

The goal of the State Plan is to create a blueprint for how Vermont will serve older Vermonters and family caregivers over the course of the next four years. The plan is meant to be broad and comprehensive while looking at all the Vermont systems that are currently in place and it includes the core mission work that is included in the OAA. The development of the plan looks at what is currently happening, what the needs are, what the trends are and what our goals are for the state as a Unit on Aging, network, partner and stakeholder. While developing this plan it is important to reflect the goals of Act 186¹ and try to be complimentary to the Act.

The document that we will present to the federal Administration for Community Living (ACL) will most likely be long and technical. What we bring to the community will be a simpler version of the document for strategic use. Currently, the ACL is redesigning what they are going to require for the submission of the document but have instructed the states to continue with the original guide and they will inform the states of the changes when they are ready. The due date for the completion of the plan is July 2018. The time line for gathering information and writing the plan is as follows:

Fall, 2017 – Assessment meetings with groups

January 2018 – Internal review

March 2018 – First draft to ACL

April 2018 – Shared for public comment

July 2018 – Final version sent to ACL

October 1, 2018 – New State Plan on Aging will be implemented

Simultaneously, while we are working on the state plan, the AAAs are working on the area plans for their service areas. There have been some good meetings discussing the core planning, what is working well, the challenges and where the AAAs may want to go. It is vital that both groups work closely together to help develop the respective plans. What happens in the communities influences the state plan and the goals of the state plan influence the area plans. The statewide needs assessment that was done this fall will also inform the AAA area plans.

Beth Stern, CVOCA Director, stated that the timing is challenging. The needs assessment, that is available now, will inform the plan for next year because the AAAs had to submit the update to their existing plan already. The next plan will not be an update, but a comprehensive plan. Up to this point, the area plans have not been very useful as a strategic plan. There have been some improvements, but there is much work still to be done. The AAAs are looking at having a more cohesive plan across all 5 AAAs with some common core goals. The goals they are looking to include are nutrition, family care giving supports, case management and other goals as well. Each plan will include the common goals as well as the unique goals of each area.

¹ Act 186 is the state legislation that establishes population outcomes for Vermont's quality of life. At recent previous meetings, we have discussed some of these outcomes and their indicators, specifically outcome 7 (Vermont's elders live with dignity and in settings they prefer) and outcome 8 (Vermonters with disabilities live with dignity and in settings they prefer).

Martha Richardson spoke of including dementia in the Area Plans and the State Plan to bring attention to this very debilitating and important issue.

(Matt Fitzgerald joined by phone)

The needs assessment was contracted out to Kelly Melekis who is a Professor from Skidmore College who did the needs assessment in 2013 while she was at UVM. A survey for stakeholders and service providers was developed and distributed as well as a survey for older Vermonters. There were 223 service providers that responded from across the state. The top three concerns they identified for the next five years are: housing, health care and financial security. The top challenges they identified in meeting the needs of older Vermonters are: funding for the care work, finances of individuals, transportation, housing and workforce issues for direct care. In response to the question of “If one change could be made to improve life in Vermont, what would it be?” some suggestions were to increase funding, improve transportation and housing options and address the lack of workforce.

In 2013 there were less than 50 older Vermonters who responded to the survey. The response was so low it couldn't even factor into the needs assessment. This year there were 433 who responded. The increase was due to more outreach and a lot of social media through DAIL and partners. The demographics of those who responded was not the same population that the service providers were talking about. Older Vermonters who responded had an average age of 70, 96% were white, 71% were female, 55% were married, 78% were college educated, 51% were retired, 34% were still working, only 5% identified with having a disability, 32% described their income being in the \$50-100,000 range and 28% described their income being in the \$25-50,000 range. The income of the respondents may seem high and not meet the demographics of those who we serve; however, once a need for long term care occurs, money goes fast, and many will qualify for the services we provide.

This group described themselves as being in mostly good health and active. They expressed a desire to age in place and wanted the following opportunities to help them do so: educational opportunities, exercise plans, computer classes and opportunities for engagement and volunteering. Things they would like help with are home maintenance and yard work, housekeeping, home modifications and living expenses. There were also those who identified with caring for parents who are in their 80s and 90s.

