DAIL Advisory Board Meeting Minutes
July 13, 2017
Sally Fox Conference Center, Waterbury

ATTENDEES:

Board Members: Linda Berger, Robert Borden, Nancy Breiden, Terry Collins, James Coutts, James Dean, Kim Fitzgerald, Joseph Greenwald, Jeanne Hutchins, Laura MacDonald, Nick McCardle, Nancy Metz, Diane Novak, Steven Pouliot, Martha Richardson, Christine Scott, Beth Stern, Lorraine Wargo

Guests: Janet Hunt, Toby Howe, Sean Londergan, Julie Tessler

State Employees: Joanne Fleurrey, Camille George, Bard Hill, Monica Hutt, Jennie Masterson, Megan Tierney-Ward

Review and Approval of Meeting Minutes

Motion to Approve Minutes: June 10, 2017 minutes: Approved: Steve Pouliot
Seconded: Diane Novak

Minutes are approved.

The Board took a few minutes to share their stories and memories of John Barbour. John passed away unexpectedly on July 8, 2017. He served as the Executive Director of Age Well (formerly known as Champlain Valley Agency on Aging). He worked tirelessly in the community, working on issues that concerned him. He was a great advocate for the aging population. He will be greatly missed.

I. United Health Foundation 2017 Senior Health Rankings
Bard Hill, Director of Policy, Planning, and Analysis Unit

Each year the United Health Foundation (UHF) produces rankings on several population indicators in the categories of Behaviors, Community & Environment, Policy, Clinical Care and Outcomes. Medicare is the dominate health insurance in the older population and it is universal in its coverage as it is a national program. A lot of the measures are heavily driven by Medicare access and polices and is separate from what DAIL manages.

Part of the conversation we started in the past is how we can use the data that is out there to justify funding, influence policy and shift our focus for some of our programs. This data shows us what the disparities are and understand the impact on public policy.

One thing to keep in mind when looking at these rankings is that they are not an absolute number. Take for example, smoking. This year the percentage was 9% and last year it was 7.4%. If that were an absolute figure, it would mean that thousands of people started smoking, at the age of 65, last year. It is important to remember that these figures are based off a sample group. And sampling is not an exact science. It does not make the information not credible, it just shows that there are anomalies. The data is gathered by the Behavioral Risk Factor Surveillance System (BRFSS). It is a national model that is managed in Vermont by the Department of Health. With this survey, you call people and conduct the survey. Although, people are not always truthful when asked about these behaviors.

Another source of data is our medical examiner. He is very thorough when it comes to determining cause of death. Vermont could have more accurate data than other states because of the systems that are in place to collect the data. Ultimately, it is all about how we can do better in areas where we scored badly and how we can continue our work in the areas that scored well.

We were ranked #2 last year, this year we are #8. This doesn't have to mean that we are not doing things as well as we were, but it could mean that other states are doing better. What really matters from this data is to look at the areas where we consistently rank poorly, and target these areas for improvement.

Excessive drinking is consistently high. What we do know is that we have access issues for treatment through Medicare. We are under resourced for mental health and substance abuse professionals. What care we do to improve this? We have floated this as a waiver request under the All Payer Model. Other areas are falls, depression and suicide. If you think about it, all of these could be related and so could the treatment of them, helping to lower the numbers in these areas.

Use of hospice care and death in a hospital are both ranked high and are correlated. DAIL does not actually "own" hospice, but we can help make people aware. This isn't all a hospice issue either, health care staff and physicians need to make the referral for people that would qualify and benefit from hospice. This impacts the quality of death – for the person, the family and for the cost associated. It is almost always preferable for everyone involved to be able to die at home with your family. Death in the hospital is very expensive.

The data is not sorted by county, town, etc… It can be compared to "like" states, rural vs. urban, that would have to be done manually. There is a conversation going on at the Agency of Human Services (AHS) about Community Profiles and look at what type of information we would want to know at the county, hospital service area and AHS Region.

