

# DAIL Advisory Board Meeting Minutes

## December 10, 2015

### Comfort Inn, Berlin, VT

#### **ATTENDEES:**

**Board Members:** Linda Berger, Robert Borden, Peter Cobb, James Coutts, Nancy Metz, Gini Milkey, Diane Novak, John Pierce, Steve Pouilot

**Guests:** Sylvia Davis, Jackie Majoros, Marlys Waller

**State Employees:** Hugh Bradshaw, Joanne Fleurrey, Camille George, Monica Hutt, David Yacovone

**Motion to Approve Minutes:** 11/12/15 minutes:

Approved: Diane Novak

Seconded: Steve Pouilot

#### **Creative Workforce Solutions**

*Hugh Bradshaw, Employment Services Manager, Vocational Rehabilitation (VR)*

In May 2010 the legislature approved the implementation of the Creative Workforce Solutions (CWS) initiative at the Agency of Human Services. Vocational Rehabilitation (VR) was not initially identified as an area of focus under the “Challenges for Change” work in the legislature, but was approached by AHS Secretary Hoffman, who wanted to hear how workforce development at the Agency could be better coordinated. At the time, there were four departments and seven divisions all funding employment programs for various AHS populations. Because these efforts weren’t coordinated in any way, employers were becoming more and more frustrated with multiple contacts from multiple agencies. VR suggested that a private sector approach to business would help reduce overlap and improve business outreach across all Agency-funded employment programs. This was the genesis of the Creative Workforce Solutions (CWS) initiative.

In addition to reducing the number of repeat contacts with business, there was also recognition that many employment staff that were carrying caseloads often didn’t have the time to do quality employer outreach and business development. To meet that need, VR instituted a cadre of Business Account Managers (BAMs), whose primary responsibility was to devote significant time to developing new business relationships. There are currently 13 BAMs across the state, serving each of the 12 AHS districts. Business Account Managers are able to develop relationships **over time** which is critical to developing partnerships with the business sector.

BAMs are also responsible for facilitating regular meetings of employment staff working under the umbrella of the Agency of Human Services. CWS Employment Team meetings offer a mechanism to

share leads, coordinate employer outreach activities and offer peer support for challenging cases. Membership of the CWS teams varies by district, with core members being those programs who are being funded by AHS to provide employment services to AHS candidates.

In SFY 2015, CWS had ongoing relationships with over 3,500 businesses across the state. As a result of the CWS initiative, businesses now have access to: a wider pool of applicants, custom-crafted solutions, tax credits, and progressive employment options.

### **Progressive Employment**

CWS offers businesses an option to introduce a candidate to their workplace prior to making a hiring decision. Progressive Employment options include company tours, informational interviews, short-term job shadows, time-limited work experiences (4-8 weeks) and On-the-Job Training agreements. Through this approach, the businesses not only benefit, but jobseekers do as well. CWS works with the jobseekers to see what their skills and passions are. Because of the considerable increase in the number and variety of businesses due to the work of the BAMS, candidates now have a broader spectrum of career choices and employment options to consider. They can “try out” an employer, just as the employer “tries them out”. Every experience brings additional information to the candidate, the employment staff and the Counselor/Case Manager. Even when an experience turns out to be a poor match for the business or the candidate, valuable information on skill development, interpersonal behaviors and other elements can be gleaned. CWS Employment Consultants help with resumes and portfolios, interviewing skills, and completing applications. Just as important, they support the business during the course of the placement, regularly checking in on progress, attendance and other factors important to success for the individual and the business.

The feedback CWS receives from employers is gold. This information helps identify potential training models based on current and future needs, helps identify skill development needs for a particular candidate, and helps the business understand how to support workers who may have barriers. We have also found that in many cases, accommodations are also worked out during these worksite experiences. All of these strategies are aimed at reducing fear on the part of the business, and indeed on the part of the candidate as well.

CWS partner programs, including the Designated Agencies, have the opportunity to receive foundational Employment Consultant training from CCV. The curriculum, developed in partnership with CCV and Transcen, includes a foundational series focused on building professionalism and retention, serving people with barriers to employment, disability awareness and etiquette, and effective strategies to engage business. In addition to the foundational series, there are 4 population-specific modules: DS/Intellectual disabilities, CRT/mental health, young adults and individuals served by ReachUp (TANF – Temporary Assistance for Needy Families).