Very few of the respondents reported challenges with basic needs like food, safety or housing. Some reported challenges with health and having enough savings. The majority of respondents (85%) reported that when they do need help, they reach out to family and friends. These respondents are in a place of prevention and early intervention and are looking for ways to maintain their independence.

The final report will have additional results that aren't yet ready. Kelly is working on the stakeholder interviews and the focus group interviews that were done in Chittenden County. That final report will be shared once it's done later this month.

The thoughts and feedback from the advisory board were:

- Provide a breakdown of the age groups between the 60 and 95 ages. the age range of respondent were 56-85 and it would be interesting to see differences across age breakouts.
- It was explained that the AAAs have 5 distinct planning and service areas and the geographic boundaries never change. The funding formula factors in population, population over 60, population that have disabilities and other demographics and factors. If the funding formula were to change, the State Plan is a good place to do that. Each state addresses these services differently. Most AAAs nationally are connected by county government. Vermont doesn't have county governments. The work of the AAAs is to provide communities with planning and help with building resources. The OAA prohibits the AAAs from providing direct service with a couple of exceptions.
- The Village to Village model that is piloting in Cambridge and Underhill is trying to address the challenges that were identified in the needs assessment.
- It was encouraged to build in an evaluation process into the State Plan. There is a focus on performance measures and outcomes, but not a formal evaluation component. It might be worth incorporating an evaluation process to keep the focus where it should be.
- Older people have similar needs regardless of income. There are plenty of wealthier older Vermonters who are isolated and have difficulty maintaining independence and could use some services but because of income, aren't eligible. The OAA instructs states to target resources to those in greatest economic and social need. In addition, OAA funding has been stagnant for many years. Until more money is appropriated and the OAA is updated, we will continue to struggle with these challenges.

Board Member Updates

Jeanne Hutchins – Jeanne is working with a group from Massachusetts called the Health Project and they, along with the United Way, sent out a survey asking about barriers to access to health care due to lack of transportation to the Chittenden and Grand Isle communities. They had used Front Porch Forum to reach out and it was very successful. They had over 200 people over the age of 65 respond and the results should be ready in January. Once it is done, Jeanne will share.

Jill Olson – The draft 2018 home health Medicare payment rule included a new payment model for home health agencies known as the Home Health Groupings Model (HHGM) that would take effect on January 1, 2019. The Center for Medicare and Medicare Services (CMS) has estimated that it represents a 4% cut to home health. An analysis by the National Association for Home Care and Hospice estimates that the cut would be closer to 15%. CMS removed the proposal from the final 2018 payment rule, but also made it clear that the proposal – or some modified version of it – may be proposed again in the 2019 payment rule. Home health agencies have seen a decade of Medicare cuts which have eroded their capacity to offset Medicaid losses. Attached is a document outlining Medicare cuts since 2009.

Mary Fredette – The Gathering Place in Brattleboro will be closing temporarily next week, but a second center in Deerfield Valley will open on February 1 and serve up to 50 people per day with a projected enrollment of 75-100 people.

Martha Richardson –The Governor’s Commission on Alzheimer’s Disease and Related Disorders had a good meeting with residential care and assisted living community based care providers revisiting rules, regulations and training in the dementia communities. There were about 30 people who came together and are working toward person centered care.

Sean Londergan/Nancy Breiden – The Vermont Ethics Network will provide training on Ethical, Legal & Medical Considerations in the Care of Dementia Patients on Monday, November 13, 2017.

Sean Londergan – The Vermont Long-Term Care Ombudsman Project (VOP) is required to be free from conflicts of interest. The DAIL Advisory Committee is tasked with assessing whether the VOP can operate free of conflict of interest. To this point, a subcommittee has reviewed provisions of the state and federal long-term care Ombudsman statutes concerning organizational and individual conflicts of interest; examined the VOP’s Program Policies pertaining to organizational and individual conflict of interest; held a meeting (via a telephone conference call) to discuss, as a group, the relevant sections of the VOP’s Program Policies for compliance with state and federal requirements (pertaining to conflict of interest); revised/amended the VOP’s Program Policies conflict of interest forms to provide better instruction in cases where a conflict cannot be remedied or resolved; and determined that the procedures and policies put in place by the VOP (as reflected in the Program Policies) to avoid organizational and individual conflict of interest comply with state and federal regulations.