Falls are very significant. Falls are something that need attention for different reasons – two being quality of life and expense. Preventing falls would be a significant impact to the Medicare system. Falls are expensive, so preventing them would save Medicare money. It would make sense for them to invest money into the prevention. Falls are also the #1 cause of Traumatic Brain Injuries (TBI's) and not just in Vermont.

II. AARP 2017 Long-Term Services and Supports

Bard Hill, Director of Policy, Planning, and Analysis Unit

AARP Long-Term Services and Supports are not just for older people or people with developmental disabilities. It is any condition that needs long-term care. In this model, this includes, but is not limited to, HIV/AIDS, medically fragile children, people with mental illness, people with intellectual disabilities, and people with a TBI. It is a very diverse group. Medicaid and Medicaid Home-and-Community Based Services (HCBS) are a subset of this group. This single largest support for people needing long-term care is families. And the largest public source of funding for this group is Medicaid. AARP looks at both Medicaid and Private-Pay long-term care insurance for this scorecard.

This year we are number 3 nationally. But, there are things that we can do to improve. Here are some opportunities for Vermont to focus on for improvement:

- Median annual nursing home private pay cost as a percentage of median household income age 65+: This is an affordability indicator, looking at a combination of relatively high private-pay nursing home rates compared to people's income. Similarly, we rank high on home care private pay cost for the same reasons.

- Private long-term care (LTC) insurance policies in effect per 1,000 people over 40: We are unsure of the data source for this ranking, therefore unsure of the accuracy.

- When asked why there is no baseline rate for ADRC/No Wrong Door Functions it may be because this information is just starting to be tracked.

- Assisted living and residential care units per 1,000 population age 75+: DAIL could not directly improve this ranking as it is more about the decision of the private sector deciding on whether this is a viable business opportunity. Assisted living facilities in Vermont have a higher threshold of regulations to be a licensed facility than other states. Also, many are private pay, so it is an affordability issue, as well.

- Rate of employment for adults with Activities of Daily Living (ADL) disabilities age 18-64 relative to the rate of employment of people for adults without ADL disabilities ages 18-64: The Joint Fiscal office has been looking at this, noting that Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) usage is rising. More people of working age are applying for and receiving SSDI. This could be linked to the opiate crisis. Opioid use alone would not make a person eligible, but added to something else, it may.

- Percent of long-stay nursing home residents who are receiving an antipsychotic medication: We have wrestled with this in Vermont for a long time. Both typical and atypical antipsychotic medications have a black box warning for people with dementia. Meaning there is a higher risk of death. The focus needs to be on how to improve and manage behaviors for people with dementia without medication. Another factor that may affect this ranking is the fact that Vermont has very few low-care people in nursing homes. Therefore, Vermont's nursing home population has a higher possibility of needing an antipsychotic medication.

- This fact of having a higher high-care population in nursing homes affects the ranking of percent of people with 90+ day nursing home stays successfully transitioning back into the community. Vermont has had tremendous success for some time now, with home and community based services, allowing people to age in their homes, so that the nursing home population are the highest-needs people.

- Person and family-centered care is our single lowest score on this scorecard. This includes care giver assessment- what does the care giver need? Other states not only look at the person who will be getting HCBS, they look at the support system, too, to be sure that they have supports and respite. Vermont's use of the Alzheimer's Association's crisis line is extremely low. There has been a push to get this information out to the community. It is there, people just need to be aware of it and use it. There is funding for respite, but it is difficult to find qualified people to do the work. This could be bettered by more training. The University of Vermont (UVM) has seen in increase in donations specifically to support caregivers.

- Medicaid eligibility is far more inclusive in Vermont than other states. The acuity is also lower than other states, too.

