like settings; **2,941** with intermittent family support, supported living, or with personal assistance; and **38** with case management only services.
- ◆ Brought **66** people into services from the wait list with FY2013 appropriations.
- ◆ Managed waitlist records for **1,892** Utahns with a critical need for services.
- ◆ Contracted with over **150** providers who employ approximately 10,000 Utahns.

Programs

Community Supports Medicaid Waiver:	4,468
Acquired Brain Injury Waiver:	104
Physical Disabilities Waiver:	130
Autism Waiver Pilot:	264
Non-Medicaid:	
<i>Intellectual Disabilities or Related Conditions:</i>	65
<i>Physical Disabilities:</i>	22
<i>Acquired Brain Injury:</i>	8
Utah State Developmental Center (USDC):	206

Demographics (Consumers receiving services, excluding Autism Waiver Program and USDC.)

Disabilities:		Gender:	
<i>Intellectual Disability:</i>	79.1%	<i>Male:</i>	59.4%
<i>Related Condition:</i>	15.4%	<i>Female:</i>	40.6%
<i>Physical Disability:</i>	3.2%	Age:	
<i>Acquired Brain Injury:</i>	2.3%	<i>Average Age:</i>	34.5
		<i>Age Range:</i>	3 to 90 yrs.
		<i>Adults:</i>	86.5%
		<i>Children (Under 18):</i>	13.5%

MISSION, VALUES, AND VISION

Our mission is to promote opportunities and provide supports for persons with disabilities to lead self-determined lives.

Values

- We value the preservation of family and other natural supports
- We believe in stewardship and wise use of public resources
- We value coordination and cooperation
- We respect and support personal choice and personal responsibility
- We respect personal and cultural diversity
- We believe people deserve high quality supports and services
- We believe funding should be needs-based and should follow the person

We Will...

- Promote and recognize excellence
- Continue a person-centered philosophy
- Promote public awareness of disability issues
- Work collaboratively to dissolve barriers to quality service
- Support a full spectrum of service options
- Support self-determination by assisting persons to exercise and develop their ability to make choices and to experience: a) freedom to make informed choices from among available options of services and supports; b) authority to control a defined amount of dollars to purchase only what is needed and valued; c) support to nurture informal relationships that might augment, if not replace, some purchased services; and d) responsibility to give back to the community

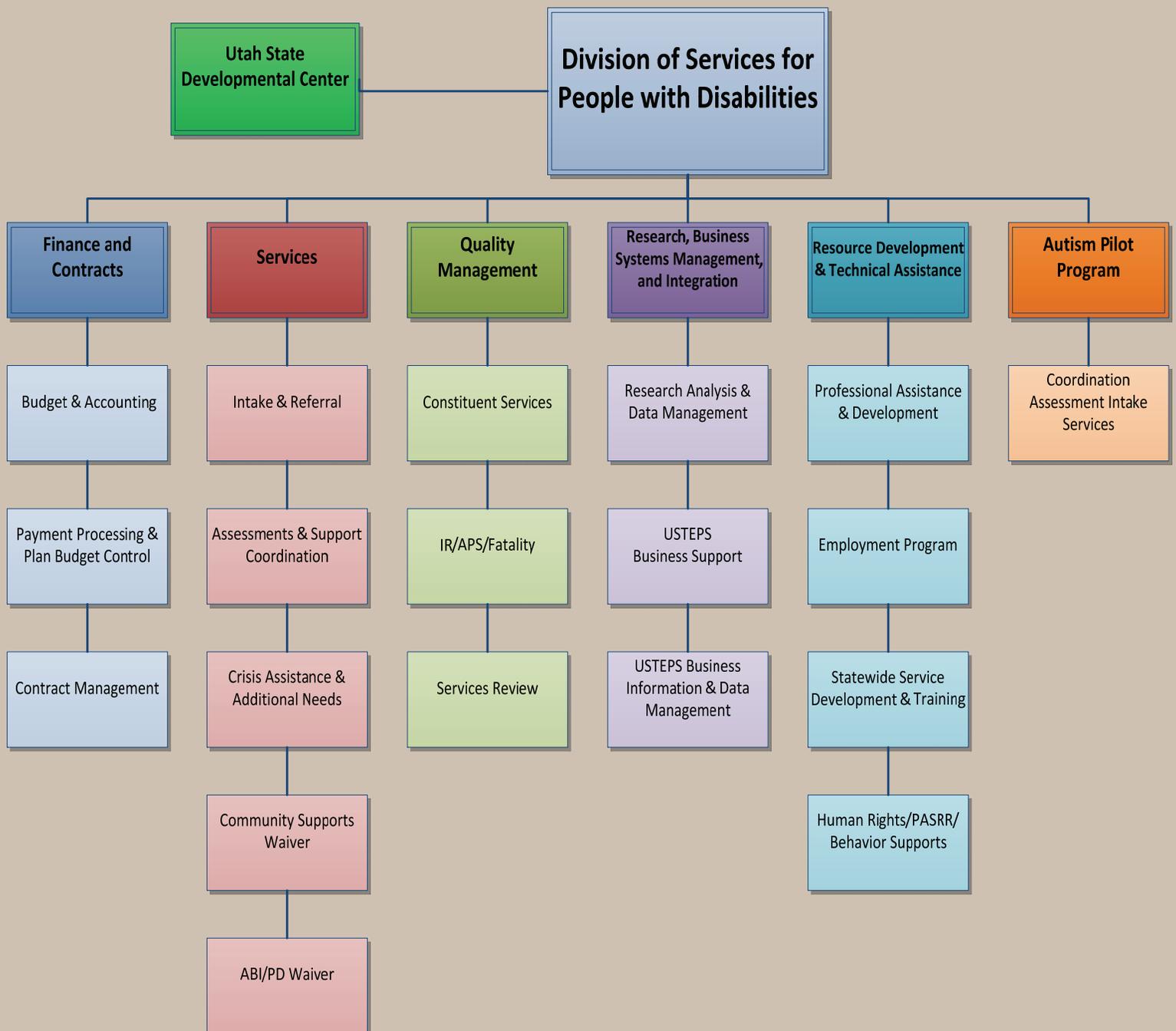
Vision

The Division is working toward a system that:

- Serves Utahns with severe intellectual and physical disabilities and acquired brain injuries who are carefully assessed and determined eligible
- Is fully person-centered, recognizing and building upon a person's strengths
- Values, enhances, reinforces and strengthens a person's natural supports whenever possible
- Establishes services and budgets with an objective, strengths-based assessment tool applied uniformly across the state
- Continually assesses utilization of services to ensure that needs and services match up at every given point in time
- Strives to maximize resources and attempts to eliminate the waiting list
- Creates high quality standards and is diligent in consistently enforcing those standards
- Uses objective data to drive decision making
- Acknowledges and preserves the strengths of our provider network but is constantly pushing for higher quality
- Is responsive to the concerns of parents, advocates and other stakeholders

DIVISION ORGANIZATION

The Division has undergone a major reorganization over the past five years in an effort to improve efficiencies and streamline operations. The Division is now organized into six functional areas. Each functional area has specific responsibilities that play a crucial role in providing services to persons with disabilities in an efficient, caring, and professional manner.

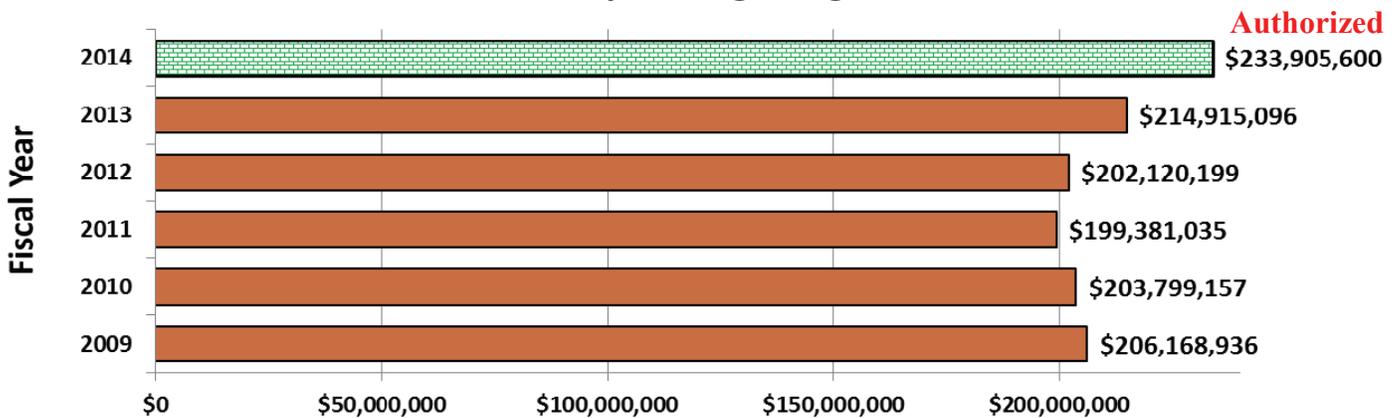


BUDGET OVERVIEW

Operating Budgets

	Administration	Service Delivery	Utah State Developmental Center (USDC)	Community Supports Waiver	Acquired Brain Injury Waiver	Physical Disabilities Waiver	Non-Medicaid Waiver Services	Total
Authorized 2014	\$3,052,200	\$6,654,500	\$35,340,500	\$182,193,000	\$2,947,700	\$1,850,900	\$1,866,800	\$233,905,600
Actual 2013	\$3,641,922	\$4,843,478	\$33,954,309	\$165,524,036	\$3,400,537	\$2,140,212	\$1,410,602	\$214,915,096
Actual 2012	\$2,817,394	\$5,721,921	\$32,309,979	\$155,056,008	\$3,058,319	\$1,961,484	\$1,195,094	\$202,120,199
Actual 2011	\$2,967,534	\$6,988,478	\$32,015,799	\$151,270,341	\$2,793,919	\$1,920,265	\$1,424,699	\$199,381,035
Actual 2010	\$3,779,924	\$9,161,701	\$36,508,640	\$148,512,550	\$2,567,150	\$1,968,978	\$1,300,213	\$203,799,157
Actual 2009	\$4,220,165	\$16,435,218	\$38,532,433	\$140,075,675	\$2,385,199	\$2,027,223	\$2,493,023	\$206,168,936

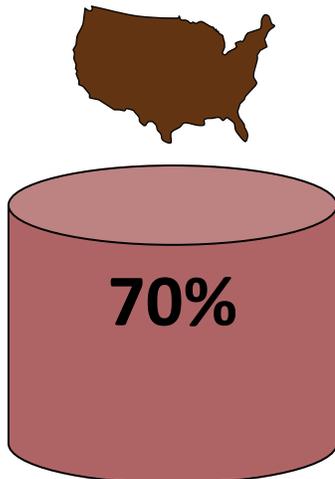
DSPD Actual Operating Budget Past 5 Years



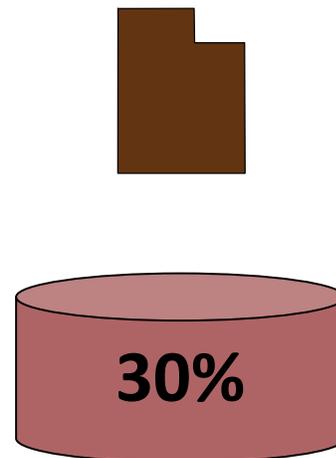
Federal Medical Assistance Percentage (FMAP)

For the majority of Division services, state dollars are matched by federal funds. Payments for Medicaid Waiver participants are made at a ratio of roughly 2.33:1; Federal:State. That means, that for every dollar Utah invests in services for people with disabilities, Medicaid contributes roughly \$2.33 in matching federal dollars.

Federal Portion



State Portion

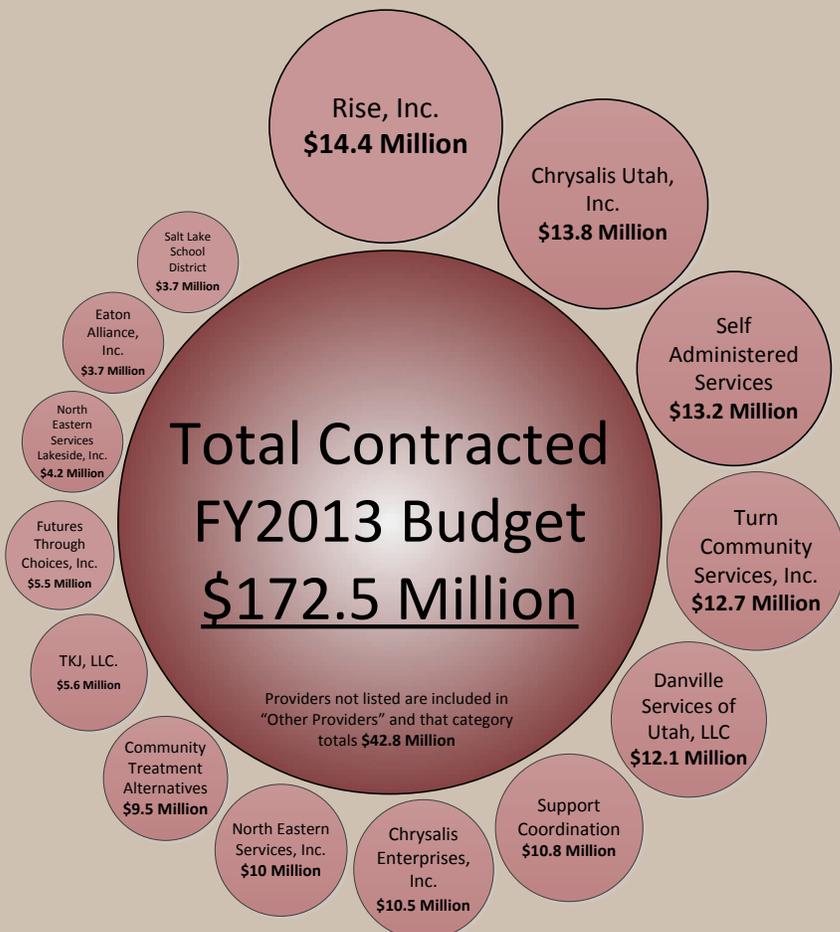
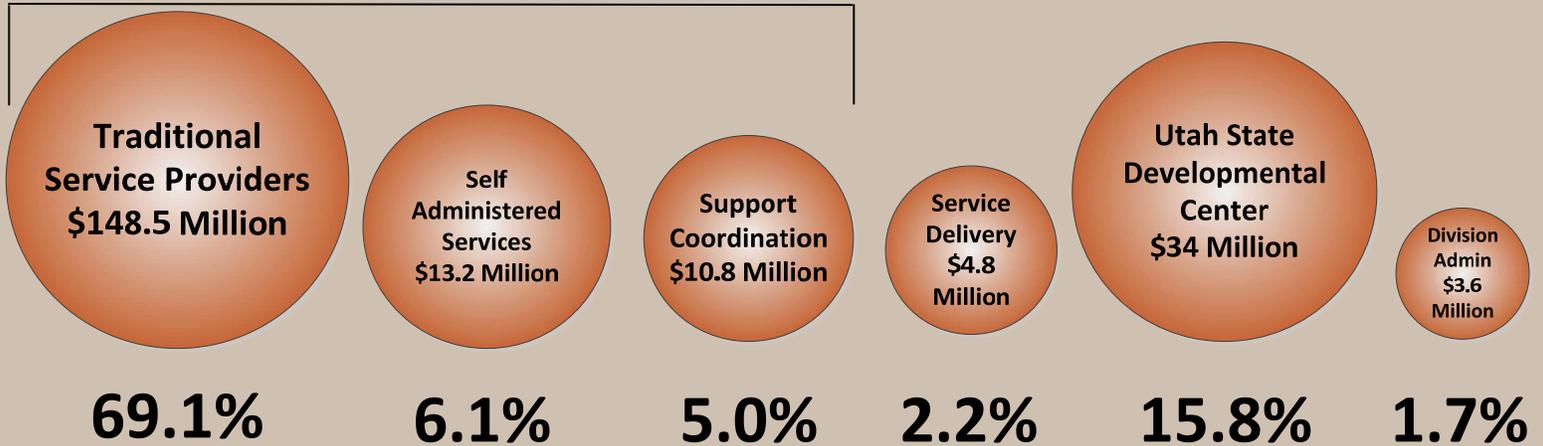


BUDGET OVERVIEW

Fiscal Year 2013

Total DSPD FY2013 Budget: \$214.9 Million

Private Contractors



Other Providers \$42.8 Million: Next 25 Providers

JST Community Services, LLC	\$3,134,282
Work Activity Center, Inc.	\$3,069,410
Front Line Services, Inc.	\$2,768,793
Cerebral Palsy of Utah	\$2,400,273
Key Residential Services L.C.	\$2,049,093
Cache Employment and Training Center	\$2,020,493
Ability and Choice Services, Inc.	\$1,808,057
KT&T Ventures LLC	\$1,736,822
Affinity Services, Inc.	\$1,382,352
Utah Transit Authority	\$1,274,381
Phoenix Services Corporation	\$1,079,801
R.I.T.E.S., Inc.	\$1,059,996
Northstar Advocates & Services	\$914,105
EnableUtah	\$839,324
South Valley Training Company, Inc.	\$827,536
Transitions, Inc.	\$735,379
Pryme Corp	\$693,378
Community Oriented Services for Helping Inc.	\$679,261
Jordan Valley Day Care and Training	\$670,470
Sanpete Community Training Center	\$669,382
Life Included	\$617,401
Valley Personnel Service, Inc.	\$541,983
Davis County School District	\$517,376
Pioneer Youth and Adult Community Services	\$494,778
Jensen, Byron K.	\$466,286