Next step: At the December meeting, the subcommittee will be advising the full DAIL Advisory Board of its recommendation/determination that VOP’s procedures and policies pertaining to conflict of interest comply with state and federal regulations and that the VOP can operate free of conflict of interest.

Camille George – The state of Vermont is changing the conference call system to Skype. The numbers will be changing that are used to call into a meeting. We will keep you posted with when that change is implemented.

AARP Bank Safe

Clayton Clark - DLP Director

Julienne Gunther – Director, AARP BankSafe Initiative

Dave Reville – Assistant State Director, Communications, AARP Vermont

Chris D’Ella – President, Vermont Banker’s Association

Joe Bergeron – President, Vermont Association of Credit Unions

Carol Stamatakis – Executive Director of Senior Solutions

Vermont and its partners sent in a proposal to AARP applying for the BankSafe Training Program Pilot to Vermont. We were awarded the grant because of the collaboration that was shown on the application between the State of Vermont and its partners, like the AAAs and the banking community. AARP is very community oriented and they have an office in every state. Dave Reville is from the Vermont state office of AARP whose office is the non-profit side of AARP. They do a lot of work in the state house and in agencies advocating for a better life for Vermonters and are also involved in community outreach and education.

One of the bigger threats to older Vermonters is financial exploitation. The local AARP office provides education and community forums on consumer protection strategies. Financial exploitation crime is growing quickly in the state of Vermont. One out of five older Vermonters fall victim and the average financial loss is approximately \$120,000.00. This is a critical issue and it will take a team to combat this crime.

Joe Bergeron, President of the Vermont Banker's Association, brought a member story that depicts a real scam that cost this member \$6,000.00. This woman received a Facebook message from a friend that told her to contact this gentleman to obtain some money to help with her mother's medical bills. The friend claimed that she had gone to this man and was able to get some needed cash. The woman, trusting that it was her friend making the recommendation, reached out to the gentleman. What the woman didn't know was her friend's Facebook account had been hacked.

The woman was told to send the man money and he would be able to turn it into more money. The woman went to the credit union and took a \$1,500.00 loan out and sent the man her money. Soon after, she went back to the credit union for more money. This time some red flags went up at the credit union since the request for loans were so close. The credit union employee began to ask more questions about what the loan was for. The notes read that the woman was looking for funds to help her dying mother until she gets a big lump sum of money. The notes reflected that the woman had gotten an unsecured loan for \$5,000.00 that she repaid perfectly in the past. Now she was asking for more money on top of the recent \$1,500.00 loan she was still paying on. The employee told the woman that she would get this loan, but wouldn't be able to borrow any more money until the two loans were paid off. The woman was very confident that she would get this big lump sum of money that would pay off the loans and pay off her mother's medical expenses. The employee didn't want to probe too much about where this other money was coming from because it is a fine line between trying to help and a person's privacy.

The woman was then instructed by the man to break up the money into smaller amounts and to send the money through different Western Union locations. At one of the locations there happened to be a police officer who started to ask her what her business was there. Once he heard her story he informed her that she had fallen prey to a scam artist. She then went back to the credit union and told the employee what had happened. The woman was very embarrassed and explained that the man was very sweet and kind to her and she believed him. The only time she questioned his motives

was when he told her not to tell anyone what they were doing. Her desperation helped her overlook that.

There was little the credit union could do except report the incident to the police. Her funds were gone, and she has been left paying off the loans with nothing to show for it.

Unfortunately, this is a common story. When you hear this story, there are many red flags and it is imperative that the red flags are not ignored. The quantity and sophistication of the scams that are happening are quickly rising. Education and preventative measures are key to stop this from happening. However, even when the tellers at a bank suspect a customer is being scammed, the person, once informed, must be in a place to believe the teller and not the scammer. Sometimes, that doesn't happen. There was an incident when a teller had suspicions of a romance scam and she brought management over to have the conversation with the customer who refused to believe that man she was dealing with was only taking advantage of her and not interested in her romantically. The woman still went ahead and sent the money to the man.