III. Post-Secondary Education and Employment Opportunities for People with Developmental Disabilities

Jennie Masterson, Developmental Disabilities Services Division

<u>Supported Employment</u>

Vermont has the philosophy that anyone can work with the right supports. The Supported Employment program in the Developmental Disabilities Services Division (DDSD) tailors job-site supports to individuals based on their individual needs on a long-term basis. Some people on the DS Home and Community-Based Services (HCBS, formerly referred to as the DS waiver) who need these kinds of supports have an opportunity to receive employment supports. Many states only employ people with disabilities that can work independently after about 90 days. They are locked into a Medicaid waiver that only supports so many people for a certain period of time. Vermont has been keeping true to the fact that anyone can work in a typical work environment; not an enclave or sheltered workshop. Vermont has the highest rate of employed individuals with disabilities in the nation. Other states rank high as well, but they include enclave workers and sheltered workshops in that ranking.

There has been a large effort by the Department of Justice to eradicate allowing employers to pay workers with Developmental Disabilities sub-minimum wage. Other states are under court orders to discontinue this practice and are being required to put compliance plans into place. Fortunately, Vermont is way ahead of the game.

The way we measure the employment rate is through DDSD's collaboration with the Division of Vocational Rehabilitation (DVR). We have blended funding to work with DVR in this way. Vermont is very lucky to have employment coordinators that work closely with DDSD and DVR. They also work with the individual and with the employers to establish the right placement.

The biggest challenge to keep individuals working with supports is the turnover rate of the support staff at 26%. This staff often say that they love what they are doing, but the need to earn more money. Another recent challenge is the large federal cut that DVR was hit with last year. That spilled over into the work they do with DDSD. The two departments are working together to figure out ways to mitigate that gap.

At the end of FY2016, 1,616 individuals were receiving supported employment funding. Of that, 356 were in the job development phase or training part of the program and 1,260 that were employed. Employment rate is based on the number of people eligible for DS services.

There is an initiative to help fund micro-businesses. This gives people schedule flexibility. For one reason or another, some people may not work well in a regular work schedule or setting, this initiative helps them be employed and still get the services and supports they need.

Supported Employment saves over $1.7 million in SSI payments and $656,000 paid in income tax.

Post-Secondary Education

DDSD's Transition Age Youth Program has been in place for two years. This program helps develop a career path. It is a two-year program. The transformation and maturation of these students is remarkable. This comes from being on campus with peers, some with disabilities, some without.

There are two tracks to this program – a campus based college program and an industry based program.

The college program supports youth to succeed in fully integrated, campus based, college coursework at the collaborative Vermont colleges. Students select courses to satisfy the goals of self-designed college plans. Students earn 15-18 credits over the two years and earn a Certificate of Higher Learning. There are three college based programs:

1. SUCCEED is a program of the Howard Center that provides college academic support at the Burlington area colleges. It is a two-year residential program. The combination of education and residential living, teaches students independent living skills in addition to academic learning.
2. Think College Vermont is a UVM campus based program administered by the Center on Disability & Community Inclusion. Students design their college plan and must commute to UVM.
3. College Steps is an independent post secondary education non-profit that supports students at Johnson State College, Castleton University, Southern Vermont College, Lyndon College and CCV. Each campus has a full-time coordinator who functions as an overall supporter and guide available to students.

Students are paired up with a mentor that does not have disabilities. The student must pay their own tuition and for the fees for their supports are typically paid as part of their DS HCBS plan. The post-secondary institutions really work hard to help the students and parents zero-out their tuition. What is nice about this model is that the students come in in the fall and take a self-exploration process. This helps them find out what they are interested in, what their passions are and what they are good at. Then, they select a college learning plan. The courses they choose are based on this plan and achieving their goal. Almost all students, who are able, take a public speaking class; this helps boost confidence and teaches skills to speak on their own behalf. Doing this will also help them as they go on to advocate for what they need.

The social and extra-curricular pieces are important components of these programs. Students are matched up to a paid mentor, who is also a college student, someone taking similar classes or interests. Sometimes these mentors are in the classroom assisting or just outside the door, whatever the student needs. The courses are in no way changed for these students. There is also a lot of assistive technology that assists these students to do homework, take notes, and complete their work.

