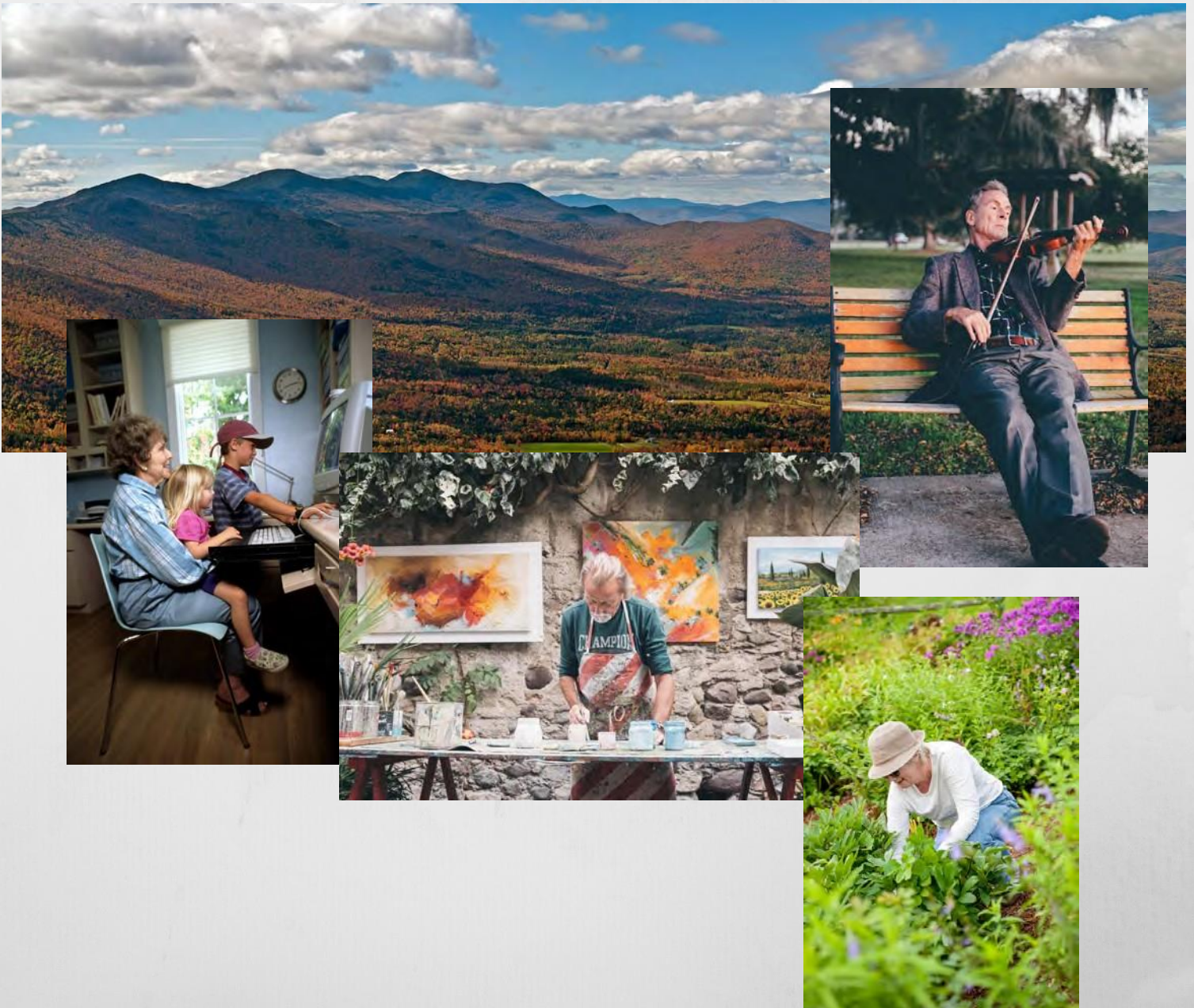


Vermont State Plan on Aging Year 2 Progress Report

December 2020



Vermont State Plan on Aging Federal Fiscal Years 2019 - 2022 Year 2 Progress Summary December 2020

Introduction

In order to plan for the ongoing and future needs of older adults in Vermont and to meet the requirements of the Older Americans Act (OAA), the Department of Disabilities, Aging and Independent Living (DAIL), the designated State Unit on Aging (SUA) for Vermont, prepared a four-year [State Plan on Aging](#) approved in September 2018 by the Administration for Community Living (ACL).