Individuals and financial institutions are losing money from these scams. Most of the money that is taken is accessed through financial institutions. It is almost impossible to recover the money so prevention is the only way to save the hundreds of thousands of dollars that is lost every year. Financial institutions lose money through liability and covering the consumers loss. The cost to financial institutions goes beyond the money and effects their credibility and reputation. People's trust increased significantly when the financial institution covered the losses which cost them financially but secured their reputation which is very valuable. This is good for the consumer, but it puts a financial burden on the institutions.

AARP put together the BankSafe training pilot because when surveyed, 85% of people over the age of 50 with bank accounts wanted the frontline employees in banks and credit unions to be highly trained in preventing financial exploitation. The pilot includes 12 states from across the country and all states gave input to the survey. Those included in the conversations were; consumers, credit unions, banks, Adult Protective Services and policy makers and they all said the same thing, we need more training. To develop the training, AARP pulled together stake holders and an online learning company to create the course. It is a very interactive and can be taken in segments, so it is very accessible for employers and employees. The training also includes state specific training that speaks to the unique problems and situations to the individual state. It also includes tip sheets for the employees to use.

What we need to do is be aware that this is taking place and financial exploitation is being addressed. The financial institutions have a vested interest in helping people avoid being scammed and because of their interest, AARP won't pursue regulations to get the institutions to take part in the education of their employees. The motivation will be because it benefits both the consumer and the institution. Both trade associations have shown a tremendous amount of support for this

program and are working together to tackle this problem. The BankSafe training will be a voluntary program that the banks and credit unions adopt and mandate to their employees.

Financial exploitation touches all of DAIL's populations; the older people and people with disabilities. Most of the vulnerability comes from a lack of financial education. This is a problem for all walks of life and the financial institutions would like to see financial literacy part of the Department of Education's core curriculum to help combat the lack of knowledge around finances.

Advisory Board Member Perspective

Linda Berger

The following is Linda Berger's perspective to the board.

Goodbye DAIL Advisory Board and Thank You!

Linda Berger, 11/9/17

My participation on the DAIL Advisory Board has given me an appreciation for all of the work that DAIL, it's partner agencies, and this board do on behalf of disabled and aging citizens. This board's work helps us feel the magnitude of the needs, and the policy constraints and limited resources that we face. I realize that I now understand four things: extremely compassionate people work for DAIL, follow the money, coalesce with those who share common interests, and legislative mandates, with prescribed responsibilities, support accountability and action.

1. Compassionate People:

Camille George, Erin Weaver, Karen Topper, Joe Carlomagno, Lorraine Wargo, Al Urpsis, Jackie Rogers, Roy Gerstenberger, Lisa Parro, June Bascom, Chris O'Neill, Theresa Wood, and the many members of this board have been an inspiration to me. They have been true to the Department's mission.

2. Follow the money:

Medicaid led me to advocate for programs for those with disabilities. My first job in 1977, was as an EPSDT Field Worker for the VT Department of Health. Although Judy Peterson doesn't remember, I worked under the Home Health/Public Health Nursing agency at Gifford Hospital when she was employed there. At that time EPSDT was a program whose focus was to ensure that children on Medicaid received preventive health care services. My role was to educate the parents, in their homes, about well-child care. As needed, I facilitated their accessing a medical home, assisted with follow-up services, provided transportation, and linked them to Public Health Nursing services. Case management and robust public health nursing hands-on care were recognized needs by the Vermont Department of Health at that time.

Since 1988 EPSDT has provided School-Based Medicaid Services called "Developmental and Assistive Therapy" to students who are eligible for Section 504 or Special Education Services. Medicaid dollars reimburse schools for services which help students maximize their independence and gain basic skills. Understanding of the long-time existence and definition of these clinical Medicaid services could have been helpful to the members of the 2016 Developmental Disabilities Clinical Services

Task Force. Developmental Disabilities Services Division representatives were working with DVHA members to develop a common, developmental disability informed, definition of Clinical Services. As a member of that task force, it was frustrating that there was little knowledge of, nor interest in, the medical standards set in Medicaid EPSDT services. Separate funding silos- Agency of Education, Department of Vermont Health Access, DAIL- created an unapproachable barrier.