Most recently, VR is working on a pilot to embed employment services in one or more Recovery Centers. In many cases, individuals new to recovery often need to re-establish employment. The

pilot will identify effective strategies to engage this population and explore how meaningful work can contribute to long-term recovery for Vermonters with substance abuse disorders. In addition to establishing Employment Consultant capacity in the Recovery Centers, VR will also be exploring the possibility of having a VR Counselor available at the centers during the week.

Economic Services, in partnership with VocRehab Vermont and the Vermont Department of Labor recently applied for a grant through SNAP (food stamps) to address the employment needs of three populations: ex-offenders, people with substance abuse issues and the homeless population. This is a \$9 million pilot and we are working on setting it up statewide. These populations are often “red flags” for most employers. The model includes initial assessment by clinicians from the Invest EAP program (operated by VR), wraparound services at the community level, and job development support from VR and VDOL. The pilot will enroll 3,000 participants, with 1,500 in a control group and another 1,500 in the treatment group. The purpose is to identify effective strategies to move people out of poverty and reliance on public benefits, including food stamps.

In order for Vermont to remain competitive we need to tap into everyone – youth, disabled, aging, and folks re-entering from corrections. And the “middle skill” gap needs to be addressed and this can be accomplished through our technical education programs. The reality for Vermont is the need to work with who we have available in the state and get them to the employers who so desperately need workers. This is a huge opportunity for employers, employees and for Vermont. As the economy in Vermont improves, many businesses are having trouble finding qualified workers. VR is working to identify where the skill gap is for particular industries, and has begun partnering with the Tech-Ed system to build training “pipelines” to move AHS customers to livable-wage jobs through education, industry-recognized credentials and technical education.

CWS has also become the catalyst for innovative partnerships with business to address other challenges faced by AHS candidates. A good example is developing vanpools to move workers from rural areas to businesses like Jay Peak, Ethan Allen furniture and others. Businesses now realize they need to be a part of the solution, and CWS has become the intermediary for those discussions.

### **Conversations with the Commissioner**

*Monica Hutt, Commissioner*

Retirement incentive– Statewide the impact of the retirement incentive was significant. When you take seasoned staff out of the workforce, you lose knowledge, guidance and historical information. DAIL ended up with 6 people who decided to take the incentive. Of these 6, four negotiated an extension to stay on a bit longer before retiring. One of the positions is an Administrative position in the Adult Services Division and that position has negotiated another extension. The biggest impact occurred in our Office of Public Guardian (OPG), where an OPG Regional Supervisor and a Public Guardian took the incentive. The other retirements happened in Vocational Rehabilitation. DAIL received permission to fill one position across the entire department and will be filling the OPG Regional Supervisor position. OPG is trying to work out how to best use this position given that 2

positions were lost in the program and only one is being replaced. There will need to be some moving and shifting of positions to where they are needed most based on the current caseload. Caseloads are very high across the program, ranging from 25 – 40 clients per guardian, including supervisors who also carry a caseload. . This is not a position that is done from your desk – you are out there making connections in the community and with the guardianship client. DAIL is looking at reworking the OPG regulations. Regulations do not require legislation. This will be a public conversation. We need to look at what this means for Vermont, even if we could be fully staffed, it is probably time to consider what a Public Guardian really means. When is this role appropriate? Discussions of Supported Decision making are taking place across the country. Who else in the person’s world can help make decisions? What is the appropriate time and place for a Public Guardian? What could be different? This is important as we work toward helping people become more independent in their decision making. It was agreed that further conversation with the DAIL Advisory Board about Supported Decision Making and how this could apply across various DAIL programs and consumers.

The incentive retirement positions were swept and the funding was swept with them. The OPG caseloads have increased, so therefore we can make a data-driven case for reworking the regulations. Appointment of Public Guardians is driven by the courts. The ratio of public guardianship between the elders and adults with developmental disabilities was asked about. The ratio is significantly higher for adults with developmental disabilities.

The Board would be interested in looking at the caseload numbers and the statistics between the two programs – which is increasing more than the other?

