# DAIL Advisory Board Meeting Minutes
# January 11, 2018
# Sally Fox Conference Center, Waterbury

**ATTENDEES:**

**Board Members:** Robert Borden, Nancy Breiden, Terry Collins, James Coutts, James Dean, Mary Fredette, Kenneth Gagne, Joseph Greenwald, Jeanne Hutchins, Laura MacDonald, Nick McCardle, Nancy Metz, Virginia Milkey, Steven Pouliot, Lorraine Wargo

**Guests:** Delaina Norton, Lynne Cleveland Vitzthum, Michael Firkey, Emily Norris, Kathy Brown, Belinda Bessette, Merry Hill, Sean Londergan, Katie Gilcris, Theresa Earle, Hanna Wagner, Beth Holden

**State Employees:** Camille George, Monica Hutt, Jackie Rogers, Clare McFadden, Amy Roth, Liz Perreault, Kirsten Murphy, Laurel Olmland, Cheryle Bilodeau

**Motion to Approve Minutes:** December 14, 2017 minutes: Approved: Nancy Breiden
Seconded: Steve Pouliot

Abstained: Nick McCardle and Robert Borden

**Minutes are approved.**

**Conversation with the Commissioner**
*Monica Hutt, DAIL Commissioner*
**Ethics Acknowledgement Questionnaire Follow-Up:**
Camille George, DAIL Deputy Commissioner, reviewed the answers from the Governor's office to the questions the DAIL Advisory Board posed, at the December meeting, regarding the Governor's Executive Code of Ethics. Some questions remain about the word "employ" and concern was expressed about how unclear the document is. Also, the questions were raised about the prohibitions related to lobbying during and after having been appointed to the board. It was decided that the board would wait to sign the Code of Ethics and Camille will reach out to the Governor's office once more for clarity. Specifically, about lobbying while on the board and the year following resignation from the board. There was a request from some board members to have a version of the Executive Order to speak specifically to voluntary boards.

**AHS Global Legislative Frame for Session:**
*Budget-*
The Governor's budget address is on January 23, from 1:00 – 2:00 PM. DAIL was instructed to level fund the budget again for the 2019 budget. It is unclear at this time what that will mean for DAIL and

its programs. DAIL continues to feel caseload pressures in Choices for Care (CFC) and Developmental Services (DS). A common question around DS caseload is why wouldn't the caseload decrease along with the decrease in children in Vermont? The answer is that there are more cases being diagnosed and diagnosed earlier than in the past. This is not unique to Vermont; the national numbers are increasing as well. The other factor effecting the caseload is that the caregivers, who are most times the parents, are aging and are no longer able to care for their children with developmental disabilities.

Once the budget is public, Commissioner Hutt will go through it with the board. The Governor will make recommendations and then it will go through the scrutiny of the Legislature.

*Facilities-*
Commissioner Hutt will attend the testimony on the Facilities Report that is scheduled for January 25. This conversation can impact "Geri-Psych" and whether facilities will be state owned or leased. These decisions will impact the Capitol Bill and operational work.

*Opioid Coordinating Council-*
The Opioid Coordinating Council will have a report that will come out soon that addresses ways to combat the opioid crisis. This crisis touches all age groups and populations including people served by DAIL. However, another major, but less known risk for the populations DAIL serves is alcohol abuse. The data that is available shows this to be the biggest risk to older Vermonters.

*Hub and Spoke Model for Dementia-*
Dr. LaMantia, Director of UVM Center on Aging, is looking at the Hub and Spoke model used for substance use disorders for dementia diagnosis and caregiver support. Dr. LaMantia looks at DAIL as a key partner in this work and DAIL is very interested in more collaborations across state government and partners, specific to the issues of dementia. The Hub and Spoke model would work for individuals diagnosed with dementia and it would also work for individuals with DD. It would be beneficial to bring UVM Center on Aging, the UVM Center on Disability and Community Inclusion and AHS together to discuss our aligned priorities and how we can work together to tackle these issues.

*Education-*
There is a question as to who is responsible (DAIL or Agency of Education) for providing Developmental Services for Pre-K students. Agency of Education is drafting a bill that the Agency of Human Services (AHS) will keep an eye on.