My first personal experiences with Medicaid was through the DAIL Traumatic Brain Injury Program, starting in 1997, when my brother Kerry sustained a severe TBI. Then there was a DAIL TBI Program. My understanding is that the program started as a means of keeping people who had sustained a TBI in their communities, with high-quality, individualized care, and at the same time save money by keeping people in state. Much like the Developmental Disabilities Program, the TBI program recognized the specialized needs of the persons with TBI as well as the needs of their family and support network. Much like the Developmental Disabilities Programs, the importance of professional, conflict-free, case management was recognized, supported, and funded. Sadly, with a focus on health care reform in VT also came a cut in Medicaid funding for the TBI program. I think that program ceased to exist in 2005, and my brother had leave the TBI Long-Term Waiver program and be enrolled in Choices for Care. My family had to relive years of pain and paperwork as we enrolled Kerry in Choices, as from Choice's perspective he was a brand-new client with no paper trail or history. While the location of his services remained the same, conflict-free case management, the level of understanding, training, supervision, and oversight of that care, and involvement of his legal guardians was, from my perspective, devastated.

With the loss of DAIL's TBI expertise there also was a negative impact on support state-wide for children who had sustained a TBI, although the Vermont Department of Health did provide some support, as they had for other developmental disabilities. TBI in children is much like low incidence vision or hearing disabilities in children, in that highly skilled trainers and consultation are required for staff and families to adequately meet the assistive and developmental needs of these children. In the past DAIL and AOE closely collaborated on programs for students with ASD; funding cuts within both agencies ended this partnership. School districts and local agencies cannot, on their own, in a timely and cost-effective way, meet the needs of these students. For low incidence disabilities there is a need, in such a small state, to have state-level resources and expertise. This is an area where AHS/AOE funding silos create barriers to providing skilled services.

3. Coalesce with Those Who Share a Common Interest:

The Developmental Disabilities Services Division is required by law (DD Act of 1996) to develop and follow a State System of Care Plan that describes the nature, extent, allocation, and timing of community-based services provided to people with developmental disabilities and their families. Programs and partners must follow and adhere to the principles of supporting people so that they can live in their home, stay in their community, contribute and participate in their community, make informed and meaningful choices and decisions, have individualized personal and family services

provided by trained staff, have their health and safety be of paramount concern, and have programs that are fiscally stable and meet their needs. The division can't do this alone. The separate Developmental Disabilities Council, a federally mandated council, partners with Vermont disability-related groups to move key legislation and policy initiatives forward. Green Mountain Self-Advocates, Vermont Legal Aid, and Vermont Care Partners, are crucial, in the field, supporters of people with developmental disabilities and their programs. However, I believe that there is still a hands-on role for DAIL beyond policy, planning, fiscal, and Medicaid pass-through responsibilities. It is with great sadness that I see DAIL's diminished role in actively developing and supporting best practices, resources, quality, and consistency of services. Maybe this is an "old-timer" thought, but I think it is important that those who are not direct service providers, those who have a broader perspective because they have the time to explore, support, challenge, are also responsible for pushing the field to innovate.

The Agency of Education, oversees direct educational services for children aged 3 through 21, and is responsible for child-find for children birth to 3. Schools understand, and feel a huge responsibility for appropriate and robust case plans/curriculum, skilled case management, family support and participation, and training and supervision of staff. All of this helps the child learn, be safe, and be treated within appropriate boundaries, so there is less opportunity for harm and for conflict of interest.

There are misconceptions and redundancies caused by different agencies, with different sets of definitions, eligibility, rules, funding, resources, and mandates, working with the same families. Having a child or family member with a disability is fraught with tension, scarce resources, sometimes overwhelming need, blame, and guilt. What is sometimes lost in this emotional, legal, and bureaucratic stew is the shared common interest in helping the child and their family cope and thrive, learn and grow. From my perspective, the AOE is an underutilized partner with AHS in supporting quality developmental disability services. This ultimately hurts the family's trust in all the systems that support them.

