

***DAIL Advisory Board
November 13, 2014
Comfort Inn, Berlin***

Attendees:

Board Members: Janet Cramer, Steve Pouliot, Max Barrows, Harriett Goodwin, Nick McCardle, Beth Stern, Robert Borden, Diane Novak, Nancy Breiden (on phone), Peter Cobb

Guest: Kristin Murphy, Rich Atkinson

State Employees: Stuart Schurr, Andre Courcelle, Jennifer Gibb

Roll Call taken.

Robert Borden moved to accept minutes from October with amendment, Steve Pouliot seconded. Motion carried 9-1-0. 1 member declined to vote.

Pg. 7 Board updates: CVAA should say the AAA's are working to change....

Pg. 1 Office of the Public Guardian is under Commissioner's custody. Omit sentence.

Guardians acting on behalf of the Commissioner.

Minutes approved with amendment

Janet Cramer moved to rearrange agenda to accommodate Commissioner's schedule.

Traumatic Brain Injury (TBI) Update - Andre Courcelle, DAIL/DDSD TBI Program Supervisor

Andre Courcelle: Traumatic Brain Injury (TBI), a program embedded in the Developmental Disabilities Services Division (DDSD), assists people who have sustained a brain injury in the last 5 years. Focus is on relearning, retraining and basic living needs. It is a strength-based program and allows people with a TBI to rebuild confidence. The goal of the program is to return individuals to independent living. The program focuses on: physical mobility; cognitive and communication; eating (nutrition, cooking skills and eating behaviors); health and safety (focus on healthy and safe choices); healthcare (therapies and rehab); social and leisure (regaining social skills to function in the community); vocational activities (helping people build confidence and self-esteem); community support homes (if needed); and case management to connect individuals to services they need. The program embraces 1:1 service. The TBI program starts intensive and tapers over three years in the hopes the individual will be able to live independently. Three people work with Andre in TBI program.

There is an assessment piece which is built into the program to assess current needs and set realistic individual goals. If people are slated for long term care (in excess of 3 years), help is requested from Choices for Care and other agencies which are skilled in helping individuals with

a TBI. Currently, the TBI program serves 75 people, with a current 8 person waitlist. Funding is the reason for the waitlist.

The program was chosen by Finance and Management to participate in a pilot program. A target goal of 25% was projected and 27% was realized. 7 people graduated from the program last year. There have been no recent transfers, which creates a waitlist. Andre's biggest goal is for people to keep receiving their current services. The goal is 5 graduated individuals for 2015, with a projected 7 program graduates. A Board member asked if people who are transferred to CFC will still receive current TBI services. Expertise will continue, but will be under CFC jurisdiction. Individuals cannot be under both waivers, CFC and TBI. People who have maxed out will graduate, but quality of life will be sustainable. People who have a TBI will continue to make progress throughout their lives. Board members expressed concerns about helping those who have graduated. Andre articulated that when people transition to CFC they still have access to the same care. The TBI program is available for consultation for those who have a significant TBI but are not affiliated with the program.

Eligibility requirements for the TBI program are: the individual must be 19 years of age; be a Vermont resident; and have traditional or long term Medicaid. If a person is under 16 years of age, they fall under other programs through Department of Children and Family Services (DCF) and Department of Education (DOE). Veterans typically fall under the care of the Veterans Administration. Efforts have been made to collaborate with the VA to help individuals with a TBI. For individuals who have private insurance, TBI providers do accept other insurances. The program currently serves people from 18 to 76.

TBI provides case management and helps to facilitate the CFC application process. LTCCC's do the assessment. TBI uses an individual living assessment. It examines on a micro level about what someone with a TBI's abilities are. The TBI program also addresses needs of caregivers. Currently, there are approximately 23 support groups across the state. There are also support groups for families and caregivers. Some are run by regional agencies across the state. Anyone is welcome to attend. Some are weekly, some are monthly. Information on how to access these support groups can be found on the Brain Injury Association (BIA) website. www.biavt.org

Typically, TBI patients are referred through acute healthcare facilities (Hospitals/Physicians) and by individuals living in the community. The VA has kept TBI in-house. Outreach to the VA is in progress. It will provide for a stronger connection to the regional agencies and build a stronger client based programmatic community to help those individuals who have a TBI.

Eligibility: documented moderate brain injury within the last 5 years. Andre reviews incoming referral, and then sends the application to a committee for review. Members expressed concerns about those who miss the 5 year eligibility window.