As part of DAIL's ongoing administration of the plan, the department has reviewed progress on goals, for Year 2 (October 2019 – September 2020) of the plan. The summary below represents some of the work accomplished to date and work planned for the future.

GOAL 1: SUPPORT HEALTHY AGING FOR ALL

The passage of the Older Vermonters Act, [H-611](#), is a critical component to moving forward with initiatives directed towards healthy aging for all older Vermonters. It establishes the State of Vermont's commitment to a coordinated system of services and supports for older Vermonters, with a list of principles to be adhered to, a requirement for annual plans, a focus on individuals with greatest need, and a creation of a self-neglect working group.

Objective 1.1: Increase older Vermonter participation in evidence-based falls prevention interventions and programs.

Strategies

Collaborate with Falls Free Vermont (FFV), using a variety of methods, to increase awareness among individuals, families, providers and healthcare systems of proven falls prevention interventions and programs offered throughout the state.

- Statewide promotion of Falls Prevention Month, September 2020.
 - AAAs promoted Strong Today, Falls Free Tomorrow in newsletters;
 - DAIL issued media release promoting falls prevention and strategies for preventing falls;
 - FFV promoted Falls Prevention Awareness Month with a statewide press release, a WCAX/Across the Fence episode, updated class lists on www.fallsfreevermont.org, and daily social media promotion via the new FFV Facebook page.
- A compilation of falls prevention programs around the State was posted in a centralized location on the FFV website.
- FFV produced a placemat with information on falls prevention and nutrition. Southwest Vermont Council on Aging (SVCOA) sent the placemat out to Meals on Wheels recipients during Falls Prevention Awareness Month.

- FFV created a one-page document/information flyer on maintaining strength and balance and what to do if you fall during COVID-19.
- FFV is working to grow the number of partnerships around the State and developing a grant proposal through the Agency for Community Living (ACL) to enhance the number of evidence-based programs for communities.

Increase access to falls prevention interventions and programs through sustainable expansion of a variety of interventions and programs throughout the state.

- Falls prevention classes expanded virtual offerings to the public in response to the COVID-19 pandemic.
- Older American Act providers offered outdoor, socially distanced activities focusing on fall prevention were implemented in response to the COVID-19 pandemic.
- AAAs used OAA Title III-D funds to expand evidence-based Tai Chi classes geographically.
- Before the COVID-19 pandemic, SVCOA had begun to implement the Matter of Balance program, recruiting a master trainer. They are currently waiting for the Matter of Balance Virtual pilot results and hope to move forward with the program in 2021.
- AAAs are receiving referrals via One Touch and the Weatherization from the community action agencies for falls.
- FFV is exploring options and strategies for a 2020 grant application. They anticipate that a community partner will be the lead applicant. FFV's goal is to implement Matter of Balance, Capable, and one other low-level evidence-based program in a tiered implementation for falls referrals.
- FFV has joined a New England Evidence-Based Programs Network Collaborative with all six neighbor states and led by the MA-based Healthy Living Center of Excellence. The goal of the collaborative is to work together across borders to support the expansion of quality-driven programs and build coordinated systems for future sustainable funding sources.
- Northern Vermont University is investigating the relationship between falls risk and nutrition status in community-dwelling settings. The findings will be used to guide program expansion.
- In October 2020, SVCOA implemented the Eat Smart Move More Weigh Less program, purchasing 20 participant slots.

Establish data elements and statewide data collection and tracking of falls prevention interventions and programs, including participant outcomes.

- AAAs continue to survey and collect data using a standardized pre and post surveys, registration forms, and attendance sheets. The agencies regularly analyze the data collected and assess the findings.

Additional Strategies DAIL wants to work on more

- DAIL and Vermont Department of Health (VDH) Healthy Aging Workgroup continue to collaborate to coordinate falls prevention efforts.
- Expand upon existing or develop a new curriculum covering preventative services, including access to falls prevention interventions.