From the 2015 data, 25 students graduated from the college based program; and of that 25, 18 were employed, 3 went on to get their Associates Degree. Eighty-eight percent of students achieved employment. Some students had difficulty making the transition of leaving this program and its supports. So, there have been alumni associations set up for students to stay in touch as they move forward into the next step.

<u>Project SEARCH</u>

Project SEARCH is a national program started by an emergency room nurse, Karen Riley, from the Cincinnati Children's Hospital, and is based on a very strict fidelity to the model. The businesses involved must have at least 500 employees, this is necessary for the participants to get a full, robust experience in many areas of business.

This is a training program for students that are in their last year of high school. They spend their entire year at the business in an internship rotation of at least 3 different areas of the business. Business that are involved in Project Search include Dartmouth Hitchcock Medical Center (DHMC) (who is in their 7th year of involvement), Rutland Regional Medical Center (RRMC), and The Edge Sports and Fitness Center.

Students are matched up with a mentor at the business and have a special educator personnel who serves as their go-to person for all things. The business also assigns staff to be Project SEARCH ambassadors. The internship rotations are where they learn hands-on how to be in a work environment, technical skills, soft skills and all skills needed to be successful.

The Project SEARCH partnership consists of the local school district, Agency of Education, DVR, a partnering DDS agency and DDSD. There were 21 Project SEARCH participants in FY2016: 18 were employed at graduation, and at this point in FY2017 all 21 are employed.

The success rates for each business involved are:

DHMC	100%
RRMC	100%
Edge Sports	67%

Most of the funding is coming through the school districts. Students are using their EIP funding to participate in Project SEARCH. It costs about $14,000 for tuition in this program.

There are stressors on each of these programs. The Job Developers have a huge caseload. Students have a job development plan created involving as many people as possible – employers, job developers, designated agencies. The team identifies the person's needs, the resources available in the community and what positions are available. DAIL made the decision a while ago that no Medicaid dollars can be used to support these kinds of models.
Another resource is the Achieving Self Employment Knowledge (ASK) manual, written by Michelle Paya, the employment coordinator from Champlain Community Services. She will also consult by phone with any team that is working to find employment for someone. To qualify a person must have a developmental disability and qualify for DS services.

These programs represent the shift in how people with developmental disabilities are viewed and what they expect. They do not know the fear of segregation and institutionalization. They have expectations of job placement, education and to live as independently as possible.

IV. Conversation with the Commissioner

Monica Caserta Hutt, DAIL Commissioner

Budget

There were no surprises or changes to the DAIL SFY 2018 Budget. Now we need to comb through the budget as passed to see what was added, not the numbers, but into the narrative of the budget bill. Typically, there are new requirements added, reporting and otherwise. Some things we knew would be added are in the budget, but not in the way we thought they would be.

There has been a request to do a study on the case rate mix for nursing facilities. We knew there would be a request to codify the structure the Choices for Care (CFC) program. But what we actually were asked is to codify the savings in the CFC program, not the program. CFC sits in session law, but not in Vermont statute. We need to articulate what we are doing in CFC and have it written into law. There were a lot of collaboration requests throughout the Agency of Human Services (AHS).

The only real dilemma is the request from the Administration is to think about a possible rescission. The revenue numbers that were projected were not met. The request was to do a 2%, 3% or 4% exercise. We will only be doing a 2% exercise.

There were new dollars in the budget. We asked for caseload dollars in DDSD and we got them. A 2% increase was added to the DA/SSA's for salaries, 2% increase for CFC HCBS for adult services and 2% for the state share of home delivered meals.

The Moderate Needs Work Group is going well and the group is very engaged. They are at the point where we are starting to look for solutions. We will need to know when to get the Medicaid policy group involved because, depending on what we plan to do, we may impact policy.