PEOPLE SERVED AND WAITING

People Served In Fiscal Year 2013:	
Home and Community Based Services (HCBS)	
<i>State & Medicaid Funded</i>	
Acquired Brain Injury Waiver	104
Community Supports Waiver	4,468
Physical Disabilities Waiver	130
Total State & Medicaid Funded	4,702
<i>Non-Medicaid Funded</i>	
Acquired Brain Injury:	8
Intellectual Disabilities/Related Conditions:	65
Physical Disabilities:	22
Total Non-Medicaid Funded	95
Total HCBS	4,797

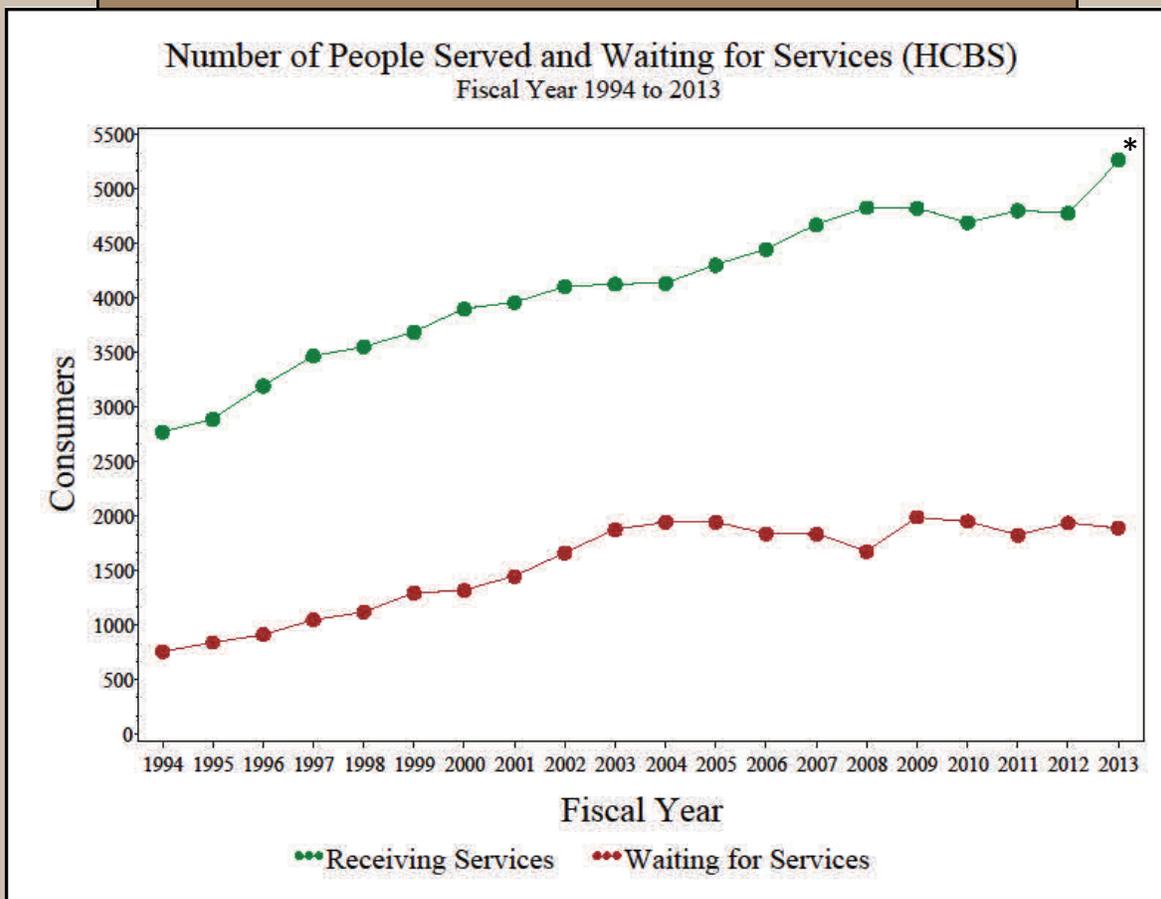
People Waiting In Fiscal Year 2013:	
Waiting for Services	
Acquired Brain Injury:	83
Intellectual Disability/ Related Conditions:	1,783
Physical Disability:	26
Total People Waiting Fiscal Year 2013:	1,892

Autism Waiver Pilot Program: 264

Utah State Developmental Center: 206

Total Served Fiscal Year 2013: 5,267

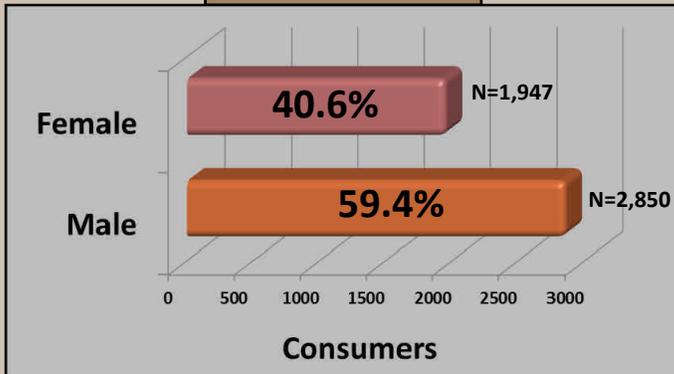
20 Year Historic Count of People Served and Waiting for Services (HCBS)



* This figure now includes persons receiving services at the Utah State Developmental Center and through the Autism Waiver Pilot Program.

DEMOGRAPHICS

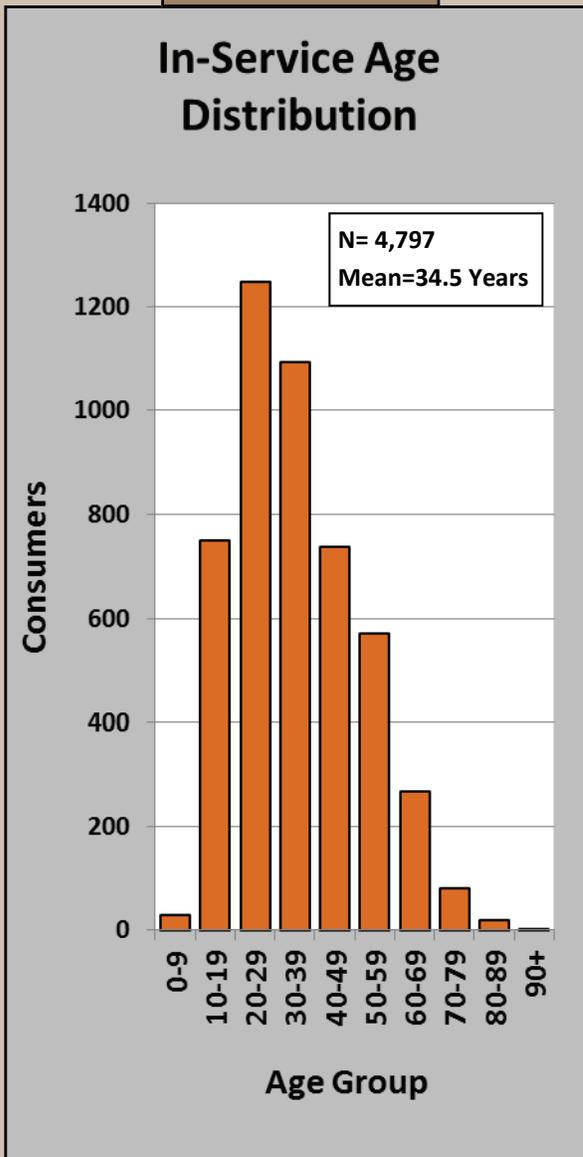
Gender



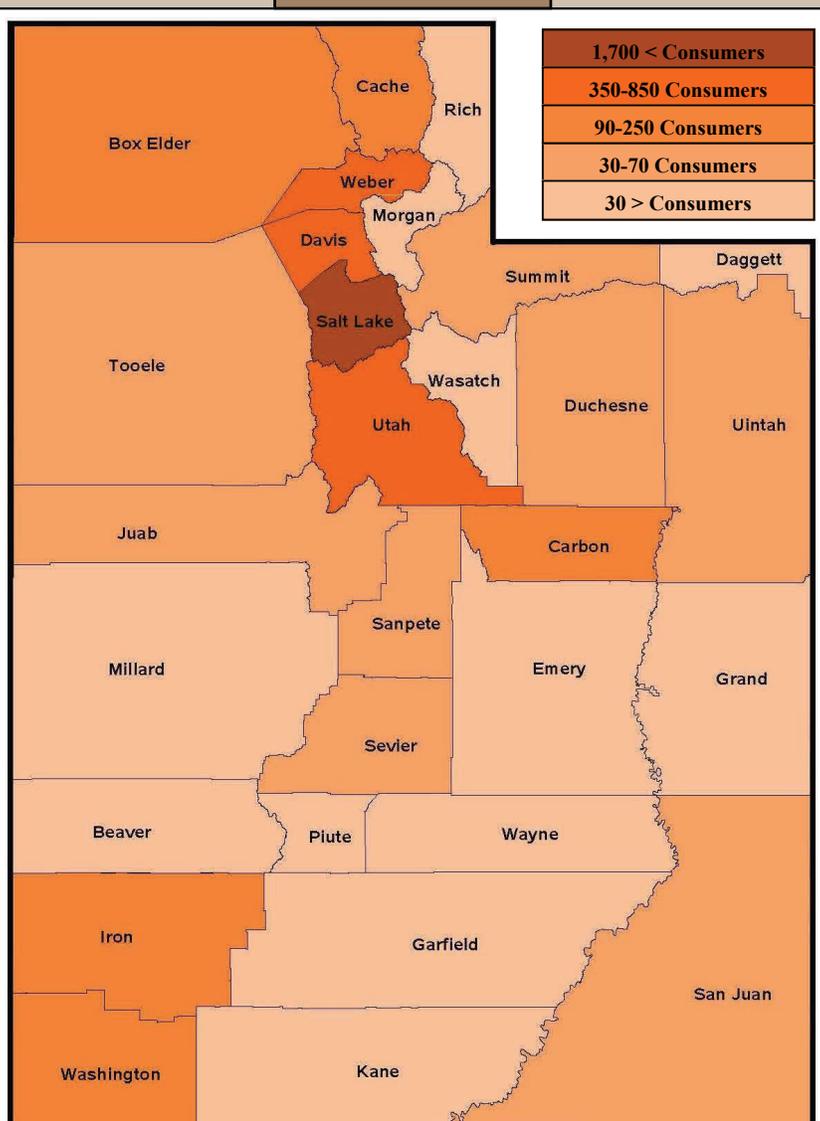
Race

Race/Ethnicity	N	%
White	4,031	84.03%
Hispanic/Latino	515	10.74%
Asian/Pacific Islander	74	1.54%
American Indian	73	1.52%
Black/African American	66	1.38%
Other/Unknown	38	0.79%

Age



Distribution



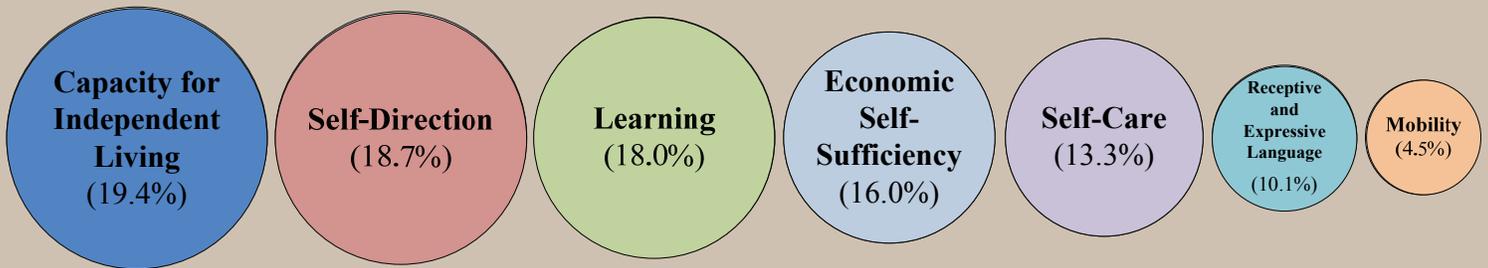
Note: These figures/tables consist of demographic data for consumers receiving services during FY2013, excluding USDC and Autism Waiver Pilot Program consumers.

ELIGIBILITY/FUNCTIONAL LIMITATIONS

To be eligible for Division services, people must have at least three substantial functional limitations in seven areas of major life activity. Those who have intellectual and developmental disabilities must be seven years of age or older to have a functional limitation determined.

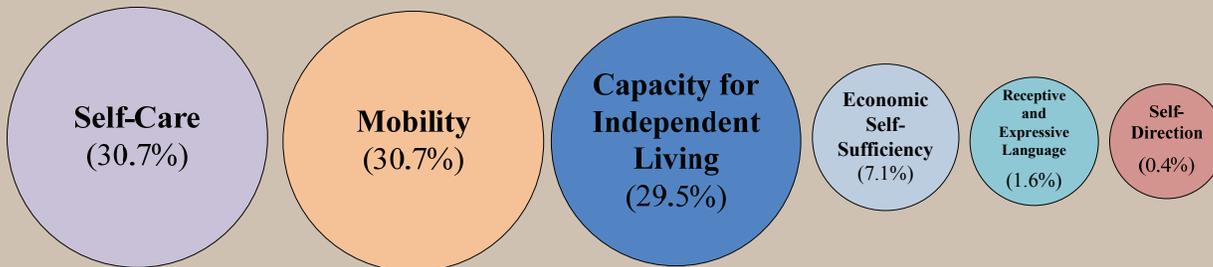
Intellectual Disabilities

Individuals receiving services due to an intellectual disability or related condition most commonly have four functional limitations. (n=4,530)¹



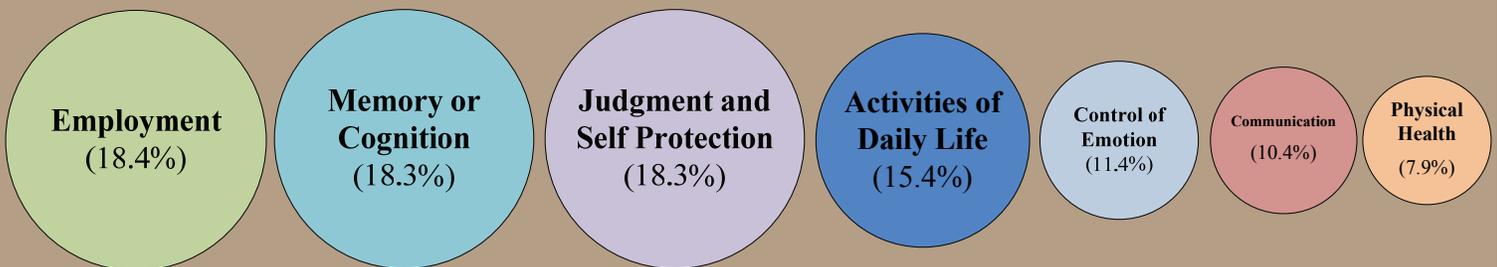
Physical Disabilities

Individuals receiving services due to a physical disability most commonly have three functional limitations. (n=152)²



Acquired Brain Injury³

Individuals receiving services due to an acquired brain injury most commonly have five functional limitations. (n=112)



¹ Total of 4,533 consumers with intellectual disabilities or related conditions includes three (3) people who were under age seven, considered too young to have functional limitations determined.