ACT 158 passed into law last spring - criminal defendant deemed incompetent to stand trial due to brain injury. Flint Springs is working with the BIA to look into what other states are doing, assessing cost and feasibility. It is in the early stages. ACT 158 requires DAIL to submit status reports twice a year.

Max Barrows stated GMSA has openings for those who wish to advocate for people with TBIs. Andre is willing to schedule time to meet with individuals to discuss further.

Commissioner Wehry Updates

Legislative Updates

Mental Health Oversight Committee drafted a report. An item of interest is a tentative recommendation that the Dept. of Mental Health (DMH) and DAIL look at a step down unit for patients who are problematic in hospitals and are ready for discharge. People include those with TBI, dementia, and co-occurring substance abuse. There is growing pressure within the state to create a locked step down unit, and DAIL continues to oppose institutional settings. There will be subsequent meetings, and if anything starts to take root, Commissioner Wehry will solicit input from the Board. DAIL has taken a proactive approach to alert its sister departments of survey and certification (S&C) postings re: deficiency statements and plans of correction. Steps will be taken to inform people it is on the web.

The Medicaid Exchange Advisory Board (MEAB) recently discussed the Companion Aide project. Some individuals have expressed concern that it will not be sufficiently regulated or have adequate oversight. Commissioner Wehry does not share those concerns. It will be a quality improvement partnership. Rate Setting will be before LCAR in December. Commissioner Wehry would love support from individuals to help with this project. Please let LCAR know if you support the project. A member expressed concerns about the proposed 5 % budget cuts. Commissioner Wehry has not received any specific instructions, but is working on it.

Personnel updates

Marybeth McCaffrey will be transitioning to Senior Planner for Health Care Reform.. DAIL has received approval to post its Administrative Services Coordinator position, whose role, in part, will be to work with VDH to coordinate nutrition efforts across the Agency. Susan Aranoff has begun as DAIL's VHCIP Quality Oversight Analyst, and we are still in the process of hiring a health policy analyst.

There will be some changes over the next couple of months in the DAIL legal team. Peter Kopsco will be leaving and Kim Velk will be moving to another dept. Kim and Pete have been sharing a position and DAIL is waiting to hire for the position. Samara Anderson is on contract to help in the interim. There is currently no state hiring freeze. Four openings in ASD have been posted.

DAIL is slated to move back to Waterbury in early winter in 2016. The move back to Waterbury will take place in stages.

Health Reform Updates

2015 Brainstorming Topic: 50th Anniversary of Older Americans Act, 10th Anniversary of Choices for Care, 15th Anniversary of the Elder Care Clinician Program and 25th Anniversary of the Americans With Disabilities Act.

This is an opportunity to spotlight Vermont seniors, working in partnership with COVE and AARP's, David Mickenberg. There is also an opportunity with the White House Conference on Aging to look at the needs of Vermont seniors and to work with the ACL There is an upcoming legislative hearing on ways we can shape conversations around dementia and support for caregivers.

AAAs would welcome working with DAIL. Next Tuesday, November 18, Vermont will be participating in a Tri-state Round table on Aging. Its goal is to shine the spotlight on issues seniors face. Maine, NH and VT will look for ways to coordinate efforts to evaluate and learn from each other and define best practices.

Commissioner Wehry welcomes efforts to celebrate the past milestone associated with DAIL's mission, while looking to the future.

There was discussion about the GMCB proposal to impose a moratorium on adding quality metrics for LTSS in Year Three. DAIL and DVHA do not support the moratorium, and instead advocate for more pertinent measures for LTSS. The moratorium was a surprise, but DAIL will stay optimistic and will continue to work for the best interests of its clientele. They will work to partner and add value of long term supports. The healthcare reform committee will continue to strive for success.

Announcements

Max Barrows will not be renewing his Board membership. November 2014 will mark his last meeting. Members expressed gratitude around his contributions and insight. Harriett has her appointment letter, Beth needs to get hers notarized and will send it to Lisa Parro to keep on file. Janet is awaiting her application approval.

Agency of Human Services, Substance Abuse Treatment Coordination Workgroup (AHS Stat) - Dru Roessle, AHS Performance Improvement Manager; Charles Gurney, LCISW, LADC Substance Abuse and Aging Coordinator, DAIL/VDH

Dru Roessle stated that AHS is evaluating ways to improve work with people with substance abuse. Results Based Accountability (RBA) will help provide concrete data.