*Universal Primary Care-*
Senator Ayer is a big proponent for Universal Primary Care and will be having conversations in the legislature about this issue. AHS will be monitoring.

*CMS and State Shares:*
With the 1115 waivers, CMS is backing away from states that don't match the federal contribution for Medicaid. Vermont does provide a match so should not be affected by this move.

**Update on DAIL BAA Testimony:**
Commissioner Hutt and Financial Director, Bill Kelly met with Senate Appropriations to testify on any SFY18 Budget Adjustments to the DAIL budget. There were very few changes with one reduction and the rest were net neutral.

There was a net neutral transaction between Department of Mental Health (DMH) and DAIL for the money that was provided to the Designated Agencies to increase their minimum wage for employees to $14.00 per hour. Initially, DMH was allotted too much and DAIL too little, that is why this shift occurred.

Vocational Rehabilitation (VR) is participating in a Social Security Administration (SSA) demonstration to test alternate work rules that encourage Social Security Disability Insurance (SSDI) recipients to work with a more gradual reduction in cash benefits. SSA is subcontracting with the company ABT Associates who will implement a multi-state demonstration to test these alternate work rules. ABT is entering into contractual agreements with state vocational rehabilitation agencies to provide work incentive counseling services for demonstration.

AHS was required to identify five-million-dollars in administrative savings. DAIL had a decrease in the Attendant Services Program. The program had been underutilized and the reduction did not affect current services. This adjustment was approved by Joint Fiscal in the summer and it is now part of the budget adjustment.

**DAIL Legislative Updates:**
DAIL has two bills being introduced to the legislature; Receivership and Older Vermonters Act Work Group. Both bills have sponsors and are moving forward.

DAIL was recently informed that the Legislature has formed an Elder Caucus. DAIL is pleased that members of the Legislature have an interest and want to have some focus on aging.

Worker benefits, Family Medical Leave (FML), minimum wage, worker compensation, insurance coverage for hearing aids and sick leave are all issues being brought to the legislature in different bills. DAIL will have to pay attention to these items since they all effect either our consumers or providers.

There are two bills to reorganize parts of the Department. One is combining the Division of Rate Setting, the Certificate of Need for transfers of ownership of nursing homes and aspects of DAIL (survey and certification and APS) and creating a Department of Long Term Care that would oversee

those functions. The second bill being introduced is a bill that would rename Division for the Blind and Visually Impaired to Division for the Blind and Hard of Hearing. This name change would not add any services or money to the division. It is not a bill that DAIL supports and the Deaf/Blind/Hard of Hearing Council has some recommendations to address this proposed change.

Any bill that was introduced last session that didn't die or get passed are still viable bills that DAIL will track.

**Supported Decision Making**

*Jackie Rogers, Office of Public Guardian (OPG)*

Individuals receiving guardianship from OPG are in the custody of the Commissioner of the Department of Disabilities, Aging and Independent Living. If a person is placed in the care of the Department, it is because the person neither has the capacity to care for their own needs or has a person who can or is willing to take that responsibility.

Guardianship powers are granted to the department in one of two ways: Both Family Court and Probate Court can order guardianship. Each court grants different and specific powers to the guardian. If Family Court orders a guardianship, the oversight includes general supervision, help with contracts and legal concerns and help in facilitating medical and dental appointments and decisions.

If Probate Court orders guardianship, the oversight includes all of the above and the ability to sell or encumber personal or real property and exercise supervision over income and resources.

Guardianship should be avoided if possible. It is a restrictive way to help someone. The individual who has a guardian still has every right to dictate where to live, how to spend their money and whether they allow the person who has guardianship, into their lives. A guardian is only there to serve the individual to the extent that the help is warranted and accepted.

The need for guardianship is usually identified by an individual's support team. The individual may need help in paying bills on time, case management or need someone to help protect them from harmful or dangerous situations.

Other functions of the OPG are: serving as a representative payee, case management, educating the public on guardianship, recruiting and assisting private guardians and arranging court-ordered evaluations.