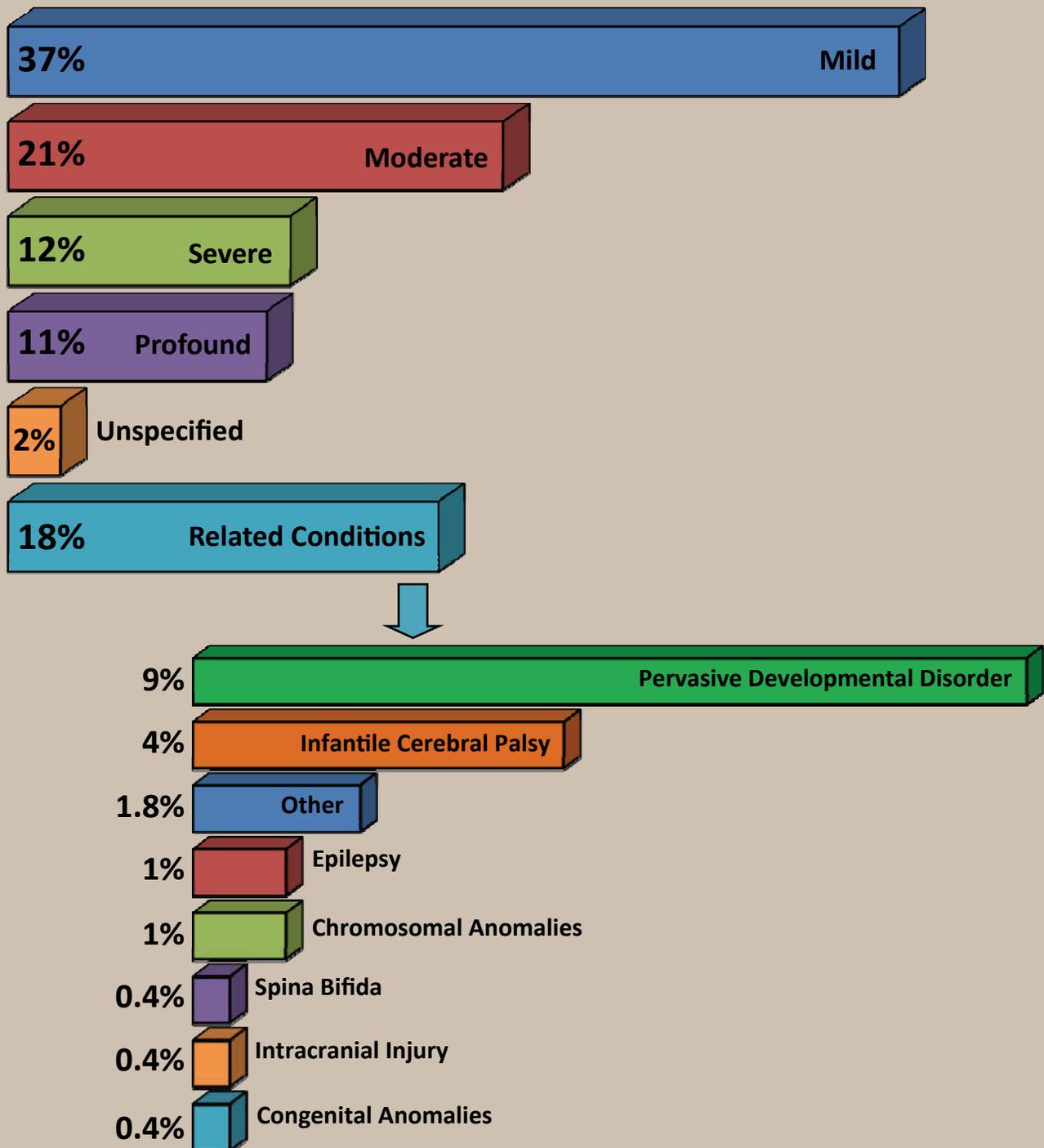
² There were no consumers with physical disabilities that had a learning functional limitation.

³ Functional limitations for acquired brain injuries are different from those associated with intellectual and physical disabilities.

DIAGNOSIS

Qualifying Diagnoses for Persons Receiving Services

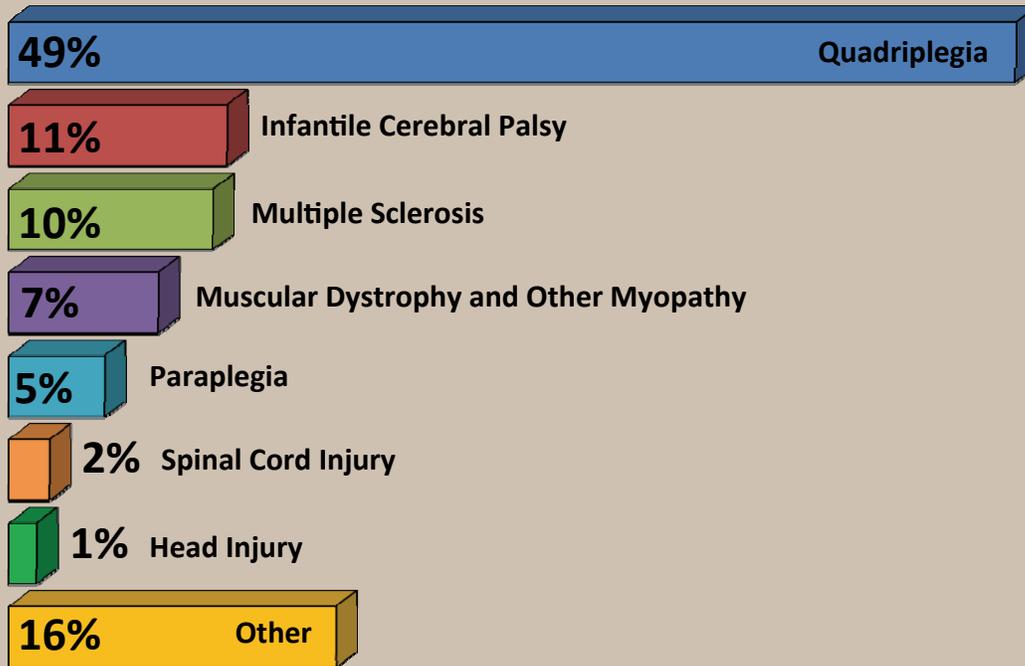
Intellectual Disabilities and Related Conditions (4,533 Consumers)



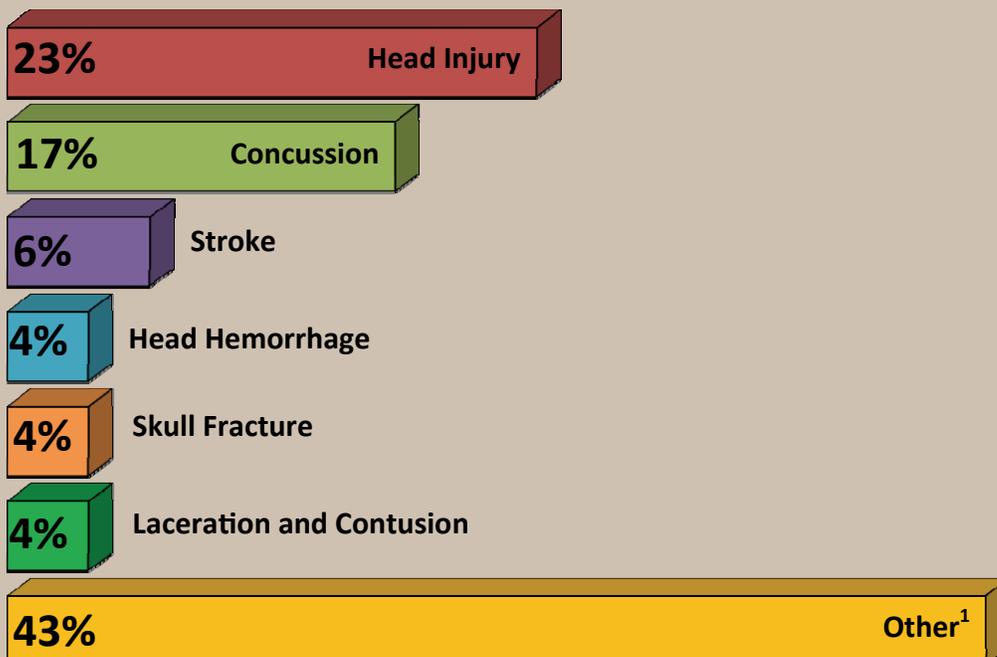
DIAGNOSIS

Qualifying Diagnosis of Consumers Receiving Services

Physical Disabilities (152 Consumers)



Acquired Brain Injury (112 Consumers)



¹ Brain injury caused by a brain tumor, cyst, diabetic coma, cerebral anoxia caused by heart attack, and other medical issues related to mental disorder.

NEW SERVICE RECIPIENTS

Throughout FY2013, the Division was able to bring 120 individuals with disabilities into services. During the 2012 general session, the Utah State Legislature appropriated \$500,000 in general funds which were used to begin serving 66 individuals who were waiting for services. The graphs and charts below illustrate the demographics and services of those 66 individuals as well as the other 54 individuals who entered services through other funding sources.

Appropriated (N=66)						Other Funding Sources (N=54)		
Gender:		N	%	Age:		Funding Source:	N	%
	Male:	41	62.1%		Under 18:	DCFS ¹ :	32	59.26%
	Female:	25	37.9%		18 to 30:	Transition ² :	18	33.33%
Residence:					30 and Older:	USDC:	2	3.70%
	Urban:	52	78.8%	Average Age:	23.8 Years	Mental Health:	1	1.85%
	Rural:	14	21.2%			Court Order:	1	1.85%

Services Received (N=120)

Services	N	%	Program Type		
			Day Support	Supported Employment	Neither
<i>Residential Supports:</i>	33	27.5%	21	5	7
<i>Host Home/Prof. Parent Supports:</i>	21	17.5%	13	1	7
<i>Supported Living:</i>	6	5.0%	1	4	1
<i>In-Home Supports (Self-Administered):</i>	34	28.3%	11	0	23
<i>In-Home Supports (Provider-Based):</i>	25	20.8%	14	5	6
<i>Case Management Only:</i>	1	0.8%	0	0	1
Total	120	100%	60	15	45

Cost of Services³

Services	N	%	Average Costs		Total Costs	
			General Fund	Total Cost	General Fund	Total Cost
<i>Residential Supports:</i>	33	27.7%	\$22,639.91	\$75,353.33	\$747,116.96	\$2,486,659.88
<i>Host Home/Prof. Parent Supports:</i>	21	17.6%	\$16,512.42	\$54,958.95	\$346,760.73	\$1,154,137.00
<i>Supported Living:</i>	6	5.0%	\$6,889.89	\$22,931.90	\$41,339.33	\$137,591.00
<i>In-Home Supports (Self-Administered):</i>	34	28.6%	\$3,883.59	\$12,925.90	\$132,041.92	\$439,480.51
<i>In-Home Supports (Provider-Based):</i>	25	21.0%	\$3,666.91	\$12,204.71	\$91,672.63	\$305,117.77
Total	119⁴	100%	\$53,592.72	\$178,374.79	\$1,358,931.57	\$4,522,986.16

¹ Division of Child & Family Services.

² Transition into services from an Intermediate Care Facility (ICF/ID).

³ Cost of services are annualize to reflect a full 12 months of services.

⁴ Total does not reflect consumers receiving only case management services.

WAITING FOR SERVICES

Demographics

	(N=1,892) ¹
Gender:	
<i>Male:</i>	57.9%
<i>Female:</i>	42.1%
Disability Type:	
<i>Intellectual Disability:</i>	54%
<i>Related Conditions:</i>	40.3%
<i>Physical Disability:</i>	1.4%
<i>Acquired Brain Injury:</i>	4.4%
Average Age:	23.6 Years
Average Years Waiting:	6.5 Years

Services Received

240 consumers were able to receive short-term, limited services while remaining on the Division waiting list.

Services:

Community Service Broker: (n=215)²

Utilizing a skilled advisor who assists in connecting individuals with disabilities to resources in the community designed to improve overall quality of life.

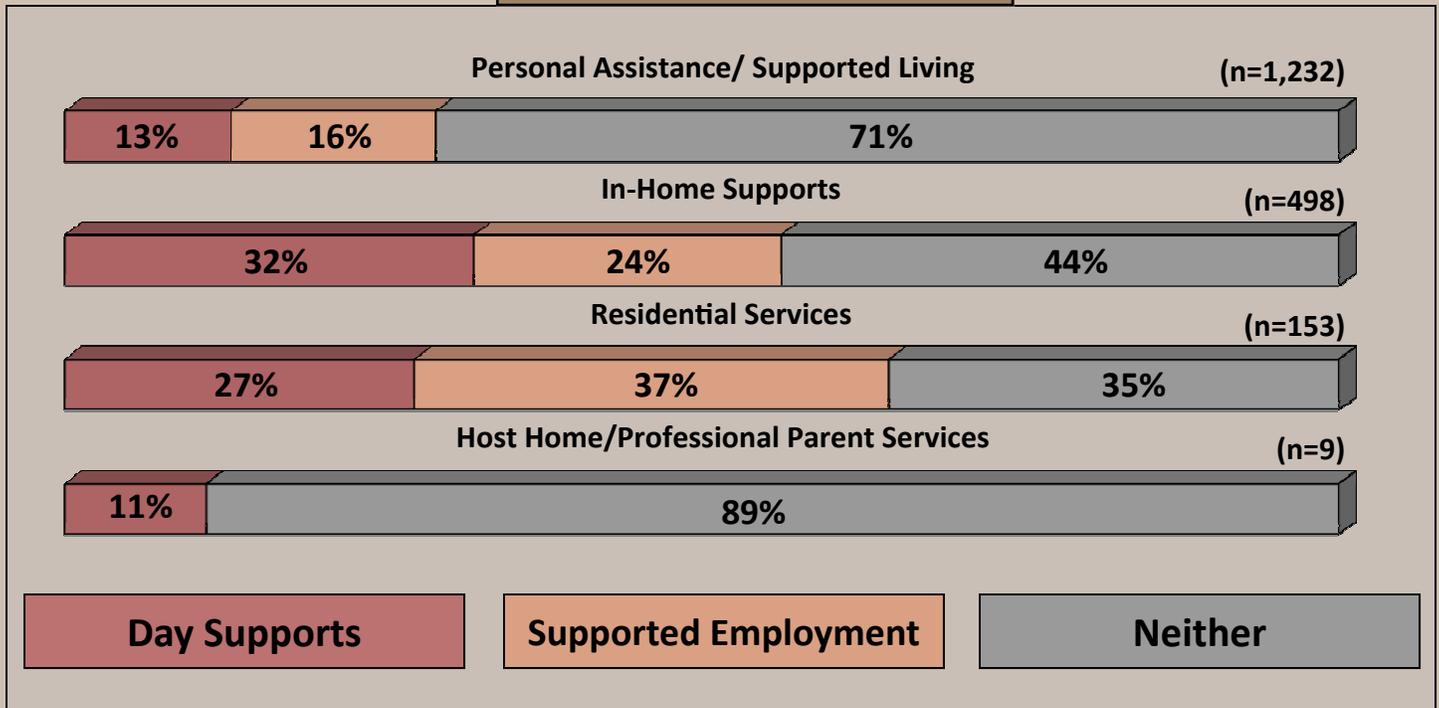
Supported Employment: (n=65)

Designed to assist individuals with disabilities to obtain and maintain competitive employment in integrated work settings.

Other: (n=18)

Respite, Transportation, and Psychological Evaluations.

Typical Service Groupings

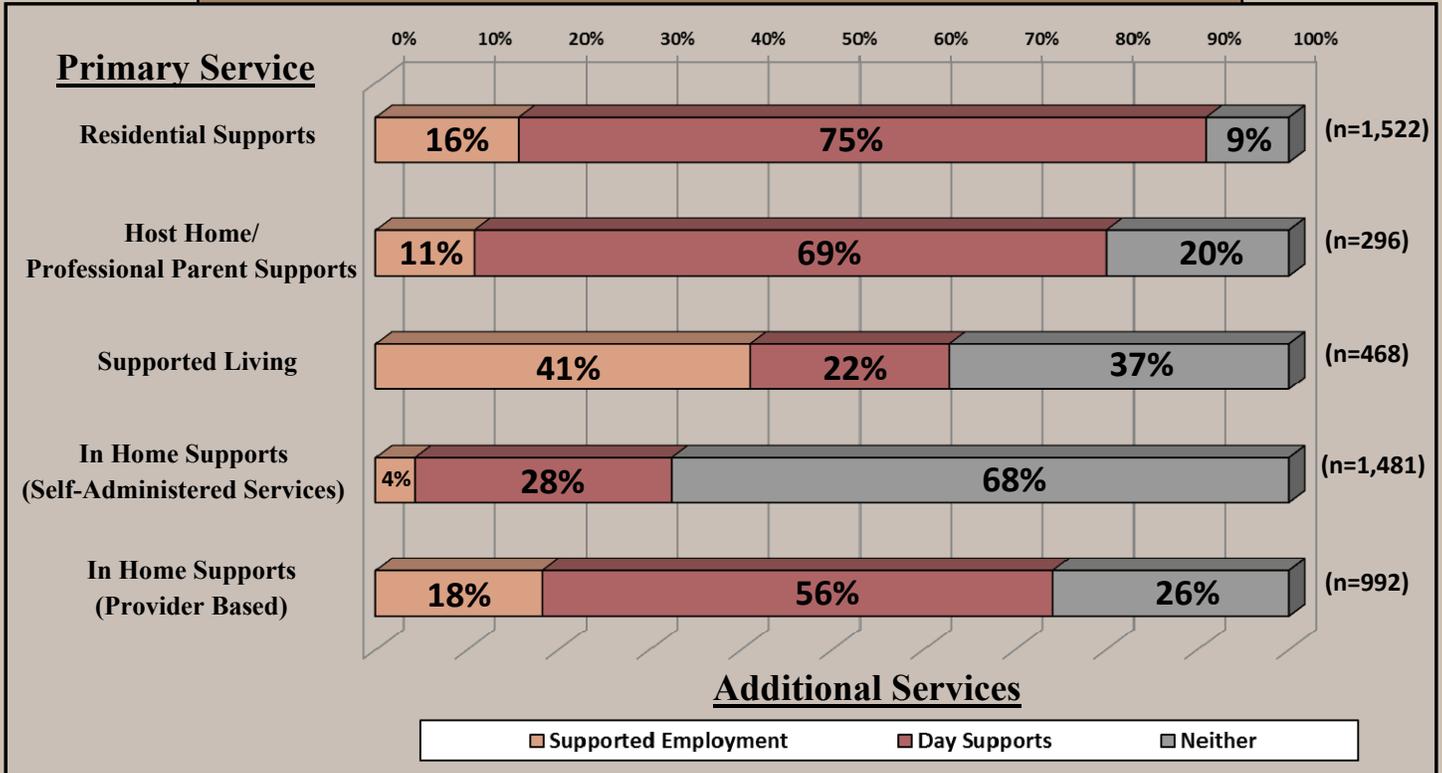


¹Counts, for those waiting for services, are pulled on the last day of the fiscal year. Actual records for persons waiting for services managed throughout the fiscal year are higher than the counts presented in this report.