DAIL Staff News

Roy Gerstenberger, current Director of DDSD, has decided to move on. Clare McFadden, current Assistant Director, has been appointed to fill the Director role when Roy leaves. She will bring passion, values, knowledge, and stability to the DDSD staff that is really needed. We will now be recruiting for the Assistant Director with hopes that there will be succession into the Director role in the future and will be looking for someone with good values and vision that can be mentored to eventually be in the Director position in a few years.

Meeting with UVM CDCI

Commissioner Hutt has recently met with UVM's Center on Disability and Community Inclusion (CDCI). They talked about what are all the possibilities for collaboration and connection. To have a teaching hospital involved in the work that we do has so much potential - imagine a training program for people just starting out in the workforce.

Health Care Reform

One of the conversations AHS has been having with the Governor is how to think and talk health care and health reform. Governor Scott is very prevention-focused and pragmatic. One of the ideas that we have pitched to him is the topic of healthy aging. Because everyone ages, regardless of what population they are in. How do we create positive, healthy aging? So, we will wait to see where he goes with this. This is very exciting to DAIL, because what is being paid attention to by the Administration tends to get more resources.

UVM

There is a meeting next week with the administrator of the clinical simulation lab at UVM. Creating learning opportunities for their students for different topics and arenas. So, there is a real potential for work on elder abuse and creating simulated learning to providers in the field.

Outreach to Vermont Community Foundation

There has been some talk internally at DAIL about reaching out to the Vermont Community Foundation - how we can be part of soliciting funding for some of our initiatives? This has never been done before, so we are not sure what that would look like, but we wanted to start the conversation. We cannot be directly involved in receiving the funds, but can we be the facilitator them?

V. Board Member Perspective

Kim Fitzgerald, CEO of Cathedral Square

Kim is currently the CEO of Cathedral Square in Burlington. Cathedral Square owns and manages affordable housing for elders and those with special needs. She has been in the affordable housing field her entire professional career. Kim wanted to be part of the DAIL Advisory Board because she works with elders in housing and because of a childhood friend with disabilities that she supported. Cathedral Square is also the statewide coordinator of Support and Services at Home (SASH).

Cathedral Square is celebrating its 40th anniversary this year: they manage 30 communities with about 1,000 homes with over 1,200 people, have 125 employees and has received the "Best Place to Work" award two years in a row. They work with elders, young disabled, clients of Howard, young mothers 18-22 years old with dependent children, families with a dependent child who are continuing their education and other special needs. Cathedral Square opened the first assisted living facility in Vermont in 2003 and is planning a memory care assisted living residence to serve those with Alzheimer's and dementia. It is hoped this facility will open in early 2018.

Kim spoke about their specific facilities, funding and how a home can be obtained. More information about Cathedral Square and its facilities can be found at:

https://cathedralsquare.org/

The wait list for housing is over 800 people. The only funding available for affordable housing is tax credits, which are very competitive. There is a need for more Section 8 vouchers, to make rents truly affordable. There are no new vouchers being created, only recycling of the ones that already exist.

There was a Governor's mandate two years ago that the homeless population must be given preference. For Cathedral Square, this means that 15% or approximately 150 people have to include someone who is homeless. Although serving the homeless is important, Cathedral Square has been working hard for many years to prevent homelessness in the first place. Services including SASH are a key component to that!

VI. Possible Future Topics for the DAIL Advisory Board

Deputy Commissioner George reviewed possible future agenda topics for the next few DAIL Advisory Board meetings and solicited input from members. Possible topics include:

- Independent Living
- Sean Londergan will come to speak about the Vermont Long Term Care Ombudsman Project and a review of conflict of interest (COI) – typically there is a sub-committee of the Advisory Board to work with him on the review of COI.
- SASH
- Transportation

- Alzheimer's Association and Vermont Department of Health's Plan on Aging
- Have AHS Secretary Al Gobeille attend
- System of Care – will wait to the Developmental Disabilities regulations to be finalized
- Reframing Aging – have been working with Frameworks and how the language that we use can change the message of what we are trying to say. What words you use and how that resonates and affects how we get our message out there.

VII. Board Updates

There were no board updates.

Meeting was adjourned