4. Legal Structures with Specific Responsibilities Support Accountability and Action:

The State Program Standing Committee for Developmental Services, a 15-member, governor appointed, board, was created by the legislature to advise "the department" (DAIL/Developmental Disabilities Services Division) on the status and needs of people with developmental disabilities and their families. It advises the commissioner regarding the development of the system of care plan, and recommends legislation, rules, policies and standards to implement the system of care plan. It advises the department on hiring of key management, evaluation of quality, reviews aggregate information on complaints, grievances & appeals in order to make recommendations on how the departmental operations could be improved, and it is involved in agency designation and re-designation process. Sometimes there is tension between what this standing committee wants and recommends and what the Division and the Commissioner approve. While we don't have lunch provided by DAIL, we do have a comfortable meeting place and clerical, information, and administrative support provided by DAIL. We do have respectful and open discussion and information sharing, which leads to accountability for informed committee and division actions and recommendations.

The DAIL Advisory Board was created for the purpose of advising the commissioner with respect to programs and issues affecting older persons and persons with disabilities. I started attending DAIL meetings to better understand the Developmental Services State Program Standing Committee's issues. In many instances the edges don't touch. I don't understand this.

From my experience on the State Program Standing Committee for Developmental Services I have come to the conclusion that DAIL Advisory Board could be a more effective tool for the Commissioner if each of its other four programs (Adult Services, Assistive Tech, Blind and Visually Impaired, Licensing and Protection, and VR) had their own state program standing committees with the same role that the DS standing committee has. Each standing committee would provide reps to the DAIL Advisory to represent their constituents, thus providing a direct line of responsibility and recommendations up to the Commissioner. There would then be an integrated input and feedback loop at the Commission's level.

I also wonder about the self-reported role of the Adult Services Division: "The primary focus is on **managing** Medicaid funded long-term services and supports and as well as services provided through the Older American's Act and Vermont's State Plan on Aging." There is an obvious, inherent, conflict in managing Medicaid funding (Medicaid State Plan?) and meeting DAIL's Mission Statement of "making Vermont the best state in which to grow old or to live with a disability; with dignity, respect, and independence". I suggest that DAIL set up a separate Division of Medicaid Management and Planning and dedicate the Adult Services Division and the Developmental Disabilities Services Division to meeting the mission of **providing** integrated, individualized, high-quality care for adults and children with disabilities and elders. This would most likely mean that the 6 gubernatorial boards, commissions or committees that deal with the oversight and issues of the Adult Services Division would have to review their work and their reporting.

Thank you and keep true to the mission of DAIL!

Camille will be pulling together the chairs and co-chairs of the other boards and commissions to talk about the roles of each group and how the information that is generated on the boards is fed up to the DAIL Advisory Board. Thank you to Linda for your contribution to this board and the insight you just shared with us.

Conversation with the Commissioner

Monica Hutt

Budget Process

The process began very early this season, it has been approximately 9 months since we started looking at the budget. A review of the process is that state agencies and departments get instructions from the Governor's office, the budget proposal is prepared, the proposal is sent to the AHS Secretary's office for review, then it's sent to finance and management and then to the Governor's office for his recommend in January. There is a lot of back and forth throughout this

process and it remains confidential until the Governor's recommended budget is sent to the legislature. After that, there is even more back and forth and scrutiny around the proposed budget from the committees and public.

As was reported in the media, the instructions this year was submit level funded budgets. Because costs and caseloads increase overtime, this typically requires reductions in some areas to come up with a level funded budget. There are costs that cannot be controlled like utilities and health care. DAIL presented its initial proposal to finance and management and they had a lot of questions this year. With it being a new team, they want to understand how DAIL funds the programs and services and why the budget is created the way it is. We are now waiting to see what finance and management still needs from us. There is a determination to meet the Governor's three goals of growing the economy, making Vermont more affordable and protecting the most vulnerable. These are solid goals and there are programs that help achieve these goals, but that cost money. The work is in finding the balance.

The legislative process is gearing up and an inquiry on a draft bill has already been shared with Commissioner Hutt who gave some initial feedback. DAIL anticipates only a couple of legislative initiatives that it will put forward to go to the legislature. There will be other things that come up in the legislative session that we will find of interest and our department will respond. There will be more discussion about various legislative initiatives when the legislative session begins in January.