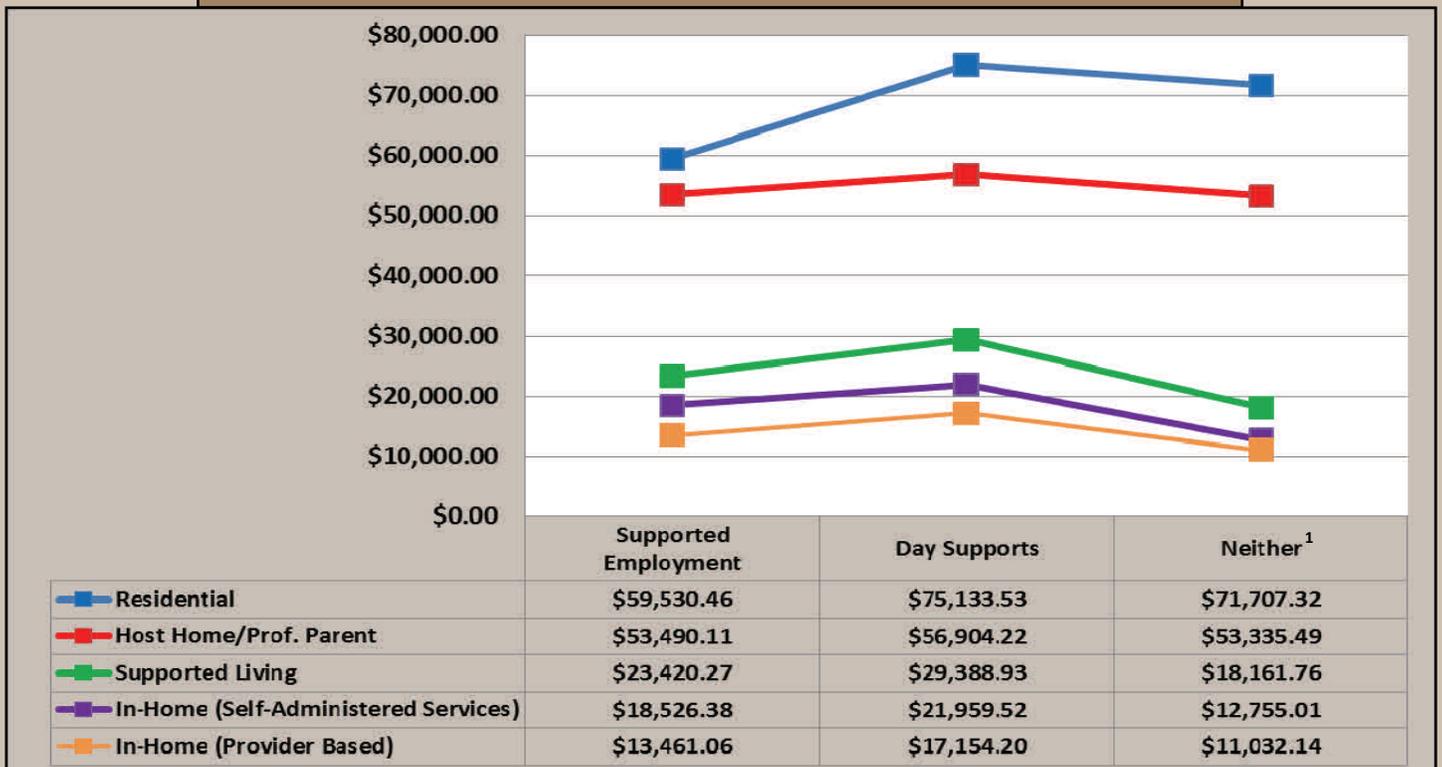
²There were several individuals that received both supported employment as well as Community Service Brokering services (n=60).

ARRAY OF SERVICES

Service Combination Utilization



Average Annual Cost



Note: Figures do not include consumers transitioning into services who only receive case management services. (N=38)

¹Includes children who receive supports from their school or adults who decline to participate in a supported employment or day supports.

ARRAY OF SERVICES

If Consumers Consisted of 100 People....

Waiting for Services

In-Services



Waiting List



Waiting List
(Receiving
Short-term Limited
Services)



Residential
Supports



Host Home/
Professional Parent
Supports



Supported
Living



In-Home
(Self-Administered
Services)



In-Home
(Provider Based)



Autism Waiver
Pilot Program



Transitioning
Into Services

SERVICE GROUPINGS

Residential Services

(Daily 24-hour service in supervised apartments and group homes)

Number of people:	1,522	Average Age:	41 years
Number of Providers:	43	Average Annual Cost:	\$55,932 (\$16,804 State Funds)
Total Cost FY13:	\$85.1 Million	Total State Cost FY13:	\$25.57 Million
Avg. # of Days per Year:	327	Average # of Days per Month:	27

Residential services assist a person to gain and/or maintain independent living skills in a community setting. Provider staff supervise, train, and assist people receiving residential services with activities of daily living such as toileting, eating, bathing, and dressing. These residential services offer habilitation, supervision, and assistance as an alternative to placement in an institutional setting. Other supports often offered with residential services include behavior consultation, prescription monitoring, and extended living supports.

Host Home and Professional Parent

(Daily 24-hour service placement with Utah Family)

Number of people:	296	Average Age:	29 years
Number of Providers:	26	Average Annual Cost:	\$44,465 (\$13,359 State Funds)
Total Cost FY13:	\$13.2 Million	Total State Cost FY13:	\$3.95 Million
Avg. # of Days per Year:	322	Average # of Days per Month:	27

Host Home and Professional Parent services are similar to residential services in terms of the support provided. The difference is that these homes are private family homes where the person lives with a non-related family. Host and Professional Parent homes provide a setting in a private home that offers support, supervision, training and assistance to maintain individual health and safety, and assistance with activities of daily life as well as behavior consultation and prescription monitoring services, if needed. The service gives those with exceptional care needs an alternative to institutional settings in order to enhance their ability to live as independently as possible, fully participate in a community setting of their choosing, and to avoid isolation.

Supported Living Services

(Hourly and Intermittent Services in Own Home or Apartment)

Number of people:	468	Average Age:	43 years
Number of Providers:	42	Average Annual Cost:	\$14,697 (\$4,415 State Funds)
Total Cost FY13:	\$6.87 Million	Total State Cost FY13:	\$2.06 Million
Avg. # of Hours per Year:	604 hours	Avg. # of Hours per Month:	50 hours
Avg. # of Hours per Week:	11.84 hours		

Supported Living Services provide supervision, training, and assistance for people to live as independently as possible. This service is available to those who live alone in their own homes, with roommates, with a spouse, with their parents or other related caregivers. Providers of supported living services maintain the person's health and safety, and provide transportation, personal care, homemaker, chore, attendant care, observation of all administration of all medication, advocacy, assistance with communication, and activities of daily living.

SERVICE GROUPINGS

Self-Administered Services Model

(using a payroll agent)

Number of people:	1,481	Average Age:	27 years
Number of Providers:	3	Average Annual Cost:	\$9,111 (\$2,737 State Funds)
Total Cost FY13:	\$13.5 Million	Total State Cost FY13:	\$4.05 Million
Avg. # of Months: 11 (n=1481)		Avg. # of Days: 49 (n=576)	Avg. # of Hours: 688 (n=1345)

The Self-Administered Services Model provides respite, transportation, training and other assistance for families to enable them to maintain their family structure while caring for a family member with a disability. A payroll agent, called a Fiscal Management Agent in this program, is tasked with providing payroll services and financial information to help the family manage their own workers and budget used to fund supports that allow the person to continue living with his or her family.

Self-Administered Services:

Respite Services:

Average Annual Cost:	\$4,139 (\$1,243 State Funds)		
Total Cost FY13:	\$4.9 Million	Total State Cost FY13:	\$1.49 Million
Avg. # of Days:	45 (n=530)	Avg. # of Hours per Year:	342 hours (n=669)
Avg. # of Hours per Month:	29 hours	Avg. # of Hours per Week:	7 hours

Respite provides daily and overnight care to give relief to, or during the absence of the person's normal caregiver. Additional options for respite care include Family Managed Group (up to three individuals) and room and board.

Supported Living:

Average Annual Cost:	\$10,520 (\$3,160 State Funds)		
Total Cost FY13:	\$5.6 Million	Total State Cost FY13:	\$1.7 Million
Avg. # of Hours per Year:	708 (n=538)	Avg. # of Hours per Month:	59 hours
		Avg. # of Hours per Week:	14 hours

Supported living assures health and safety, personal care services, medication observation, assistance with daily living, transportation, budget and paying bills, and other indirect services like socialization.

Homemaker & Chore Services:

Average Annual Cost:	\$3,441 (\$1,033 State Funds)		
Total Cost FY13:	\$282,210	Total State Cost FY13:	\$84,789
Avg. # of Hours per Year:	197 hours (n=82)	Avg. # of Hours per Month:	16 hours
Avg. # of Hours per Week:	4 hours		

Homemaker services, help a person with disabilities maintain a clean and sanitary home and a safe living environment. Homemaker services include meal preparation, household chores, and cleaning. Chore services include landscape maintenance, rearranging furniture, snow removal, and other heavy lifting maintenance work.

Personal Assistance:

Average Annual Cost:	\$9,618 (\$2,889 State Funds)		
Total Cost FY13:	\$3.8 Million	Total State Cost FY13:	\$1.16 Million
Avg. # of Days:	72 (n=46)	Avg. # of Hours per Year:	797 hours (n=358)
Avg. # of Hours per Month:	66 hours	Avg. # of Hours per Week:	16 hours

Personal assistant services reinforce an individual's strengths while compensating for the absence, loss, diminution, or impairment of physical or cognitive functions or for the loss of a family caregiver who was providing natural or unpaid support.

SERVICE GROUPINGS

In-Home Provider-Based Model

(for a person living in their family's home)

Number of people:	992	Average Age:	29 years
Number of Providers:	72	Average Annual Cost:	\$7,750 (\$2,328 State Funds)
Total Cost FY13:	\$5.5 Million	Total State Cost FY13:	\$1.68 Million
Avg. # of Days:	36 (n=132)	Avg. # of Hours:	324 hours (n=615)
Avg. # of Sessions:	35 (n=215)		

The In-Home Provider-Based Model provides respite, chore and homemaker services, companion services, personal assistance, transportation, training, and other assistance for families to enable them to maintain the family structure while caring for a family member with disabilities. Families participating in the provider-based model select from a list of contracted providers to meet their service needs. The service activities include maintenance of the person's health and safety, personal care, homemaker, chore, attendant care, advocacy, communication, assistance with activities of daily living and instrumental activities of daily living, transportation to access community activities and shopping, and other services.

In-Home Provider-Based Services:

Respite Services:

Average Annual Cost:	\$5,851 (\$1,758 State Funds)		
Total Cost FY13:	\$2.2 Million	Total State Cost FY13:	\$669,774
Avg. # of Days:	25 (n=127)	Avg. # of Hours per Year:	251 hours (n=127)
Avg. # of Hours per Month:	21 hours	Avg. # of Hours per Week:	5 hours
Avg. # of Sessions:	43 (n=127)		

Respite provides daily and overnight care to give relief to, or during the absence of the person's normal caregiver. Additional options for respite care include room and board, and short-term session services in an approved community based facility.

Supported Living:

Average Annual Cost:	\$7,406 (\$2,225 State Funds)		
Total Cost FY13:	\$3.7 Million	Total State Cost FY13:	\$1.10 Million
Avg. # of Hours per Year:	328 hours (n=493)	Avg. # of Hours per Month:	27 hours
Avg. # of Hours per Week:	6 hours		

Provides support, supervision, and training to children and adults who live with their parents or other relatives. Services are designed to provide intermittent support to access community, avoid isolation, and to complete instrumental activities of daily living. Service access includes personal care, homemaker and chore services, advocacy, transportation, and community access.

Massage Therapy Services:

Average Annual Cost:	\$2,552 (\$766 State Funds)		
Total Cost FY13:	\$96,976	Total State Cost FY13:	\$29,136
Avg. # of Sessions:	38 (n=38)		

Provides massage therapy treatment, training, and consultation services that are necessary to achieve cost-effective treatment outcomes.

SERVICE GROUPINGS

Supported Employment

Number of People:	707	Average Age:	40 years
Number of Providers:	43	Average Annual Cost:	\$7,317 (\$2,198 State Funds)
Total Cost FY13:	\$5.2 Million	Total State Cost FY13:	\$1.55 Million
Avg. # of Days	196 (n=273)	Avg. # of Hours:	244 (n=446)

Supported employment helps an adult obtain, maintain, and advance in competitive employment in an integrated work setting at a job paying minimum wage or more. These services are provided individually or in groups, with a job coach and/or co-worker supports and are designed to be flexible enough to accommodate both the needs of the employer and the needs of the person. Supported employment can be arranged on a full or part time basis, during traditional or non-traditional workdays, or work hours and take place in settings where the person is afforded the opportunity to work with co-workers who do not have intellectual disabilities.

Day Supports

Number of People:	2,424	Average Age:	37 years
Number of Providers:	53	Average Annual Cost:	\$14,204 (\$4,267 State Funds)
Total Cost FY13:	\$34.4 Million	Total State Cost FY13:	\$10.34 Million
Avg. # of Days:	326 (n=2,350)	Avg. # of Hours:	622 (n=136)

Day supports provide daily and hourly support, supervision, and training for individuals and groups of adults and the elderly. The service provides a safe, non-residential, community habilitation program in a structured program setting, other naturally occurring environment or community settings where people can gather in groups during the day to avoid becoming isolated and to participate in and contribute to their community.

For children, day supports are provided during breaks from school, including summer breaks, holidays, vacations, and after school programs. People receiving day supports are generally supported in a group setting with others who have similar disabilities. These services may include contract work and payment of sub-minimum wages for piece-rate work based on individual productivity.

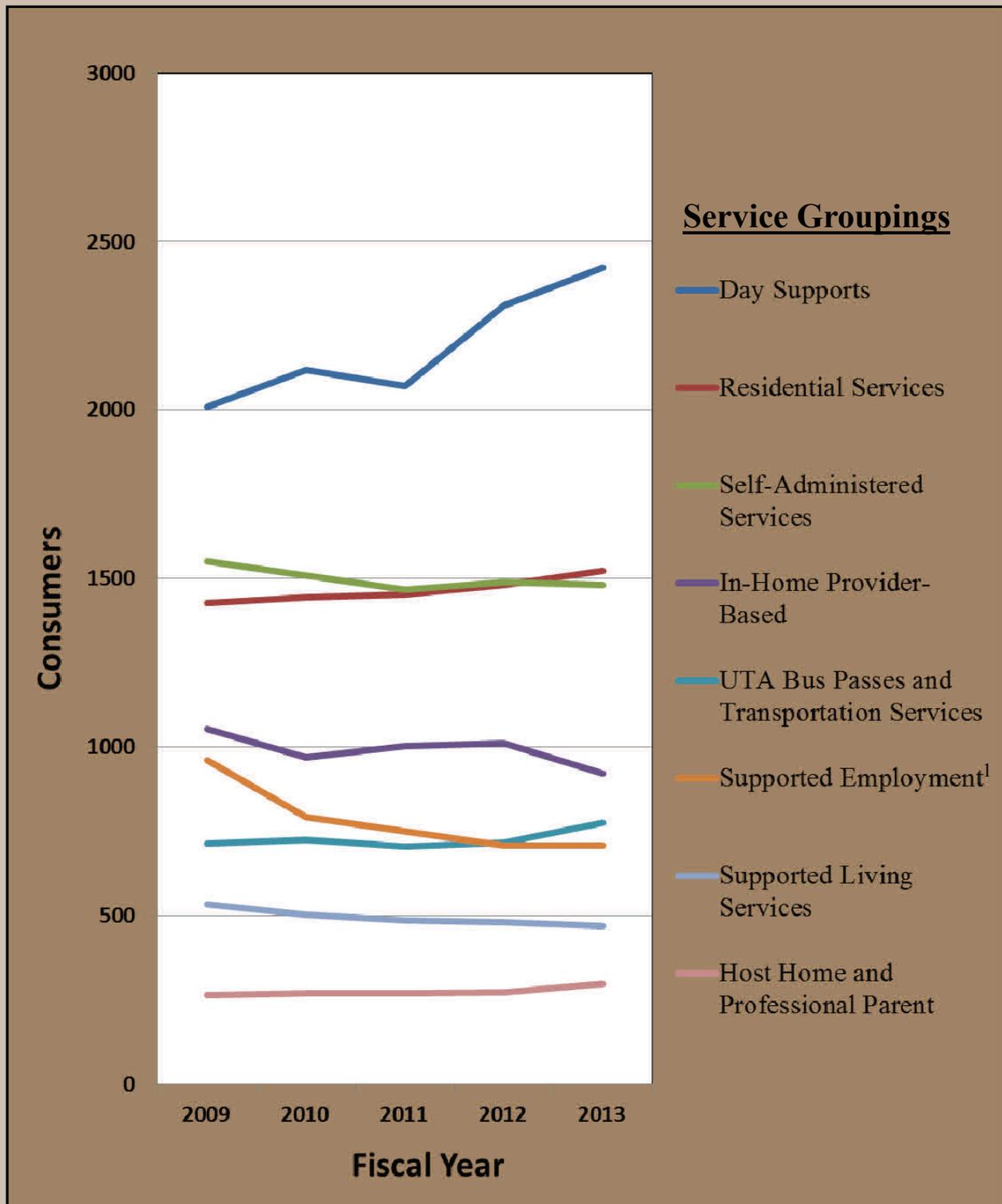
UTA Bus Passes and Transportation Services

Number of People:	776	Average Age:	39 years
Number of Providers:	17	Average Annual Cost:	\$2,048 (\$615 Provided by UTA)
Total Cost FY13:	\$1.6 Million	Total State Cost FY13:	\$477,586
Avg. # of Months:	10 (n=170)	Avg. # of Days:	177 (n=518)
Avg. # of Trips:	144 (n=72)	Avg. # of Miles:	4,095 (n=89)

Transportation services are provided to help the person gain access to supported employment and other community services, activities, and resources.