OPG is almost fully funded with State General Funds. Medicaid cannot be used for guardianship. Currently the state does not have enough guardians. There are 750 people in the DAIL Commissioner's custody. The caseload for each guardian is approximately 30-40 people. If someone with Developmental Disabilities were unable to get a guardian, the Designated Agencies would more than likely fill that role without the legal rights that are afforded through guardianship. If an older

Vermonter was unable to obtain a guardian and were trying to leave a hospital, they would end up having to stay until someone could take responsibility for that older Vermonter.

An individual who needs a guardian and has personal assets are encouraged to hire a private guardian. However, there is potential for exploitation. Vermont needs to put in better laws that can protect individuals and their assets.

OPG has used a Supported Decision-Making Agreement in place of one guardianship to date. It is a concept that people can make their own choices with a varying degree of support. This concept encourages independence and builds on a person's skills. There are tools that help identify the individuals supports and abilities to make decisions, a contract that the individual and identified support people sign as a commitment to the process.

People with DD aren't usually offered the opportunities to make decisions, and mistakes, on their own. Most of the time they are surrounded by well-meaning people who take control of those decisions. However, once an individual becomes an adult, those supports become less and the individual is left without the practice of making decisions and mistakes on their own. The Supported Decision-Making process empowers individuals and gives them room to make their own way.

The Department of Education, judges and family members are all pulling together to see if the SDM process can work. In the pilot, there were 11 cases of kids with DD who had turned 18 and were now legally on their own. In the past, these individuals would go directly into a guardianship. However, with the SDM process, there is an opportunity to have an alternative or a more limited guardianship. The pilot did find that these 11 individuals did actually need guardianship. Over time that could change as skills are encouraged and developed.

**COVE Legislative Priorities**

*Gini Milkey*

Gini Milkey shared a document that showed COVE's 2018 Legislative Priorities. It included: Long Term Care, Transportation, Protection of Vulnerable Adults, Senior Housing, Nutrition, Health Care Reform and Support for low and moderate-income older adults. These priorities match the Vermont Statewide Assessment of older Vermonters that Angela Smith-Dieng, from the Unit on Aging, has been working on in preparation for the development of the next State Plan on Aging times.

Transportation continues to be a barrier especially if you live in a rural part of the state. The state is rewriting a five-year plan on transportation and there have been several meetings around the state. There are many differences from community to community in terms of access to transportation. Barbara Donovan, Public Transit Administrator from VTrans, is involved in this conversation. Deputy Commissioner George will reach out to Barbara and Peter McNichol from Medicaid Transportation and invite them to speak about this issue at a future DAB meeting.

A public health project with the United Way identifies transportation as a major barrier to healthcare along with individuals not wanting to ask for help. The Village model is looking to use volunteers within the community to address that barrier.

**Board Updates**

*Jim Dean*

The Mount Ascutney hospital in Springfield has a volunteer program for rides to medical appointments but it is not limited to that. Jeanne Hutchins thought if providers could be shown the money lost in cancelled appointments due to transportation barriers, they may be inclined to do a similar service. It truly would be a win-win.

*Jeanne Hutchins*

UVM Medical Center, Center on Aging, is hosting a Gerontology Symposium 2018; Caregiving for Persons Living with Dementia: Families & Professionals Working Together.

It is being held on March 26, 2018 (Monday) at the Hilton Hotel in Burlington. There will be two tracks:

- Family Caregiver Track
- Professional Track

**A New Vision for Children's Services**

*Emily Norris, NCSS; Kathy Brown, NCSS; Belinda Bessette, NCSS; Merry Hill, NCSS; Katie Gilcris, HCRS; Theresa Earle, HCRS; Hanna Wagner, Howard Center; Beth Holden, Howard Center, Cheryle Bilodeau and Laurel Olmland (DMH) and Clare McFadden and Amy Roth (DAIL/DDSD)*

There is a new vision on the horizon for children's services, Integrating Family Services (IFS) that has come out of the many challenges that make services hard to access. The understanding that the system needs to improve integration of services and access to services and be flexible has come to a head. The goal is to meet families where they are and have the freedom of fading in and out of services based on need.

Northwestern Counseling and Support Service (NCSS) staff members spoke about how their organization is implementing the IFS model. Kathy Brown shared that her experience using the IFS model has been positive. The family's funding proposal is built around the need for their individual need. This way multiple services can be accessed with the same funding source and creates fluidity between money and need.