SFY17 Budget – The Governor will be presenting the State Fiscal Year (SFY) 17 budget in January and then the work really begins. Until then, there is not much to report except that agencies were instructed to propose a level funded budget. We have holes to fill and increased costs to cover with this budget. In the past, during the budget process agencies were able to give ideas and make suggestions to the administration. The administration weighed them and either accepted them or not. There is not indication that this won’t continue for this budget process. DAIL’s Budget Adjustment for SFY16 was handled by the Secretary’s office in December. *(Post note: since this meeting, DAIL has been asked to testify on the BAA. This is scheduled for January 6).* The BAA is mainly housekeeping items and there are no major changes to this year’s budget. The two biggest pressures we are seeing are in Developmental Services (DS) and Choices for Care (CFC). Where DS is concerned, as children graduate from school and lose school supports, they come into our system. In addition, families provide a lot of unpaid support; and as parents age and can no longer be that support, their adult children are added to our system of care. Where CFC is concerned, we need to look at whether folks are aging in the right environment, be it at home or somewhere else.

The Move Back to Waterbury – The Waterbury State Office Complex (WSOC) project and the cost of moving back to it was partially funded by FEMA. After the move, we will no longer have to pay several building leases. It will also be nice for DAIL to be back in one complex and not be traveling

between buildings. The WSOC is smaller than before and it assumes that approximately 10% of staff will telework. It also presumes that a portion of the Agency of Human Services (AHS) will stay in Chittenden County. DAIL may experience some turnover after the move as part of our “settling in” pains.

APS Subcommittee – Part of the settlement for the litigants of a lawsuit brought against Adult Protective Services (APS) was to create a subcommittee. The specific tasks of the subcommittee were reviewing files, quarterly reports and program measures. The subcommittee has completed what was required by the agreement. However, both APS and the subcommittee would like to continue. There is real value in the file reviews and having an outside group that looks at the division as a whole keeps it proactive instead of reactive. The proposal from the subcommittee to DAIL is that file reviews continue and that they would be a subcommittee to DAIL Advisory Board, not of DAIL Advisory Board.

A Board member was not comfortable with this suggestion as it took a lawsuit for this subcommittee to be formed and all the parties that brought the lawsuit are on the subcommittee. Commissioner Hutt agreed that the beginning of the subcommittee was tense, but now that it is known that APS is sincere and wants to make improvements, the relationship is good.

The parameters will need to be worked out. This is only a proposal and is still in the negotiating stages. Monica would like the members of the subcommittee to stay the same, at least for the first year and then talk about terms.

Stakeholder Listening Sessions – With the budget always being a challenge, DAIL has stopped having conversations outside of the department. On November 18, 2015, DAIL held its first Stakeholders’ Listening Session in collaboration with the Department of Mental Health (DMH) and Vermont Care Partners to get input about DS and mental health. DAIL will be holding another Stakeholder Listening Session with aging and disabilities stakeholders on December 15<sup>th</sup>. Notes from the first session are being typed up and we will be sending them out and posting them to our website. It is always important to have these conversations in good times and bad. We need to step outside ourselves to address common problems we are all experiencing.

Personnel update - Interviews are happening for APS Director. First round interviews are complete, second round interviews will be next week and third round after that.

### **Meet and Greet - David Yacovone**

*David Yacovone, State Unit on Aging Director, Adult Services Division*

David started with sharing his experience from 1996 when the Agency was charged with Shifting the Balance, when the department was Department of Aging and Disabilities (DAD). At that time the population mix was 90% people living in nursing homes and 10% in community-based settings. He is struck by some of the similarities we are facing now – inadequate resources to meet our needs. He

quoted an African proverb, “If you want to go fast, go alone. If you want to far, go together”. We need to focus on our opportunities to provide the right services at the right time. There are concrete opportunities to shifting acute care services funding to other services, such as reducing readmission rates and not using the Emergency Room for some services.

This shift will not happen overnight. As a nation we are spending less on elder nutrition than we were 25 years ago. David mentioned 5 elements to strengthening our family’s framework:

1. Building resilience.
2. Those that are connected have a much easier time than those that are isolated – Care and support each other.
3. Concrete supports in time of need – only 32% of elders that qualify for 3 Squares (formerly referred to as Food Stamps) apply. What outreach can we do to get this to be higher?
4. How can we help educate families?
5. How do you deal with emotional instability in elders? We need to learn their triggers and find stability.

Regarding his work with the Older Americans Act (OAA), he will serve as a liaison between the state and the federal government (Administration for Community Living, ACL). His role is to make sure we are meeting our obligations to the federal government and focusing on ways to shine a positive light on elders.