SERVICE GROUPINGS

Service Participation Past 5 Years 2009-2013



¹ Does not include consumers waiting for services who are participating in Supported Work Independence.

REQUESTS FOR ADDITIONAL SERVICES

In order for the Division to receive the Medicaid Title XIX match for services provided under the three Medicaid Waiver programs, the Division must meet the additional health and safety service needs of individuals already receiving services administered by the Division. During the 2012 Legislative Session, \$1,300,000 state dollars were appropriated for the purpose of meeting these mandated additional needs for Fiscal Year 2013. When individuals receiving services administered by the Division require additional services, they must submit a Request for Additional Service (RAS) to the Division. Each request undergoes a comprehensive review by the Division's RAS committee before being approved. If approved, the committee determines the most appropriate and cost-effective manner in which to meet the additional service needs requested.

RAS Submitted/Approved

Requested

<i>RAS Submitted</i>	1,925
<i>Total Dollars Requested</i>	\$16,934,084
<i>State Dollars Requested</i>	\$5,087,846

Approved

<i>RAS Approved</i>	1,256
<i>Percent Approved</i>	65.2%

Funded Ongoing Services

<i>Total Dollars</i> ¹	\$5,386,765
<i>State Dollars</i>	\$1,618,915

Funded One-Time Services

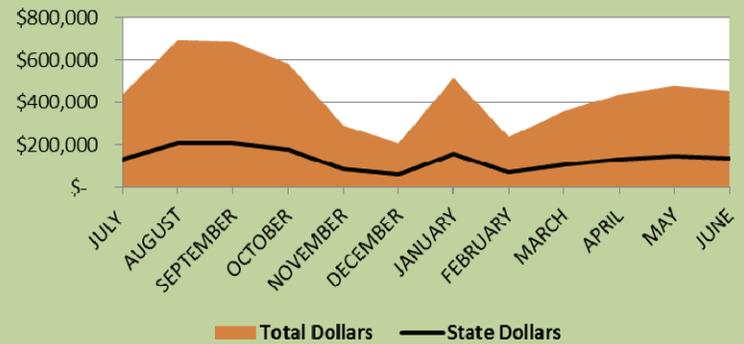
<i>Total Dollars</i> ²	\$1,328,295
<i>State Dollars</i>	\$402,347

Dispositions

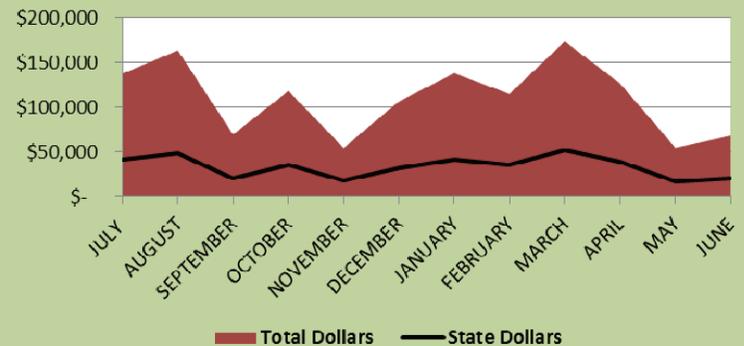
<i>Approved "As-Is"</i>	649 (33.7%)
<i>Approved w/ Modification</i>	607 (31.5%)
<i>Requested Additional Information</i>	476 (24.7%)
<i>Denied</i>	144 (7.5%)
<i>In Process</i>	48 (2.5%)
Saved by Modification ³	
<i>Total Dollars</i>	\$3,616,216
<i>State Dollars</i>	\$1,086,492

RAS Allocations by Month

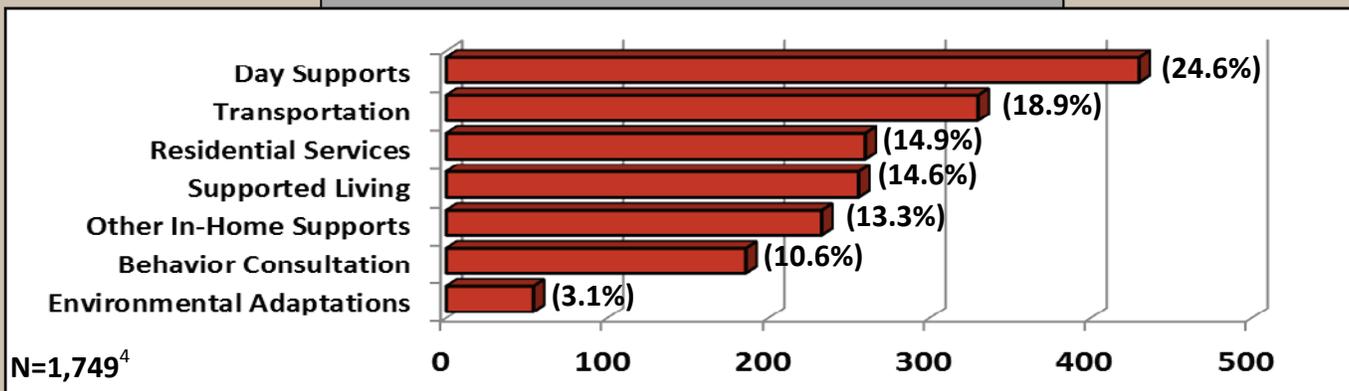
Ongoing RAS Allocations



One-Time RAS Allocations



Approved Additional Services



¹ Funding for ongoing approved RAS, exceeded the amount appropriated by \$318,915 in state dollars. The excess amount was funded by non-lapse funds carried over from FY 2012.

² One-time RAS is funded by the Division's non-lapse funds from the previous fiscal year, and not by current mandated additional needs appropriations.

³ Alterations made to the original RAS that better meet the service needs of the individual.

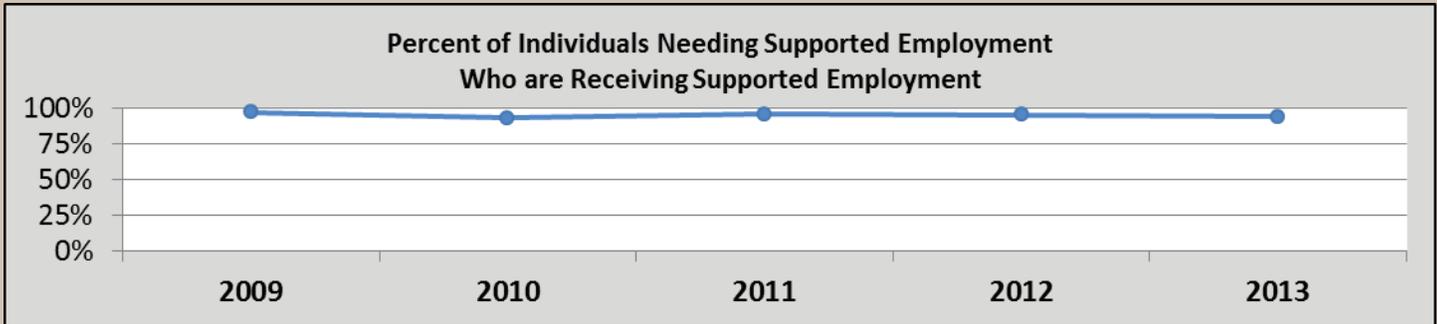
⁴ Represents the total number of additional services provided as a result of RAS. Individual RAS may include more than one service.

EMPLOYMENT

Employment First Initiative

Utah Code Annotated 62A-5-103.3 Employment first emphasis on the provision of services.

(1) When providing services to a person with disabilities under this chapter, the Division shall, within funds appropriated by the Legislature and in accordance with the requirements of federal and state law, give priority to providing services that assist the person in obtaining and retaining meaningful and gainful employment.



The Division spent \$4.75 Million on supported employment services during FY2013. This amount equates to \$3.32 Million in Federal Funds and \$1.43 Million in State Funds.

Supported Work Independence

Supported Work Independence (SWI) is a program designed to assist individuals with disabilities to obtain and maintain competitive employment while waiting for Division services. Previously a pilot program, SWI became an ongoing program in 2011 with an annual budget of \$250,000¹ state dollars. The SWI program is not matched with Medicaid funds and is not part of a Medicaid waiver. Monthly oversight and coordination are provided by privately contracted supported employment providers and Community Service Brokers.

Utah Code Annotated 62A-5-103.1 Program for provision of supported employment services.

(3)... within funds appropriated by the Legislature for the program described in this section, the Division shall provide supported employment services to a person with a disability who [is on the Division's waiting list].

Supported Work Independence Program (Open Agreements Only)				
	Open Agreements ²	Employed	Average Hours Per Week	Average Hourly Wage
2011	41	26	13.17	\$7.55
2012	137	73	15	\$7.63
2013	162	112	15.74	\$7.60

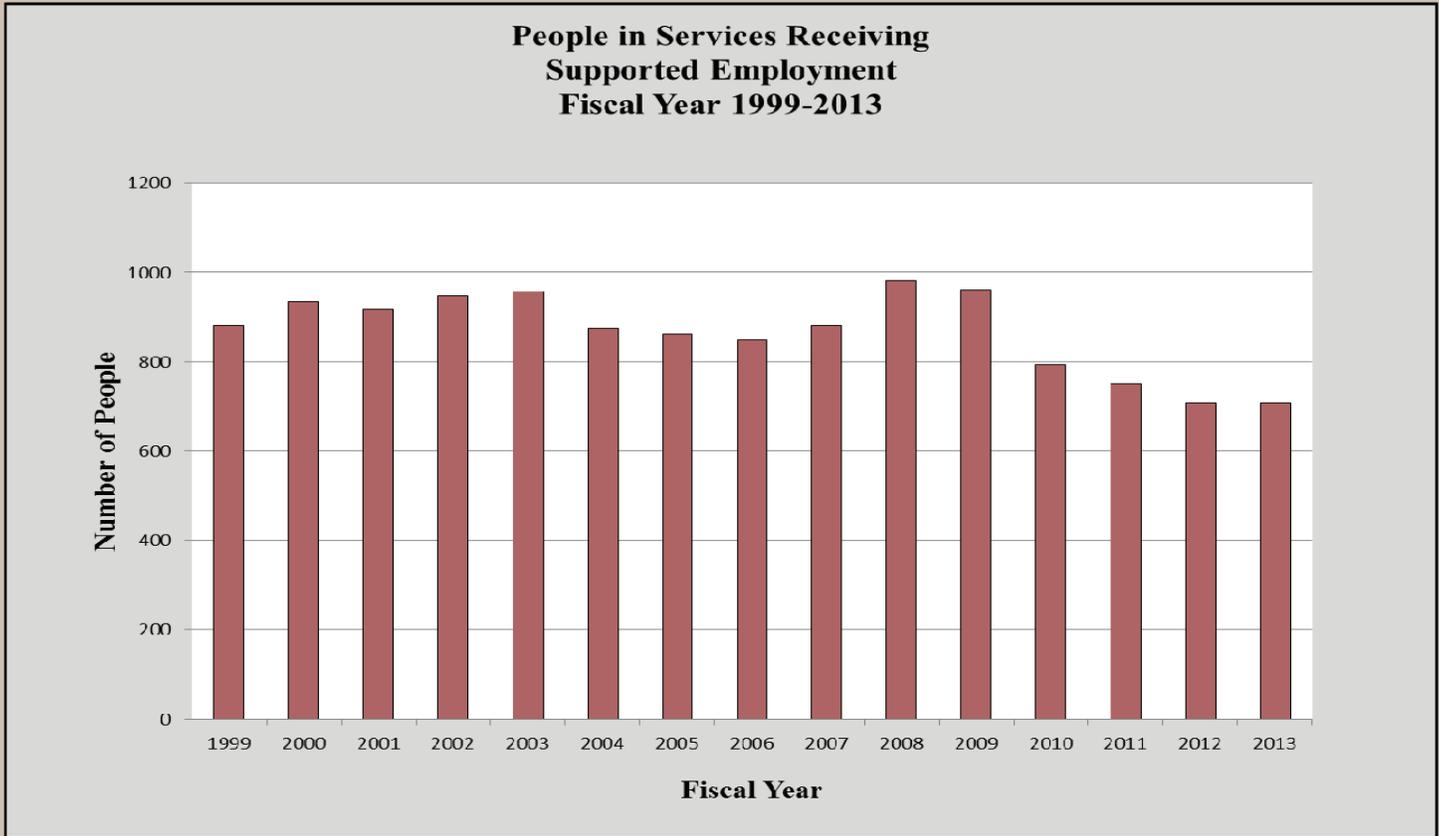
All SWI Service Codes Combined, including preliminary (SEI, SEC, CSB, DTP and UTP)			
	Total Cost	Average Cost	Number of Consumers
2011	\$26,118	\$202.47	129
2012	\$102,959	\$562.62	183
2013	\$312,583	\$1,184.03	264

¹ In FY 2011, SWI's first full year as an ongoing program, the annual budget was \$150,000 state dollars.

² Current or active agreements for persons who are working, receiving supports from Vocational Rehabilitation or the Division, or who are currently seeking employment.

EMPLOYMENT

Historic Employment Participation



Customer Satisfaction Survey Findings: Supported Employment (SE)

Annual consumer satisfaction surveys, conducted by the Division’s Quality Management team, look at a wide array of services and overall satisfaction with these services. These findings report higher satisfaction levels with supported employment than with day programs. They also show that a number of consumers would like a job in the community, yet are not employed.

	Yes	No	Maybe
Supported Employment (SE)			
<i>Do you have a job in the community?</i>	33.3%	66.6%	0.0%
<i>If No, Would you like a job in the community?</i>	41.4%	49.0%	9.6%
<i>If Yes, Do you like working there?</i>	89.9%	10.1%	0.0%
Day Program (Day)			
<i>Do you go to a day program during the day?</i>	65.6%	34.4%	0.0%
<i>Do you like going to your day program/activity?</i>	88.8%	11.2%	0.0%
<i>Would you like to do something else during the day?</i>	35.5%	52.1%	12.4%
Satisfaction¹			
	SE	Day	Difference ² P-Value
<i>Satisfaction with Job/Day Program</i>	90.2%	85.5%	+ 4.7% 0.2882

¹ Satisfaction was determined on whether or not the consumer liked the job/program. Those consumers that participated in both supported employment and a day program were included in the supported employment group.

