

❖ DS Imagine the Future Task Force Meeting Minutes
❖ October 21, 2013

Meeting started: 1:00 pm

Members Attended: Bill Ashe, Anne Bakeman, Max Barrows, Linda Berger, Nancy Brieden, Susan Buckley, Gail Falk, Camille George, Deborah Lisi-Baker, Lisa Maynes, Ed Paquin, David Peebles,, Jackie Rogers, Sr. Janice Ryan, Susan Ryan, Karen Schwartz, James Smith, Jennifer Stratton, Karen Topper, Marlys Waller, Theresa Wood, Marie Zura

Members Absent: Susan Hardin, Cheryl Phaneuf, Tracy Thresher, Susan Wehry

Guests: June Bascom, Linda Kramer (for Ed Paguin), Betty Mizilia, Susan Yuan and Kristen Murphy

I. Opening Remarks and Introductions

David Peebles provided some opening remarks to frame the agenda for the day, beginning discussions of the long-term vision for Developmental Disabilities Services. Task Force members and guests introduced themselves.

II. Budget Update

Camille George provided an update on the \$2.5 million dollar savings target contained in the SFY 14 budget. So far, there has been no decision about whether there will be a rescission to achieve the required savings. In terms of the SFY 15 budget, the media has reported that there were instructions sent to prepare level funded budgets. The Governor’s proposed budget will be presented to the Legislature early in 2014.

III. DDS System of Care Plan

Members of the Task Force inquired about whether DAIL will be moving ahead with developing a new 3-year DDS State System of Care Plan for SFY 15 – 17. This is the plan and providers have been notified that they will receive instructions soon. All but one member of the Task Force recommended that the current plan be extended for a year to allow the DDS Imagine the Future Task Force to complete more of its work. David Peebles and Camille George agreed to take this recommendation to Commissioner Wehry for further discussion.

IV. Results Based Accountability (RBA)

David Peebles reviewed the RBA framework and explained that it can be used broadly in the work of the Task Force. It can be used as a “back planning” approach – what do we want to do? How will we know if we did it and how well we did it? How will we know what difference it makes?

V. Visioning Step One: Who Are Our Customers?

Members of the Task Force and guests broke into to talk about:

- Who are our customers and clients that we serve now AND who are we not serving now?
- Who will be our customers/clients in 20 years?

Time constraints did not allow for discussion of “who customers will be in 20 years.” This will be discussed at a future meeting, as will the question “Are they better off and how do we know?” Clearly the question of “Who are our customers/clients is not simple.

Comments/questions/observations from the workgroups relative to “who we are our customers now?” (and system issues) are listed below (in no particular order):

- How many people on the spectrum and their ages demographically of people served & how that has changed over time.
- Medical factors
- What areas are unknown in next 20 yrs.(place holder)
- How will life expectancy change over time
- Baby Boomers
- Difference between federal definition & state def.
- Need to be clear about who we are & are not serving
- Need to organize meaningful information:
- Education
- Incarceration
- Age: Birth to death – impact of IFS
- Medicaid financial eligibility no as much of a factor
- People w/certain grade on test of intellectual ability & ability to get along win the world
- Environment play a role
- People who don’t want to be served but have expectations
- People w/autism but have other disabilities (substance abuse)
- People who lived with families
- Vt. Definition – ID or PDD & adaptive fx
- Birth to death must meet a priority
- Children at risk of hospitalization/institution allegation
- Don’t serve birth to 3 (will if they meet a priority)
- Parents who are persistent, strong advocates are more likely to get services.
- DCF Custody
- Via local/state interagency team process
- Youth:
- Must meet a priority
- Getting out of high school w/a job
- Same sort of crisis
- Children autism services through school
- Adults
 - Priorities – risk of A/N/E dual dx (including SA)
 - People w/autism w/high IQ w/ deficits in adaptive behaviors. __
 - Aging parents
 - Teenage boys whose parents can’t manage
 - ICF/DD – intense medical needs
- People who are serviced but get limited services, (FFF, TCM, Bridge)
- Public Safety, small # are court ordered, others at high risk to self/others
- Trauma history
- Aging out of DCF
- Families
 - Minors of adults
 - Children - priority or other services

- Crisis
- Services for person that indirectly help the family
- Guardianship
- PASRR
- New Americans
- Many were served at BTS would not be served today
- Funding priorities have changed
- Discussed data – number who apply – number who receive services
- Education – more focus on academics, less on life skills
- May be serving some currently who don't need services as much as some with fixed needs.
- Have we gone too far? Once you're in you're in
- People who are aging
- Ages 0-3
- IFS – promise, concern about silo system
- Changing expectations of parents/families
- Changes in social systems – growth of SOC advocacy
- FFF small amount of \$\$, effective & flexible
- Return to simpler way of doing things
- People who self/family/share manage
- Past fiscal challenges have led to creative solutions
- Very “in” or “out” system
- Reflect the people not just their life circumstances
- Current system feels disjointed
- Used to use state \$\$\$. Shift to Medicaid – loss of flexibility
- Absence of seamlessness
- When “in”, you get wrapped partly well
- Range of services & \$\$ is tremendous
- BTS was one size fits all
- Community services have done pretty well changing attitudes & changing to meet peoples needs.
- Presumption of competence
- Feel under attack – wonderful values, process gone through to get there – lack of recognition of this.
- Flexible, progressive, individualized, and person-centered.
- DDS has been a part of people's lives & their support workers, w/a sense of community
- Families w/down syndrome “the new middle class”, not able to get support

VI. Next Steps

We need to ask these questions:

1. How can we measure if our customers/clients are better off? (performance measures about client results)
2. How can we measure if we are delivering services well?
3. How are we doing on the most important of these measures? (where have we been; where are we headed? Our baselines.)