Belinda Bessette of NCSS, works in the children's clinical side and feels IFS allows for creativity. In the past, a child could receive Mental Health (MH) services during the day but if at night there needed to be some type of support at home, that wouldn't have been available. With IFS if there is a clear need for support, the services are more accessible because the need to "be eligible" for a separate funding stream is no longer necessary. The child and family's needs, as a whole, are taken into consideration for a more holistic approach.

Initially, families were nervous about the new model and not having access to a lump sum of money to use for services. However, now that the new model has been implemented, a survey has shown families are satisfied with the process. It takes some time to build relationships and trust because there is a fluctuation in needs and what will be provided.

Mary Hill, NCSS staff member, has worked in Children's Services, DDS and now IFS and has seen the shift of moving all of the children with DD into the IFS model with success. Ms. Hill shared a story of one of the children who moved from the old model to IFS:

The community had an individual that came into NCSS when IFS first began. This individual had a waiver from another state. He had been diagnosed with DD, ADHD and ODD. Mom shared that this young man suffered from anger issues that emerged when he was only three years old. He could become very aggressive and ended up with several hospital stays while just a child. The Department for Children and Families provided therapy, respite and service coordination. When they moved to Vermont and this new community, the family became concerned about not being able to keep the waiver they had and moving to the new model of IFS. However, with the new model, workers were able to ask the now almost adult man what is hopes and dreams were for his future and put in place supports and opportunities that the other model wouldn't have had the freedom to do. The young man answered that he was interested in firefighting and automotive. He was signed up for automotive classes through school and was able to volunteer for the local fire department. His plan was centered around him and it was empowering. He had the opportunity to learn about therapies, banking, transportation to help him be more independent.

He has now transitioned into adulthood and he is doing well. He is trying to obtain a driver's license and he still volunteers at the firehouse. He is employed at a scrap yard and has not had any negative interactions with law enforcement.

The HowardCenter staff are non-IFS users, but use Accessing Resources for Children (ARCh) instead. They are in the fifth year and they too, try to meet people where they are and address their needs. The two models are similar in the fact that there is a holistic approach for the individual and family to receive services. The biggest shift from the 'old' model and how agencies are now trying to serve their population is eliminating the need for a certain diagnosis to receive help. Modifications needed to happen to get away from silo services.

The program has grown a lot from 56 children to 260. The caseload is approximately 25 individuals to one coordinator. Every child from ages 4 to 22 has a care coordinator that coordinates care for home, work and school. The coordinator will go to school meetings and help the individual develop living skills. The coordinator will also make referrals for more services if it is deemed necessary. The challenge with the integrative services model is that there just isn't enough staff.

Health Care and Rehabilitation Services (HCRS) is a less formulized integration of services. The staff at HCRS looks at how people come into services and try to centralize it. Sometimes individuals would come to the Mental Health (MH) side and then would be moved to the Developmental Services (DS) side of the agency.

The HCRS staff feel that the new approach is more welcoming to their families and is positive in the way they are able to meet the needs of families regardless of diagnosis. They are now completing assessments every six months to see the progress and where more services could be used. The assessments help to identify where early interventions are needed to create less need in the future.

This presentation was brought to the DAIL Advisory Board for awareness of the access to services changes that are starting to happen across Vermont as more regions adopt this new model. The former model's strengths were the family's ability to know that they had X amount of money to spend on services and they could choose what suited them. However, that model proved to be expensive and it promoted a dependency on services. With IFS, there is a holistic approach that doesn't pigeon hole an individual. The approach is to give enough and pull back when the need is no longer there.

It is time to change expectations and leverage the money based on outcomes that promote health, wellness and independence. There may come a time where the advisory board will be asked to advocate on behalf of this approach.

Some things that members of the advisory board reflected on was the need to secure money for protective factors. Research supports early intervention and integrated system. There is a need to educate each other and share best practices.

The Agency of Education never seems to be at the table and that has to change if we are going to be truly successful in integration of services.

In the future, the Advisory Board would like to see an outline of how the former model worked, why it didn't work, where do we want to go from here and why, along with an explanation of how the money is managed.

**Meeting was adjourned** **2:00**