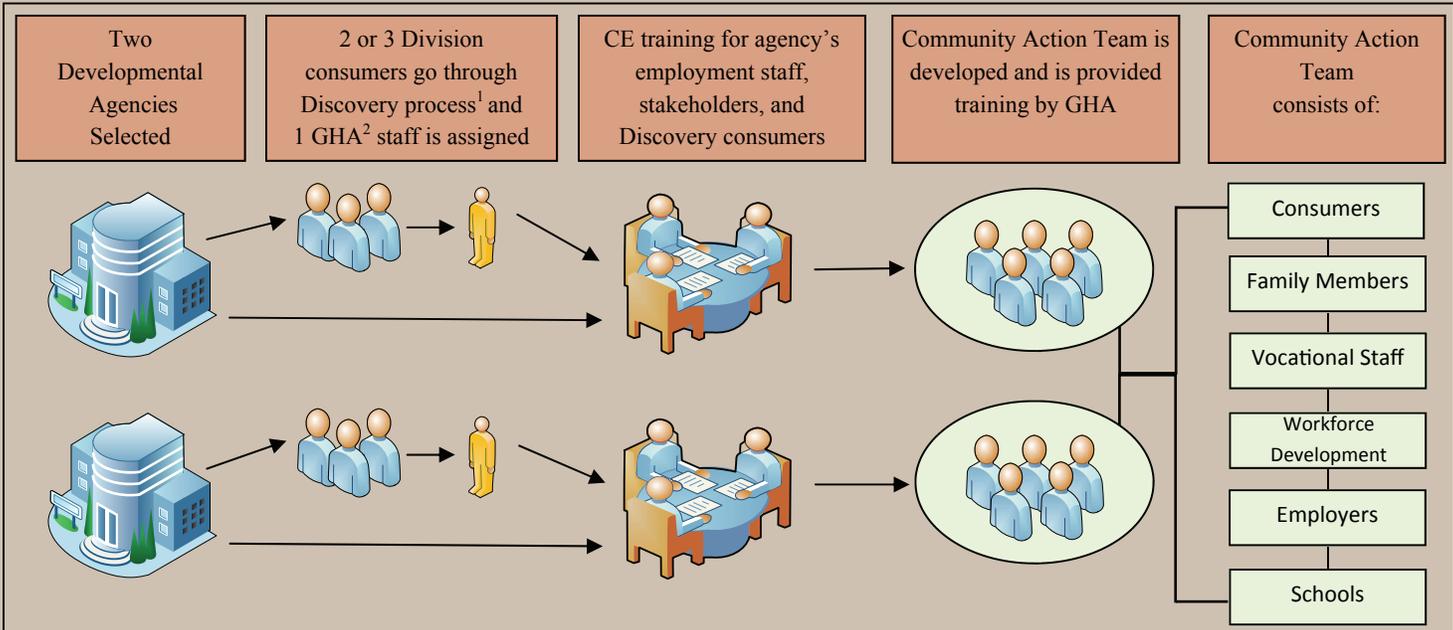
² Difference in satisfaction between supported employment and day program was not statistically significant at a p<.05 level.

EMPLOYMENT

Customized Employment Project

Customized employment is a process in which employment relationships between employees and employers are individualized in a way that meets the needs of both parties. Customized employment may create employment through a number of methods such as job carving, self-employment and entrepreneurial initiatives, job development, and responsibility restructuring.

Customized Employment Mentoring Plan (CE)



FY2013 Customized Employment Project

- ◆ Provided training and technical assistance to two provider agencies. (Rise and Covenant Employment Services/Work Activity Center)
- ◆ 41 job coaches went through 40 hours of training and earned a national certificate in customized employment.
- ◆ Training included hands on instruction for individuals with disabilities to learn complex tasks.
- ◆ 75% of individuals with disabilities involved in the project obtained meaningful, gainful employment in various industries such as Bakery, Educational Services, Nursing Care, Beauty, and Website & Media development.

Upcoming Changes:

In year two of the project, the Division will be working with individuals living at the Utah State Developmental Center and the Employment/Day service staff, to develop customized employment options for individuals transitioning into the community from USDC. GHA will be working with students in the Alpine School District who are receiving Division services, and are involved in post high school programs, to develop customized employment as they exit the school system.



¹Discovery is the process of finding ideal conditions of employment by going through a process that reveals a person's strengths.

²Griffin-Hammis Associates, LLC. International leaders in Customized Employment training, contracted by the state for the project.

EMPLOYMENT

Supported Employment Consumer Highlights



Kelcee

When Kelcee began receiving supported employment services, her career goal was to own and operate her own child day care center. After completing the necessary educational requirements her goal has become a reality. The supports Kelcee receives through the supported employment program help her to stay on task and focused while balancing the difficult task of caring for the children and learning the responsibilities of business management.

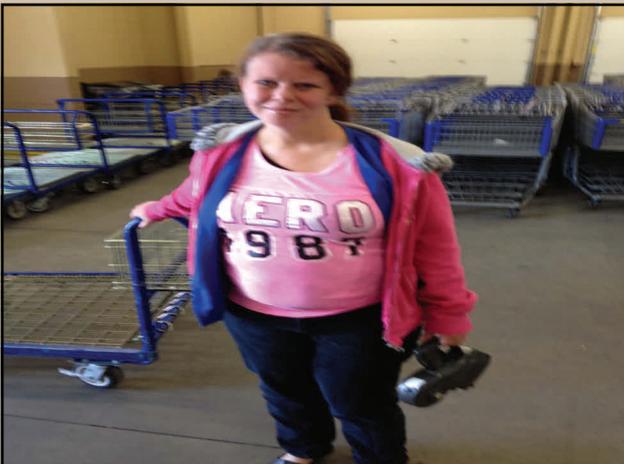
Anthony

Anthony grew up in California with a love for sports. Last May, he found a job as a scorekeeper with Provo City. This employment fits his interests and adds meaningful experience to his resume. Supported employment services has helped Anthony develop the skills he needs to make his current job a long-term reality.



Michelle

Michelle has a friendly personality and a desire to interact with people. For the past year and a half, she has worked at Sam's Club and she loves it! Not too long ago, Michelle's hours were being cut and she was in jeopardy of losing her job. With the help of the Division and SWI funding, Michelle was assigned to a greeter position, which was much better tailored to fit her outgoing personality. Michelle was able to regain her hours and now happily assists with whatever she is asked to do.



NATIONAL CORE INDICATORS



NATIONAL CORE INDICATORS

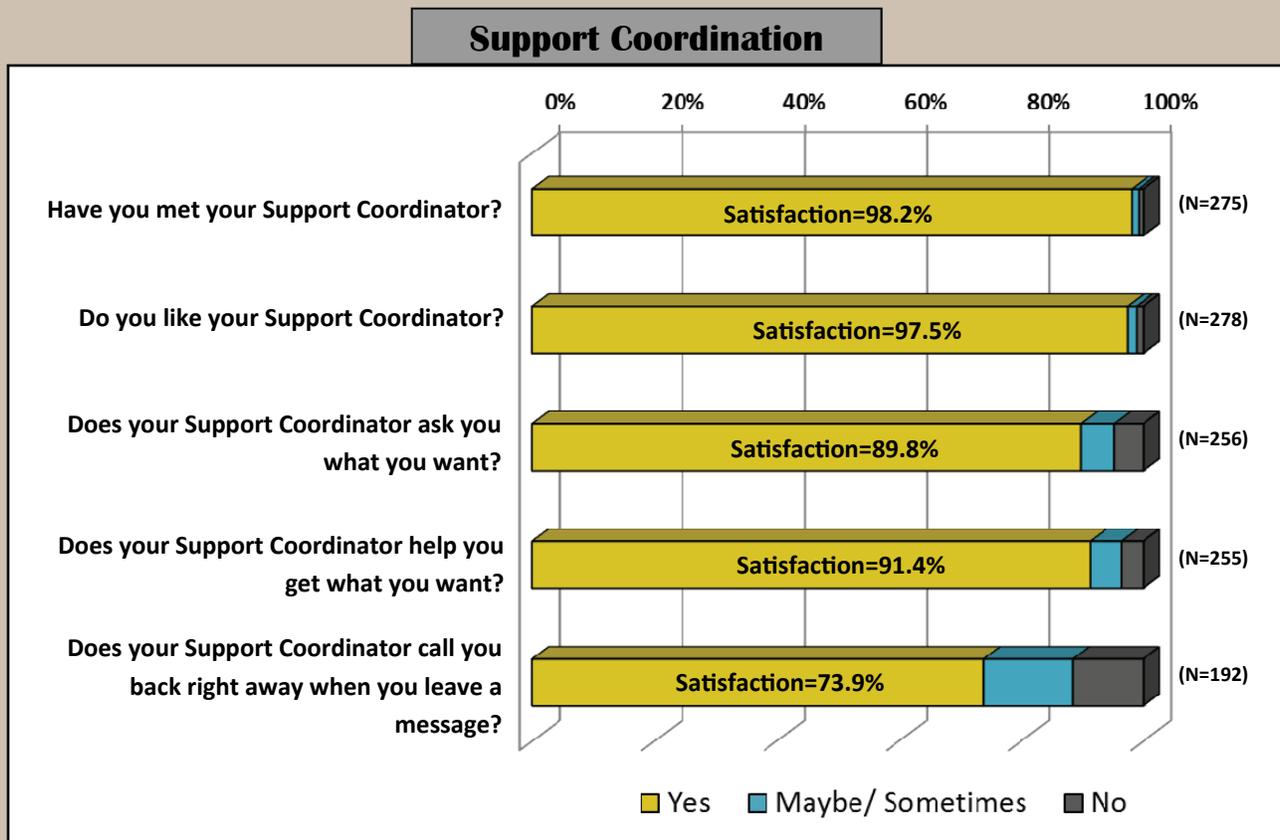
Starting in FY 2013, the Division contracted with National Core Indicators (NCI) to perform quality and consumer satisfaction surveys focusing on target outcome measures. Core indicators are standard measures used across participating states that assess outcomes of services provided to individuals and families. Core indicators measure areas such as employment, personal rights, service delivery, community inclusion, choices, health, and safety.

2012-2013 NCI Survey Cycle Year

DSPD participated in the following surveys during the 2012-2013 NCI Survey Cycle Year:

- ◆ Adult Consumer Survey (Face to Face): Survey targets adult (18 and older) consumers in services.
- ◆ Adult Family Survey (Mail-Out): Survey targets families of adult consumers in services, living at home.
- ◆ Family/Guardian Survey (Mail-Out): Survey targets families or guardians of adult consumers in services, living in residential settings.

Consumer Satisfaction Results¹

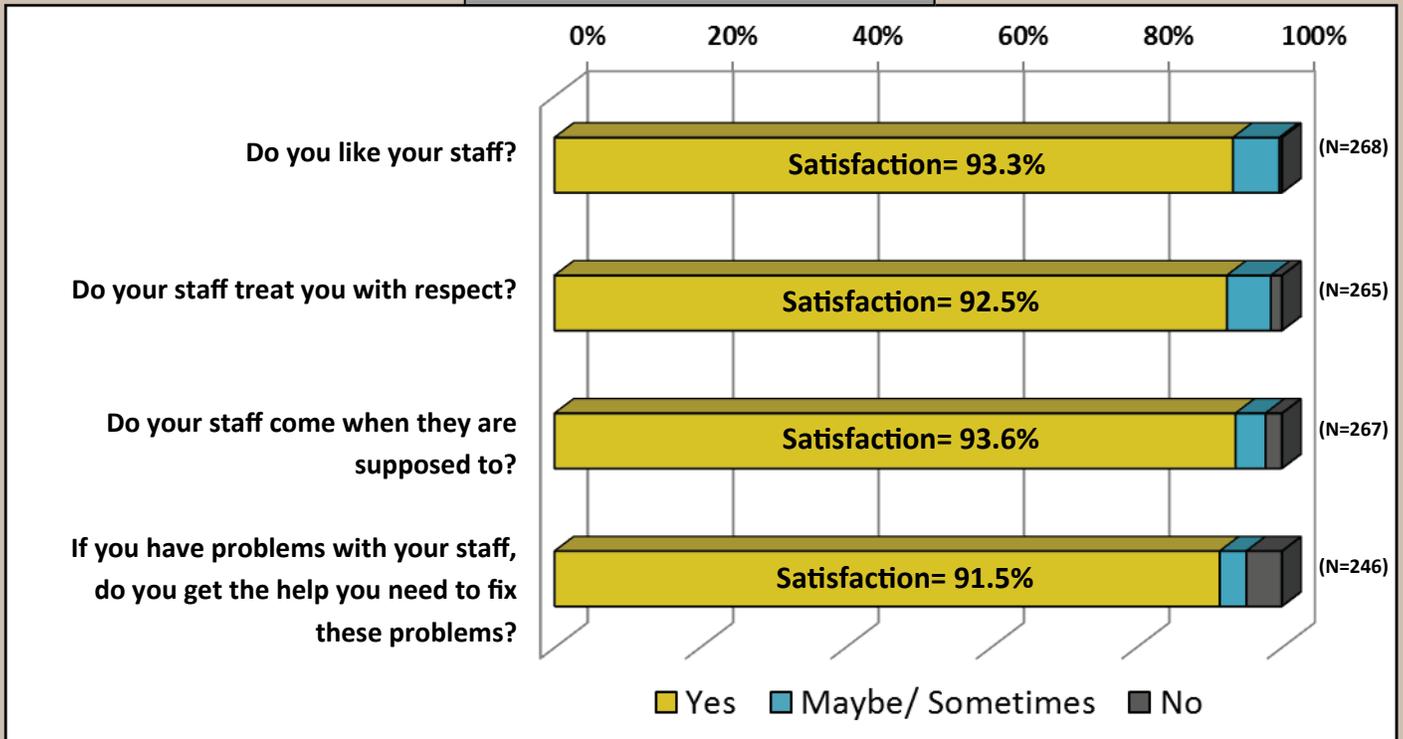


Note: The data and graphs presented in this report were comprised of raw data from the 2012-2013 Adult Consumer Survey. National comparisons will be available when NCI releases the final report sometime in January, 2014.

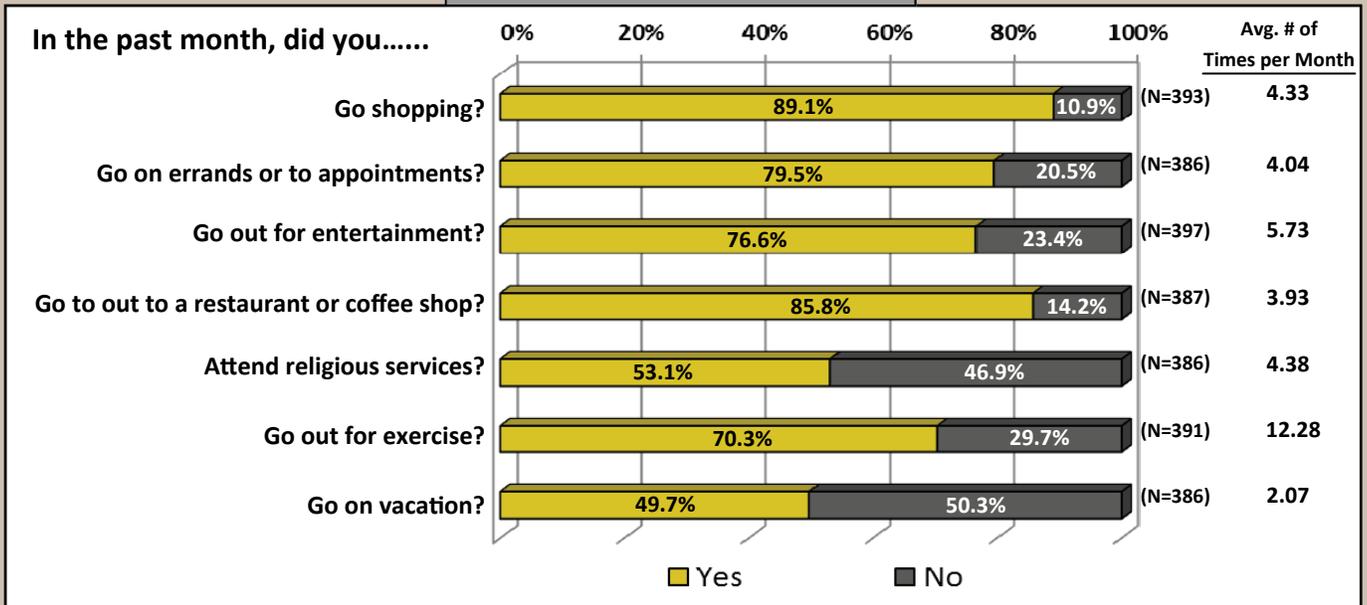
¹ Consumer satisfaction results consists of data from the Adult Consumer Survey. Only valid surveys are used in the analysis. A valid survey is one in which the respondent was able to understand the questions and provide answers in a consistent manner.