- Network with statewide community health workers to provide educational materials on Medicare options related to falls prevention.

Objective 1.2: Increase behavioral health prevention, treatment, and recovery for older Vermonters.

Strategies

Raise awareness of the prevalence of substance use and mental health problems, including suicide risk, among older Vermonters and advocate for aging-informed behavioral health services for them.

- DAIL continued work with existing inter-agency coalitions, including efforts to increase engagement with underrepresented regions.
- DAIL participated in educational and conference presentations in the state to bring increased awareness of the behavioral health needs of older Vermonters and educate behavioral health providers about aging-informed intervention, treatment, and recovery services.
- AAAs continue evidence-based programming, including HomeMeds and PEARLS, to address risk factors impacting substance use and mental health issues among older Vermonters.

Increase identification of older Vermonters in need of substance misuse prevention and/or addiction treatment by expanding the implementation of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) process to more older adults.

- DAIL continued work through existing inter-agency coalitions to advocate for the development of aging-informed behavioral health services.
- DAIL worked with VDH Surveillance to review and analyze data found in the 2018 Behavioral Risk Factor Surveillance Survey (BRFSS) from the added question on risky medication and alcohol use. This BRFSS question was repeated in the 2020 survey. So far, the results have indicated a significant amount of risky concurrent use of prescribed medications for pain, sleep, anxiety, and alcohol use. This risk is addressed in the two educational brochures developed by DAIL in conjunction with VDH on aging and alcohol and aging and medication.
- SASH staff members were trained to perform intervention and referral services, and all housing participants were screened for mental health, substance use, and suicide risk.

Collaborate with the Department of Mental Health and the designated mental health agencies to increase Eldercare Clinician (ECC) coverage sustainably across the state, target resources to those at highest risk, collect client outcome data, and increase collaboration with medical providers and the aging network.

- Department of Mental Health (DMH) used a combination of COVID Relief Funds and general funds to provide a one-time funding increase to the Eldercare Clinician Program (ECC). The funds are being used in various ways to increase education about the ECC services, provide training for clinicians, and increase support to older Vermonters in need of ECC services. The funds will be expended by June 30, 2021.

Support increased suicide prevention awareness and training among Aging Services Network providers.

- In partnership with VDH, DAIL educated healthcare and aging services providers about the prevalence of suicide among older Vermonters and aging-related risks and protective factors to improve the identification of older adults in need of intervention and support.
- DAIL collaborated with the Vermont Suicide Prevention Center to include and make presentations on aging-informed suicide prevention in a statewide conference and symposium on suicide prevention

Objective 1.3: Increase engagement to reduce impacts of isolation and loneliness on health and well-being of older Vermonters.

The Vermont Association for the Blind and Visually Impaired issued a grant to support access to technology and training to combat social isolation. To date, the program has served over 100 individuals with over half participating in the full training. The trainings and support assist individuals with accessing telehealth, participating in virtual social groups, accessing platforms to connect with friends and family and navigating online services.

Strategies

Improve transportation access by encouraging creative options (local, volunteer based, community driven, climate friendly, etc.) while advocating for increased public transportation and universally accessible community design.

- DAIL included questions about transportation in the older Vermonters survey. The findings will be used to help guide future efforts in making transportation inclusive of older Vermonters.
- DAIL continues to actively participate in the Public Transit Advisory Committee with the goal of bringing the needs of older Vermonters to these conversations.
- DAIL continues to promote the CDC's MyMobility Planning Tool to get older Vermonters to participate in planning for transportation.

Support a network of high quality, sustainable senior/community centers that offer diverse opportunities for engagement, including services such as nutritious meals, wellness programs, educational activities, volunteerism, intergenerational connections and more.

- In response to the COVID-19 pandemic, regulations were loosened, and senior centers started offering pickup, to-go meals.
- Volunteers started providing phone contact and regular wellness check-ins to meal site participants during the COVID-19 pandemic.
- Specific programs started offering grocery pickup and drop off to seniors following stay-at-home guidance during the pandemic.
- Senior centers increased outdoor activities and visits in response to social distancing guidelines. Activities included outdoor exercise classes, art classes, music, and other social stimulating events.