### **Annual CFC Adequacy Report**

*Megan Tierney-Ward, Director of Adult Services Division*

This report shows how to thoughtfully reinvest any savings. This year there were no significant savings to reinvest. The report is to educate legislators on where gaps exist in the Choices for Care program. The report summarizes Choices for Care data, policy briefs and consumer satisfaction survey into one report. This year access issues were a theme – financial hold-ups, improved person-centered care and discharge planning. Fixing some of the gaps, such as how to get services lined up quickly – day one of a discharge from a hospital or nursing home. This report showed that there is limited funding for moderate needs. How do we sustain it at the same rate with increased needs and level funding? There seems to be an endless need as the wait list grows. This fall we were able to increase FY16 Moderate Needs funds with FY15 carry forward. One of the recommendations was to address this baseline budget.

As a whole, the information included in this report indicates there may be adequacy issues in the following areas, resulting in reduced choice and flexibility for some people:

1. Lack of consistent person-centered options counseling, assessment and planning for people who need help accessing long-term services and supports.
2. Inadequate staffing and training for home-based services (personal care, companion, respite).
3. Inadequate base funding for Moderate Needs services.

4. Inadequate funding and provider capacity for Adult Family Care and Enhanced Residential Care options.
5. Inadequate provider capacity with the expertise and willingness to care for people with dementia, mental health, traumatic brain injury and other challenging behaviors.
6. Lengthy and complicated Vermont long-term care Medicaid eligibility process.

The comment was made that the board could have a conversation with legislature about stakeholder concerns without asking for more money. How much do we save because of how we do business? The reinvestment issue is two part - 1) where do you reinvest the saving and 2) the type of reinvestment that is made (one-time versus sustained need). It may not be there next year. One of our pressures at DAAL is how to stabilize things with our base budget.

### **Home and Community Based Services Alignment Assessment Report**

*Megan Tierney-Ward, Director of Adult Services Division and Shawn Skaflestad, Quality Improvement Manager, Agency of Human Services*

This is a work plan that will commence on January 1, 2016. This self-assessment is Phase One that addresses the Choices for Care program. The setting only applies to home and community based services. This plan has been submitted to CMS and we are waiting to hear back.

Our plan is to take a close look at state standards and regulations and compare them to federal standards. The assessment is a requirement of the transition plan. The assessment shows us where the gaps in the system are and the work plan is how we will address them. We have to first see if the policies line up. Then ask providers to do a self-assessment. And validate this with consumer input. These are our “next steps”. The table on page 9 of the report compares the state standards/regulations vs. federal regulations.

There were some concerns about the assessment. One is that step 2 of the CFC work plan deals with ERC settings. Persons in these settings are all inclusive – they get their case management by the agencies that are providing the services. Is this conflict free since there is no financial proponent? Another concern is that the assessment does not feel adequate. It feels like only a paper review. People that work in the field are seeing that there is no person-centered care. Another question was how the State will do their assessments. Once the revised regulations/standards are in place, the State will incorporate monitoring within its site visits to be sure it is integrated setting. It was mentioned that the state had a real opportunity to really look at settings and see if they are meeting the rules, and the assessment is on policies only. Though ERC is considered a Private Non-Medicaid Institution (versus HCBS), the state is still interested in incorporating applicable person-centered values of the federal regulations. That is why the state is including the ERC setting in step 2 of the CFC work plan while prioritizing the HCBS settings in step 1 of the work plan.

The assessment is a requirement of the transition plan. We have to first see if the policies line up. Then ask providers to do a self-assessment. And validate this with consumer input.

Examples of Vermont HCBS standards/ regulations that need strengthening – having a lock on the door if you want, having visitors anytime, and being sure that the settings are really giving people choices in these decisions. And if not, there must be documentation of why there wasn't the choice given. ERC and integrating into the community choices will be things like do you have a roommate preference? Create and support your own schedule, decorate your own surroundings. There are many common themes between HCBS' and ERC's assessment.

### **Board Updates**

Larry Goetchius has resigned from Addison County Home Health as of last Friday.

Bill S.20 passed the Senate in 2015 and is in the House – The bill establishes training for a staff person that can provide mid-level dental services without being a dentist – like a Physician's Assistant but in the dental community. The Health Reform subcommittee of the Governor's Commission on Successful Aging is also very interested in promoting initiatives such as this to improve access to needed dental care.

### **Meeting was adjourned**