NATIONAL CORE INDICATORS

Staff



Community Inclusion

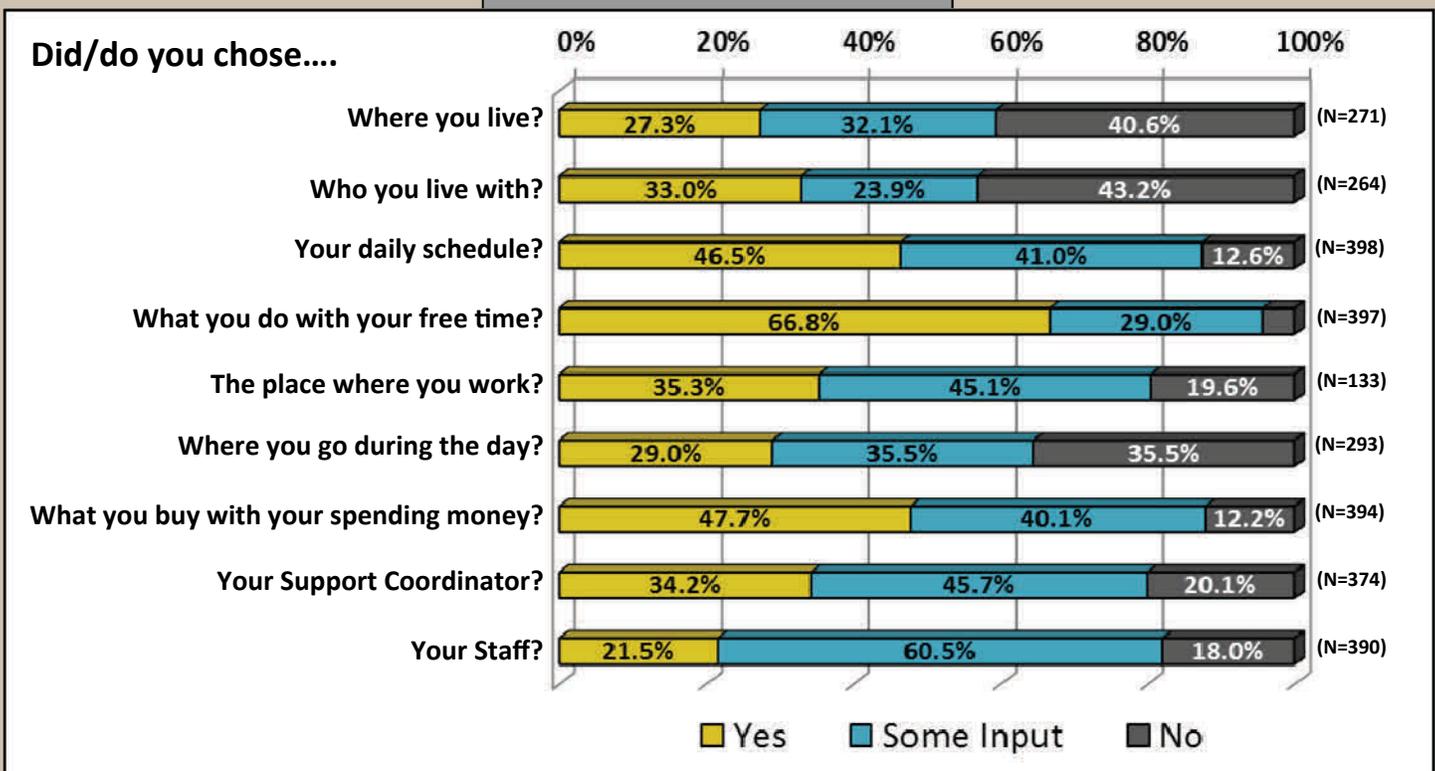


Who Did You Go With?

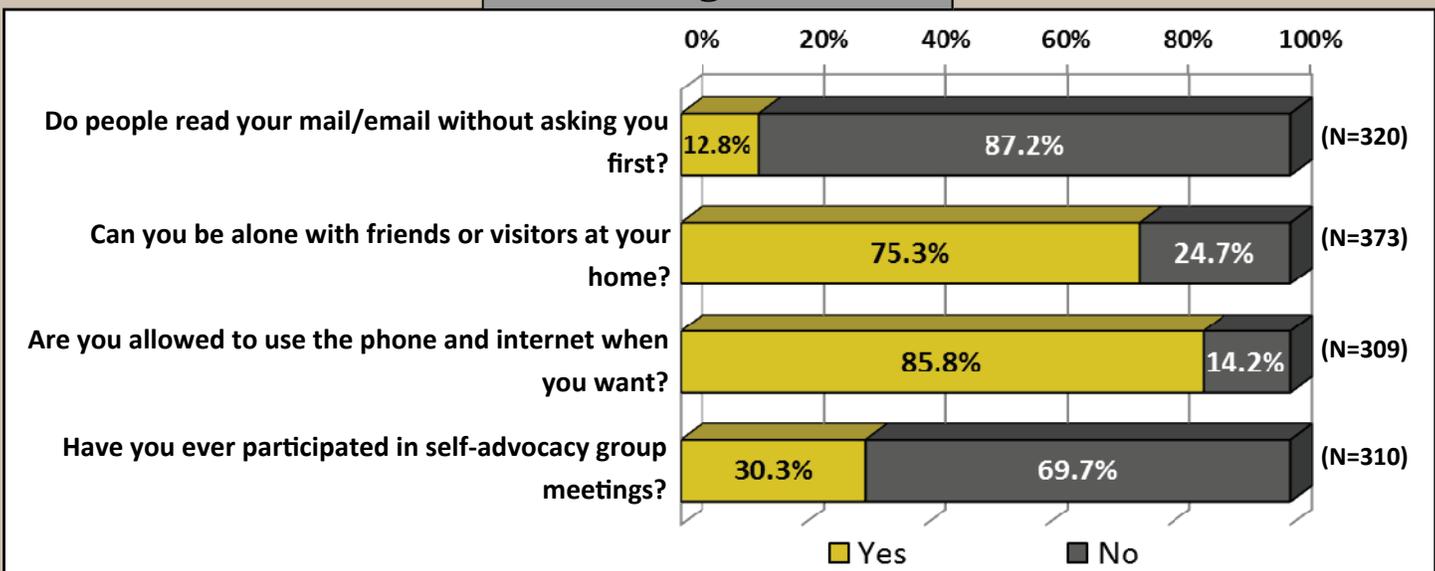
	Shopping	Errands	Entertainment	Restaurant	Religion	Exercise	Vacation
Alone	5.8%	6.9%	2.7%	4.6%	8.1%	24.6%	3.7%
Friends/Family	46.4%	49.5%	50.3%	57.1%	71.2%	30.2%	81.6%
Roommates	18.8%	12.1%	23.7%	21.0%	5.6%	20.5%	4.7%
Staff	28.7%	31.2%	23.0%	17.0%	14.1%	23.9%	10.0%
Other	0.3%	0.3%	0.3%	0.3%	1.0%	0.8%	0.0%

NATIONAL CORE INDICATORS

Choices



Rights

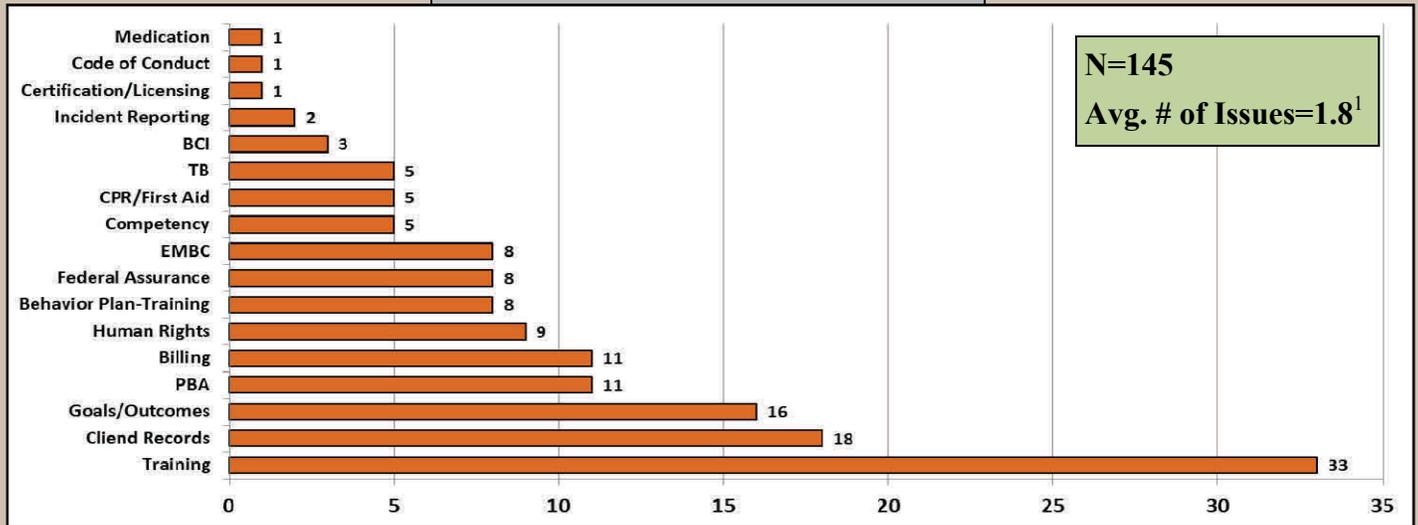


Do you feel your Staff have the right training? (N=378)	Yes: 93.9%	Maybe: 4.8%	No: 1.3%
Do you get the services you need? (N=397)	Yes: 87.2%	Sometimes: 8.8%	No: 4.0%
If no, what services are needed? (N=16)			
Employment Assistance: 25%	Dental Care: 18.75%	Transportation: 6.25%	
Health Care: 6.25%	Housing Assistance: 6.25%	Other: 37.50%	

PROVIDER REVIEWS

Annual Performance Measures Review

Reported Compliance Issues



Plan of Correction

A plan of correction is provided to any contractor who during the course of any review is found to be outside contract minimums in any area. The severity of a plan of correction may fall into any one of the areas listed below. A contractor who does not have any of these issues does not require a plan of correction.

Minor

Minor corrective action issues do not negatively impact client well being or jeopardize funding. Minor corrective actions are typically related to poor documentation or late reporting. In these cases, the issues are immediately addressed for the person, but documentation is lacking or turned in after deadlines have passed.

Examples of Minor Issues:

Failure to submit incident reports timely or accurately

Recurring Billing Errors

Failure to respond to request for information

Time to Resolve:

Minor issues require a plan of correction within 15 days, and implementation of the plan within 60 days.

Significant

Significant corrective action issues in general are non-compliance with directives, contract requirements or rules, that result in inadequate treatment or that have the potential to jeopardize the well-being of a person. This could also be the result of failure to implement plans of correction for minor contract issues. Significant issues do not put the person in imminent danger.

Examples of Significant Issues:

Failure to resolve and follow up on incident reports or failure to report incidents

Misuse of Funds

Failure to report to person's support coordinator any potential risks to person

Time to Resolve:

Significant issues require a plan of correction within 10 days, which must be fully implemented within 30 days.

Major

Major corrective action issues pose an imminent danger to the person's health and safety, or an imminent risk to person or other people. Major issues can become sanctions if not resolved within the specified timeframe.

Examples of Major Issues:

Staff place person in danger of abuse, neglect, exploitation, negligence or malnutrition

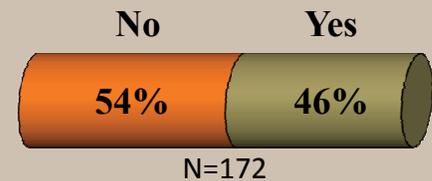
Billing Fraud

Leaving a person who requires constant supervision unattended

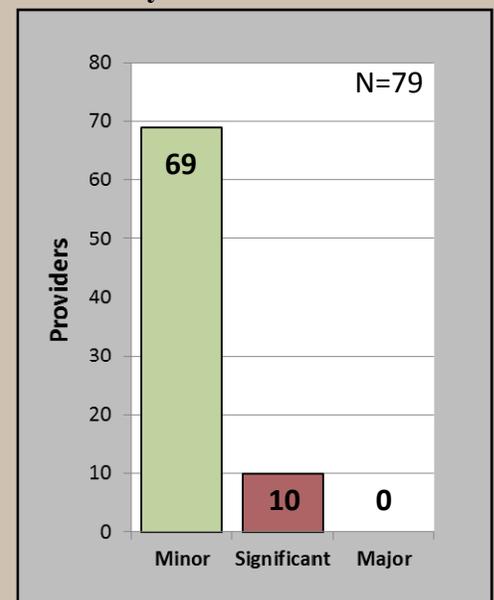
Time to Resolve:

Major issues must be resolved within 24 hours, including a plan of correction to prevent re-occurrence.

Was a Plan of Correction needed?



Severity of Plan of Correction



¹ Average # of issues is based on just the 79 providers that required a plan of correction after the initial compliance review.

TRAINING AND COMMUNITY INVOLVEMENT

The Division's Training and Community Involvement Team provides essential training to Division stakeholders, staff, and consumers. The team is also responsible for housing, community living support site certification, emergency management, and transportation coordination. This year the team provided many meaningful trainings and services based on the theme, "Go the Extra Mile".

Training

Bridges Out of Poverty Workshop

Goal: The goal of the Bridges Out of Poverty movement is to involve social services, education, business, and governmental organizations in order to enhance the lives of everyone in the community, and allow individuals and families a clearer path to self-sufficiency.

DSPD's Vision: This movement coincides with the Division's mission to promote opportunities and provide support for persons with disabilities to lead self-determined lives. When we hold in our minds the families and individuals we serve we are able to see the changing dynamics of our community as well as the role economics plays in each of our lives.

2012-2013 Bridges Out of Poverty Workshop

The Division trained every DSPD staff member, several of its sister agencies, community partners, and other stakeholders. The training allowed participants to discover tools for removing barriers, ways to work toward creating relationship of mutual respect, and building more economically sustainable communities.

Curriculum

- | | |
|------------------------------------|-------------------------------------|
| ⇒ Create a mental model of poverty | ⇒ Learn about resources |
| ⇒ Review poverty research | ⇒ Look in-depth at family structure |
| ⇒ Examine a theory of change | ⇒ Explore language norms |

Providers Conference 2013



Photo: Paul T. Smith, Director DSPD

"Going the Extra Mile"

The Providers Conference is a joint effort between many different agencies including: DSPD, DHS, USDC, UACS, ISCA, and APS.

Keynote Speakers

Brian and Dana Ross
"Team Ross"

The 2013 Conference Covered:

The Division of Services for People with Disabilities holds a provider conference annually to increase and improve communication with contracted providers and to promote outcomes for people served. The conference has evolved and improved over the past several years. It started initially as a means to communicate changes in contracts, update signatures, and share expectations. Now, it involves stakeholder input to determine presentations that are of benefit and interest, and an effort to involve people or families served in presentations.

- | | |
|--|-------------------------------------|
| ◆ Division goals and successes for 2012 | ◆ Housing Certification |
| ◆ Security/Information Protection | ◆ Quality Review Trends |
| ◆ Person Centered Planning | ◆ Site Visit Trends |
| ◆ Employment First Goals and Participation | ◆ Incident Reporting through USTEPS |
| ◆ Emergency Preparedness | ◆ Self-Administered Services |
| | ◆ Contracts/One-Time Payments |

Note: Additional Trainings: DSPD will be conducting additional training during FY14 with the Core Training for Support Coordinators and Trauma Informed Care Initiative. More information on these trainings can be found in the "Looking Forward: FY2014" page of this report.

TRAINING AND COMMUNITY INVOLVEMENT

Providers Conference 2013 Keynote Speakers

TEAM ROSS



*Sometimes the hopes and dreams that we have for our children don't always go as planned, but with a positive attitude those dreams can be even bigger and better than you could have ever imagined if you choose to **"NEVER GIVE UP!"***

Brian and Dana Ross were thrilled when they found out they were expecting their first child. That excitement doubled when they discovered they were having twin baby boys! Having bonded with his father through sports, Brian immediately began dreaming of all the sports he and his two boys would play together as they grew up. But there were complications. On July 19, 2002 the twins were born at only 26 weeks gestation. Bodee Brian weighed 1lb. 8oz., while his brother Danny Wayne weighed only 1lb. 13oz. The twins were in the NICU for six months. At about four months of age, Bodee required a blood transfusion in which he contracted CMV. His little body was unable to fight off the infection and he passed away at six months. Brian and Dana were heart-broken. There trials would not end there. Danny got to come home, but at the age of three he was diagnosed with cerebral palsy. However, the Ross family was determined never to let that get in the way of the dreams they had for their son. This determination would lead to the adventure these young parents had never dreamed of, but one that would teach them to "Never Give Up!"

When Danny was seven, Brian had volunteered to run a half marathon with another family member. As he was getting ready for the run he noticed an intense excitement in Danny's eyes. During that 13 mile run, Brian kept thinking, "Something is missing, Danny should be with me." So Brian rigged a special tomato chair to their jogger and away they went. Their first race was a 5K where Danny placed 2nd and Brian 3rd. Team Ross was born and has been racing ever since. Four years later, Brian and Danny just completed their 31st race, running the St. George Marathon in 3 hrs. 38 min.

Team Ross has competed in five sprint triathlons, one Olympic triathlon, four half-marathons, one full marathon, and several 5Ks and 10Ks. Brian and Dana also have two beautiful daughters, Brylee (8) and Brielle (3). They are Danny's biggest fans and supporters and love to cheer on their dad and brother. This dream has turned into something the whole family can do together.

The Ross family is also involved in the Duchesne County Family to Family Network and has helped to organize many events including VIP Easter Egg Hunts, Angels T-Ball Teams, and family movie matinees. We at DSPD are overjoyed to find examples like the Ross family who showcase the meaning of supporting people with disabilities in fulfilling their dreams and teach all of us to "Never Give Up!"



"NEVER GIVE UP!"



TRAINING AND COMMUNITY INVOLVEMENT

Providers Conference 2013

Ila Marie Goodey Award Recipients

The annual Ila Marie Goodey Award recipients were announced at this year's Providers Conference. This award of excellence is named after Dr. Ila Marie Goodey, a psychologist formerly with the University of Utah. Dr. Goodey has been recognized both locally and nationally for many years as a passionate advocate for high quality supports for people with disabilities. Dr. Goodey has been described as representing, "the ideal of selfless service to others with uncompromising insistence on the right of all people to experience a high quality of life, especially those who are unable to fully represent themselves." This award is given in Dr. Goodey's honor to the provider agencies or individual(s) who best exemplify the focus on quality of life and quality in services to people with disabilities.