Key Elements of the AHS Performance Framework:

- Identifying Results and Initiatives
- Measuring Performance
- Monitoring Performance
- Improving Performance
- Communicating Performance
- Teaching Performance
- 3 Major strategies

1. AHS Strategic Plan

- a. All Vermonters are free from impact of poverty
- b. All Vermonters are healthy and safe
- c. All Vermonters have access to quality healthcare

Each of the intended outcomes is looked at as to what AHS is doing to improve Vermonters' lives to meet strategic plans.

AHS Stat - Leadership strategy will specify the purposes to be achieved, to analyze who and why performance is improving or not, and how to motivate individuals. AHS Stat decided to focus on Substance Abuse issues facing clients and how AHS is responding? Is it effective? AHS has developed a scorecard. Its results based, and it helps to monitor strategic plans and share data publically.

Focus on Substance Abuse from now until November 2015 - Some things AHS is choosing to focus on are: consistent screening; referral practices; coordinated case management; resources; planning for support services; prioritization for high risk clients.

Cost/ benefit analysis has a specific place in this conversation. Research shows that early intervention in substance abuse is proven to cost less in the long run. AHS Stat monitors the data to show proven methods or to highlight changes needed. The evidence-based data will allow them to compare results. Stat is a young program.

Charles Gurney works with DAIL and Alcohol and Drug Abuse Program (ADAP) at Vermont Department of Health (VDH). He is the Substance Abuse and Aging Coordinator and oversees DAIL's initiative.

Helping seniors 60 years and older with substance use problems - they are an underserved age group when it comes to addiction; it is often times ignored. One of the major concerns relates to inadvertently mixing alcohol with medications. These are not necessarily abusing drugs, but misusing.

Vermont ranks 43 nationwide for chronic drinking. Rate of binge drinking (i.e., 4 or more drinks for men, 3 or more for women daily) is 8%. The number of drinks is lower because as one ages one's tolerance is lower. One member wonders about the integrity of the statistics and how they are reported or the information is gathered. This data is considered for older, healthy adults. The Vermont Behavioral survey specifies at least 25% of seniors drink at a risk level. Among 65+ in VT, estimates of those who drink at a risky level and or combine alcohol and drugs is at least 30%. In 2014, 104 seniors were in substance abuse treatment. An estimate of about 50 times less than those who need it. There are no longer any dedicated programs for seniors with substance abuse.

Screening, Brief Intervention and Referral to Treatment (SBIRT) Training instructs primary care providers and other healthcare providers how to identify patients with substance abuse use problems, how to communicate with these patient in a helpful manner, and how to assist them in reducing their risk for harm or in getting help for their substance abuse using evidence- based screening instruments.

The essence of Stat is an AHS-wide effort to identify clients with substance use problems and help them get needed services earlier and to train staff in substance abuse screening and how to assist clients who are positively screened. Most of this work will need to be done through partner agencies. DAIL's initiative is to identify the problem and develop an action plan.

What is the treatment?

If they are a person with a substance abuse disorder, then they need to go to a treatment center. Vermont does not currently have treatment centers dedicated to clinical treatment for older Vermonters; however, there are support networks where seniors can go; recovery centers and Alcoholics Anonymous (AA). Turning Point is an example of a recovery center. There are 7 recovery centers throughout the state. Recovery centers have a less stigmatized program and may be more appealing to seniors.

The 1st phase of the SATC is to train and educate AHS staff. The second phase would consist of the second tier of accountability and training partners.

Board Updates:

Beth Stern - VT Association of Area Agencies on Aging is looking to hire a director to move them forward.

Max Barrows - Self advocates on how to support students with intellectual disabilities are needed. How to support self-advocacy was presented at UVM. Another presentation will be done at Medical Disability Awareness at UVM Med. The DD Council worked with GMSA to move advocacy along as to how to facilitate conversations about making primary care providers. GMSA is having a gala from 6-10 pm at Montpelier Elks Club. You must register on GMSA website.

Dementia Training Program with home health aide. Within a year's time, all health care aides will be trained.

Steve Pouliot - Department of Education (DOE) has agreed to write transitory skills into the Individual Educational Plan (IEP), so they can receive the services.

Stuart asked the Board if there are any issues it would like to hear about or discuss at future meetings: The Board expressed interest in hearing about:

- Prescription Drug issues- Risks, Where to get information, Vermont Medical Associations
- Alzheimer's
- Suicide
- Right to Die - Patient self-determination law

1:45 Janet Cramer moved to adjourn; Beth Stern seconded. Meeting adjourned.