Sterilization Statute

There is a sterilization statute on the books in Vermont and it is getting some attention. The DAIL Advisory Board recommended that Commissioner Hutt step back and articulate what DAIL's mission is, but identify a family or DD organization to take the lead role in soliciting stakeholder feedback for the Sterilization Statute discussion. The DD Council has stepped up and is willing to talk to the legislator that is interested in understanding what the ramifications of this statute are. Representative Cina has reached out to the council and they are meeting to plan a stakeholder meeting where he can sit and listen to those this statute most directly affects.

Brookside Nursing Home Closing

The CMS termination of participation in Medicare and Medicaid at Brookside nursing home happened on October 30 and they have 1 month to move the residents whose stay is paid by Medicare and/or Medicaid. The home does not have to close; however, they are unable to bill those sources for the residents. The home has decided to close. The reason for the decertification comes from a long process of the facility not complying with the regulations. CMS is in control of this decision; the State of Vermont has no say.

An out-of-state company bought this family run business and it has been difficult to keep the facility in compliance. The state doesn't have a regulatory process that can keep a facility accountable to what they proposed and said they would offer when purchasing or opening a facility. That process

will need to be created. We do not have the infrastructure to hold these companies accountable until it is too late.

DAIL has been reaching out to offer help to transfer the people to other facilities and Brookside has accepted our help. Clayton Clark (Director of DLP) and Suzanne Leavitt (Director of S&C) are meeting with the Resident and Family Counselor to help with the transition.

Children's System of Care

Next month we will invite Cheryl Bilodeau, Melissa Bailey, Clare McFadden and Diane Bugbee to come speak more to the board about the topic of Children's System of Care.² For now, here is a basic overview of the conversations we have been having.

The DS System of Care 15 years ago shifted its focus from children to adults. Financially, after the recession the focus was shifted with the thought that the education system would take care of the children and that resources needed to be targeted to those who may have no other resources available.

The system for children and families went from a child meeting clinical eligibility and then a service package (their budget) would be developed that the family would use at their discretion for services they felt best met their child's needs. It gave power and control back to families. When the funding and services were significantly reduced the needs stopped being met as they should.

We are now looking at the DS system and the challenges created because children and families have little or no access to it. There are some services available for children, but they are limited. Only those with high needs and risks and/or children who end up in DCF custody are getting the more comprehensive supports. If in DCF custody, they will wrap services around a child and it comes from DCF budget, not DAIL.

Currently there are two pilots in the state looking at how to integrate services and funding across DS and other funding streams, one is in Middlebury and one is in St. Albans. Previously referred to as Integrating Family Services (IFS), this system essentially collapsed the children's funding and created a pool that would be drawn from. Instead of a certain amount of dollars attached to a particular child, it would be given out based on need. There is a big focus on prevention for the families and children. This system is modeled after the mental health system. The money that launched these pilots was money that was already allocated from various programs to those regions.

So far, the feedback from those regions is they are able to reach more kids and are able to do what needs to be done. Kids with developmental disabilities are coming through the door that hadn't been seen before. Eventually, they will hit a ceiling because the money can only go so far.

² Post Note: This group is not available for the December meeting, but will meet with the advisory board at its January 2018 meeting.

The current system still has money attached to the kids. This is a secure system; however, it lacks the flexibility of being able to reach more children and families. It would be ideal if we could marry the money with Mental Health and DS that is separate from the adult system. It would create a fluidity to services and a better way of giving no more or less of what is needed for services.

The cons for families is it would be a huge leap of faith. We would have to work out the funding for kids who are close to adulthood because the move would create a gap in funding. There is anxiety that mental health takes over the child's diagnosis because the approach is different. The system would have to be very responsive to the needs of the individuals.

We would like to explore this more with the advisory board. What we are currently doing does not work and we need to look at things differently. Commissioner Bailey and Commissioner Hutt have been working on this idea and it is time to put it out there and get some feedback.

It was noted that Education needs to be involved with this conversation. New Jersey has a system of care that includes Developmental Service, Mental Health and Child Welfare. Commissioner Hutt is scheduling a phone call with someone from NJ to discuss how that works and what it looks like. If it works and is truly designed to support families, it would be very helpful in our development of a new system. Commissioner Hutt will also bring this to the DS Standing Committee and would like to reach out to families and have this conversation. Ideally there would be a completely separate appropriation for children and families that isn't connected to a specific department.

Meeting was adjourned

2:00

Happy Thanksgiving everybody!