Photo: (Left to Right) Marie Christman, Deputy Director, DHS; Michael Howland; Tamara Lofthouse; Christie Gordon; Paul T. Smith Director, DSPD.

Life Included

Life Included has been recognized for their dedicated assistance to two young men in crisis. These young men had lost their mother and caretaker, their home, money, and were being taken advantage of. Life Included stepped in and provided support to these men and advocated for them in this time of crisis. They were able to call 911, assist with their mother's passing, and help them find housing. The difference that Life Included has made can be seen in a number of different ways. Both young men have improved self-esteem and display greater assertion in choices, healthy decision making, and financial stability as well as increased activity in the community. Thank you Life Included.

Bonnie Kunz

Bonnie Kuntz is a support coordinator and the owner of AJ Support, Inc. She is recognized as an incredible advocate for individuals with disabilities. Bonnie invests time and effort in her caseload responsibilities while maintaining a positive relationship with providers and Division staff. Bonnie has demonstrated excellence in reviewing her client's services and meeting with her clients and families to adequately assess their needs. She is always responsive to phone calls and has a positive outlook as she searches for solutions for her clients, even when that means working with those who are outside the immediate support team. Thank you Bonnie.



Photo: (Left to Right) Marie Christman, Deputy Director, DHS; Bonnie Kunz; Paul T. Smith Director, DSPD.

Gail Salowey



Photo: (Left to Right) Marie Christman, Deputy Director, DHS; Gail Salowey; Paul T. Smith Director, DSPD.

Gail Salowey is a support coordinator and the owner of GS Support Services. She is recognized for her many years of providing services to people with disabilities and for the high quality she has maintained over those many years. For many clients and families, Gail has been their first support coordinator and has helped them from the time their children were young, continuing on through adulthood. She has maintained consistency in advocating for them and finding additional resources when needed. She has a reputation of assisting those who are in crisis. Gail often fulfills the Division's mission by connecting her clients with resources and activities available in the community. Most importantly she has improved the quality of life for so many who she serves. Thank you Gail.

TRAINING AND COMMUNITY INVOLVEMENT

Division Housing & Certification

The Division's Housing Team works with service providers to ensure that individuals receiving services from the Division are able to live in affordable, safe, and stable homes. The Team helps people address needed changes in living situations and inspects all sites through the Division's certification process.

Housing Highlight



Photo: (Far left) Liberty Peak Clubhouse, (Center) Laurie Buys, Area Director, Chrysalis, (Far Right) Tina Jones, Laura Gessel, Jack Sutton, George Romero, Aaron Wilde

Chrysalis Area Director, Laurie Buys, had been looking for an apartment for several Park City residents for more than a year and a half. For safety reasons, these individuals needed a lower level apartment where they could receive 24-hour staff supervision. Two ground level apartments opened up in the new Liberty Peak complex and were ideal to fit the needs of these individuals. Jack Sutton, at 91 years old, was particularly excited about the new apartment. In his previous apartment, he had lived on the third floor and was dependent on staff to enter and exit the building. The location was important to many of these individuals as well, as many of them had lived in Park City for many years; some had lived there for over 25 years. Several of the residents have expressed the new sense of security they have from the new place and the availability of staff at night. It is a sense of peace that did not exist in their previous living situations. Everyone is pleased with the new home. The Division would like to express a special thanks to Laurie Buys; Debbie Stark, Division Housing Coordinator; and Gail Salowey, Support Coordinator.

Emergency Preparedness & Transportation Coordination

Two items of utmost importance for the Division are emergency preparedness and transportation for people with disabilities. The Division is proud to announce the accomplishment of the following during FY2013

Emergency Preparedness

- ◇ Review DSPD and DHS current emergency management policies and rules
- ◇ Business Continuity and Disaster Plan (BCDP) recommendations for support coordinators and traditional providers
- ◇ Provide emergency preparedness education training for providers and DSPD staff
- ◇ BCDP tracking sheet is available for Division's Quality Management team as well as Leadership team

Transportation Coordination

- ◇ Develop a positive working relationship with transportation authorities and community partners that operate and provide transportation services for people with disabilities
- ◇ Participate in transportation focused meetings, conferences, and workshops to expand awareness of projects and initiatives related to community supports
- ◇ Respond to crisis related events to support best interest of individual and Division
- ◇ Efforts to work with community partners and Divisions staff to strengthen transportation system for individuals the Division supports

AUTISM WAIVER PILOT PROGRAM

The Autism Medicaid Waiver Pilot Program was established during the 2012 general session. This waiver is designed as a two-year pilot to provide services statewide to children between the ages of two and six with have a diagnosis of either Autism Spectrum Disorder (ASD), Pervasive Developmental Disorder– Not Otherwise Specified, or Aspergers Syndrome. Services are designed to provide intensive individual support to improve the social, physical, and educational development of young children and to assist families to allow their children to better integrate in their communities.

Demographics

Gender:	N	%	County:	N	%
Male	205	77.7%	Urban:		
Female	59	22.3%	Salt Lake	100	37.9%
Age:			Utah	46	17.4%
2 years	4	1.5%	Davis	35	13.3%
3 years	51	19.3%	Weber	22	8.3%
4 years	83	31.4%	Cache	13	4.9%
5 years	87	33.0%	Washington	12	4.5%
6 years	39	14.8%	Rural:		
Average Age:	4.7 Years		Box Elder	7	2.7%
Region:			Iron	5	1.9%
Urban	228	86.4%	Tooele	4	1.5%
Rural	36	13.6%	Uintah	4	1.5%
			Other	16	6.1%

Services & Eligibility

Services:

- ◆ Applied Behavior Analysis: (up to 15 Hrs./week)
 - ◇ Treatment plan is formulated by Board Certified Behavior Analyst (BCBA)
 - ◇ Targeted behaviors are addressed by direct service provider under supervision of BCBA.
- ◆ Respite Care (3 Hrs./week)
- ◆ Financial Management Services
- ◆ Support Coordination Services

Eligibility:

- ◆ Children must be between 2 and 6 years of age
- ◆ Have a diagnosis of either Autism Spectrum Disorder diagnosis (ASD), Pervasive Developmental Disorder - Not Otherwise Specified, Aspergers Syndrome
- ◆ Must meet waiver financial eligibility requirements for Medicaid

Verbal Behavior Milestones Assessment and Placement Program

The VB-MAPP is an assessment tool, curriculum, and skill tracking system that is designed for children with autism. Behavior consultants administer the tool during the child's initial assessment. The tool is then administered repeatedly over 6 month intervals. The VB-MAPP consists of five components used to provide baseline level of performance, direction of intervention, and outcome measures. Currently the Division is only using the following components:

- **The Milestones Assessment:** Designed to provide a sample of a child's existing verbal and related skills.
- **The Barriers Assessment:** Provides an assessment of 24 common learning and language acquisition barriers faced by children with autism.

Consumer Highlight

Owen



On October 17, 2012, Owen was diagnosed with Autistic and Communication Disorders. At that time, he was classified as having significant language delays because he had no meaningful language. He would give no response to his name or physical contact. Owen made little to no eye contact and avoided engagement of any kind. He would walk away, cover his ears, or just shut his eyes and try to escape. He became physically tense and visibly anxious around other children. Owen's parents were desperate for help living in rural Utah without any Autism services outside of the public school system. Enrollment in the Autism Waiver Pilot Program came at the perfect time.

Within the first week of beginning Applied Behavior Analysis (ABA), Owen was making requests for rewarding items using a picture exchange system. He was able to differentiate and avoid "undesirable" items. A few months into the program Owen made his first verbal request, saying "iPad" after being asked what he wanted. Soon after, his mother heard him say, "Mama-Ma" for the first time. Owen is now very accurate and responsive to his parent's requests. He is verbally spelling his name, tracing, and counting to 10. Owen no longer avoids physical contact and will hug, kiss, and play with his parents.

Owen still has a long way to go to understanding the world around him, however, the progress that he has made for the first 6 months he has been in the program is astounding. Owen's parents and family look forward to his continued progress and are thankful for the opportunities this program has provided.

DISABILITIES ADVISORY COUNCIL



Photo: (Left to Right) Paul Smith, Peggy Augustine, Tonya Hales, Shane Sadler, Kristen Chapman, Marsha Colegrove, Deborah Bowman, Dustin Erekson, Joseph Taggart, Larry Valdez. Not pictured: Krissie Summerhays, Jon Westling

On May 14th, 2012, Governor Gary R. Herbert signed an executive order creating the Disabilities Advisory Council. The mission of the council is to enhance support by encouraging regular input, review and evaluation of services in the disability system. Furthermore, the Disabilities Advisory Council would also like to strengthen relationships and build partnerships through activities that would benefit its stakeholders, community, and institutions.¹

Who Serves on the Council:

Directors:

- Paul Smith, DSPD
- Tonya Hales, Bureau Director– Medicaid

Home/Community Based Providers:

- Dustin Erekson, CTA
- Marsha Colegrove, Danville

Support Coordination:

- Krissie Summerhays, Envision Quality Supports
- Larry Valdez, Best Life Advocates

Individuals Receiving Services:

- Joseph Taggart (Vice Chairperson)
- Jon Westling

Family Members of Person Receiving Services:

- Deborah Bowman (Chairperson)
- Kristen Chapman

Family Member of Person on the Waiting List

- Shane Sadler

Family Member of Individual in an ICF²

- Peggy Augustine

Council Functions:

- ⇒ Increase meaningful input from stakeholders regarding the efficiency and effectiveness of DSPD services
- ⇒ Review and evaluate current and future policies, procedures, guidelines, and regulations
- ⇒ Promote strong relationships between stakeholders, DSPD, Dept. of Human Services, and Dept. of Health
- ⇒ Serve as a resource for future projects, ideas, and practices
- ⇒ Provide and strengthen partnerships between DSPD and other agencies providing supports to persons with disabilities and their families
- ⇒ Hold council meetings at least every quarter and possibly more based on chairperson request or majority vote of council
- ⇒ Hold annual public hearings to gather input and feedback regarding DSPD services or supports

Major Issues Discussed:

- ⇒ Annual Public Input Meeting
- ⇒ Council Bylaws
- ⇒ Employment First Initiatives
- ⇒ Customized Employment Initiatives
- ⇒ Respite Services at USDC
- ⇒ Safety Care Training for Families
- ⇒ New DSPD Website
- ⇒ Notice of Agency Action Forms and Procedures
- ⇒ Selected Rule Changes and Amendments

¹ Governor, Administration: Governor's Executive Order EO/004/2012: Creating the Disabilities Advisory Council.

² Intermediate Care Facility: Utah State Developmental Center (USDC) or private ICF/ID.

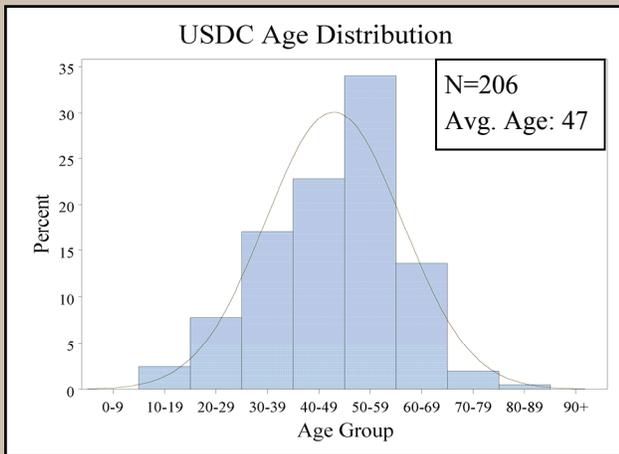
UTAH STATE DEVELOPMENTAL CENTER



Demographics

During FY 2013, The Utah State Developmental Center served 206 individuals. USDC is licensed for a total of 260 beds for individuals with disabilities.

	N	%		N	%
Gender			IQ Level		
Male:	124	60.2%	Borderline:	4	1.9%
Female:	82	39.8%	Mild:	17	8.3%
			Moderate:	12	5.8%
			Severe:	22	10.7%
			Profound:	140	68.0%
			Unknown:	11	5.3%



Day Programs & Work Training

USDC offers an array of opportunities for community-based employment and programs. The goal of these programs is to provide people with normal and productive lifestyles. A number of activities and other programs also take place at USDC on a weekly basis.

Employment/services:

- ⇒ Recycling
- ⇒ Crafts
 - Ceramics
 - Greeting Cards
 - Recycled Stationary
- ⇒ Services
 - Car/Window Washing
 - Food Service
 - Gardening
 - Shredding Paper

Programs/Activities

- ⇒ Dances
- ⇒ Eagle Scout Projects
- ⇒ LDS Church Activities
- ⇒ Miles for Smiles
- ⇒ Special Olympics
- ⇒ Pioneer Trek
- ⇒ Summer Hill Celebration
- ⇒ Christmas Pageant

Mission Statement

The Utah State Developmental Center is dedicated to providing an array of resources and supports for people with disabilities in Utah who have complex or acute needs.

Consumer Highlight



Roger

Roger has had many medical challenges in the past two years, resulting in depression and withdrawal as he becomes more and more aware of his decline in function. His body has exhibited fluctuating tone in his arms and legs, and decreased trunk control. However, with proper medical treatment from staff at USDC, Roger is much happier and healthier today. His dedication to his recovery has made a tremendous difference and he is showing significant improvement. He has regained his old personality and is again interacting with others like he usually did. He will continue to experience ups and downs, but his future is bright and hopeful.



Vicky

Vicky was hospitalized with significant medical issues. Upon being discharged from the hospital Vicky was not able to walk and required assistance for all daily activities. She required consistent medical attention for skin issues, medications, muscle contractures, and more. Pain was a constant battle. Vicky worked diligently to improve. She has now progressed to the point where she is able to walk with minimal assistance. She is more mobile and safe in all of her functional daily activities. Vicky is more engaged in her work activities and those around her.

LOOKING FORWARD

A New Way to Help Those Waiting

During the 2013 general session, the Utah State Legislature passed Senate Bill 259, which amends 62A-5-102 and the distribution of appropriated funds to bring individuals with disabilities into services.

Under the provisions, new appropriations will be distributed as follows¹:

- ◆ **85% Most Critical Needs:** Designated to serve individuals based on the severity of their disability, urgency of their need, ability of a parent or guardian to provide the person with disability with adequate care and supervision, and length of time waiting for services.
- ◆ **15% Respite Only:** Designated to serve individuals who only need respite care.
- ◆ **Attrition:** Attrition funds are only to be used to bring individuals with the most critical needs into services².
- ◆ **Short-Term, Limited Services:** Non-lapse funds may be used for one-time limited services for persons waiting for services. These services may include respite, community service brokering, family preservation, after school group services, and other professional services as funds are available.

National Core Indicators

During the 2012-2013 survey cycle year, the Division participated in three surveys with National Core Indicators (NCI). The Adult Consumer Survey was conducted face to face by the Division's Quality Management Team. The other two surveys were family mail-out surveys conducted by the Division's Research Team.

For the 2013-2014 survey cycle year, the Division will again be participating in three surveys. However, there will be a change to one of the mail-out surveys.

2013-2014 National Core Indicator Surveys:

Consumer Survey (Face to Face):

⇒ *Adult Consumer Survey*

Family Surveys (Mail Out):

⇒ *Child/Family Survey: For family of children receiving services who live in the home.*

⇒ *Family/Guardian Survey: For family/guardians of adult individuals who live in residential settings.*

¹ Previously all waiting list appropriate funds would be used to bring the most critical needs off the wait list.

² In previous years, attrition funds were used to fund requests for additional services.

LOOKING FORWARD

Division Trainings

The Division's Training and Community Involvement team will be conducting two new trainings essential to Division stakeholders, staff, and consumers. These trainings coincide with the Division's mission and values in providing the best services and opportunities to individuals we serve.

DSPD Core Training for Support Coordinators:

Purpose: Allow all support coordinators to meet their mandatory educational goals with respect to Waiver and Division regulations and requirements.

Schedule: Training will be conducted in three sessions. Every contracted support coordinator must attend all three sessions. Session Two and Session Three will be offered twice throughout the year to accommodate support coordinator's schedules.

Outcomes: The intent of the training is to refresh, update, and offer clear instruction on Division expectations. It is also an opportunity for resource development and to answer questions. Successful educational elements will ensure positive outcomes for individuals the Division serves.

Trauma Informed Care Initiative:

Trauma Informed Approach: A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; it recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and it responds by fully integrating knowledge about trauma into our policies, procedures, practices, and settings.

Goals of Division Committee:

- ◆ Add a trauma informed lens to all we do
- ◆ Build an understanding in the community and with Division stakeholders around the idea of Trauma Informed Care to impact the cultural environment and services
- ◆ Work with service providers to meet people at convenient locations, focus on hope and empowerment
- ◆ Ensure a clear focus on human rights

Person/Family Centered Approach:

- ◆ Look at process: PCSP-Assessments-Intake-Training-Audits
- ◆ First Question: "Is the environment safe?"
- ◆ Second Question: "Is the actual setting safe?"
- ◆ Third Question: "Does the interaction itself feel safe?"

Desired Outcomes:

- ◆ Focused awareness
- ◆ Speaking the trauma informed care language
- ◆ Community involvement in building a culture of care
- ◆ Creating something different from the core outward