- DAIL started attending Vermont Association of Senior Centers and Meal Providers' (VASCAMP) monthly meeting to provide subject matter expertise and resource sharing.
- COVID Relief Funds were designated to help cover the meal cost gap identified by senior centers/meal sites and maintain increased meal rates for meal providers.

Sustain existing and explore new innovative and supportive housing models such as Home-sharing, SASH, the Village Model, cohousing, etc., while supporting a strong continuum of long-term care housing options.

- St. Joes in Rutland has been bought and is in the process of development for older adult supportive housing.
- A presentation on the village model for housing in Jerricho was given at the 2019 V4A conference.
- Mount Mansfield Villages now has 39 dues-paying members and 37 volunteers, providing rides, groceries, chores and social connection. In addition, LaMoille Villages has started in Morrisville and is growing, and Montpelier is exploring the village model.
- HomeShare Vermont absorbed Home Share now resulting in cost savings that will be used to expand services.

In conjunction with the Vermont Deaf, Hard of Hearing, and Deaf & Blind Advisory Council, coordinate training for the Aging Services Network and local communities regarding awareness around hearing loss and strategies to increase hearing accessibility.

- Community of Vermont Elders (COVE) have legislative priorities expanding private insurance covered for hearing devices.

Additional Strategies DAIL wants to work on more:

- Explore the Applied Suicide Intervention Skills Training, ASIST, program, and its potential use among MOW volunteers. Vermont suicide prevention center could be a partner with the effort.

Objective 1.4: Increase meaningful employment opportunities for older Vermonters to support health and financial security of individuals and a prosperous economy.

Strategies

Educate businesses about the importance of recruiting, retaining, and engaging mature workers, and highlight opportunities for employers to connect directly with mature job seekers through online and in-person hiring events and recruitment campaigns targeted to this population.

- Vermont Associates for Training and Development (A4TD) held one virtual job fair in 2020 between Bennington and Brattleboro. Six businesses participated, and 35 individuals attended the event. Analysis after the event found that multiple applications were submitted, and hires were made.
- A4TD attended a VocRehab business account manager (BAM) meeting to discuss employer engagement strategies. BAMs are actively using these strategies in the field.
- A4TD will attend an upcoming BAM meeting to discuss replicating the virtual job fairs across multiple districts.

Disseminate materials to encourage businesses to develop concrete policies and employee supports that target mature workers, including those who are also family caregivers.

- Creative Workforce Solutions gathered information from participating businesses on how they were helping to keep employees safe during the pandemic. The policies that businesses implemented included the use of personal protective equipment, vaccinations, social distancing, and other practices to keep vulnerable employees safe during COVID-19.

Highlight the positive contributions that mature workers make to employers through the continuation of the Governor's Award for Business Excellence in Supporting Mature Workers.

- The commissioner assigned a staff member, Liz Perrault, in DAIL to lead these efforts.
- Businesses have been identified, but the nomination process has been significantly slowed by COVID-19.

Leverage the Senior Community Service Employment Program (SCSEP) to provide workers with skills growth opportunities such as workshops, computer classes, and participation in community college and technical education center programming that qualifies them for in-demand jobs, connects them with hiring employers, and better utilizes the mature worker population to expand the state's workforce.

- Creative Workforce Solutions strengthened statewide relationship with A4TD. A4TD is the sub-recipient of the State SCSEP grant.
- A4TD team members are actively participating at the district level in creative workforce solutions.
- Due to COVID-19, DAIL has worked closely with A4TD regarding remote training opportunities.

GOAL 2: STRENGTHEN CORE OLDER AMERICANS ACT SERVICES THAT SUPPORT OLDER VERMONTERS IN GREATEST ECONOMIC AND SOCIAL NEED

Objective 2.1: Information and Referral/Assistance (I&R/A): Improve I&R/A statewide so that all older Vermonters and people with disabilities who seek I&R/A through the Senior Helpline will have a consistent and high-quality experience.

Strategies

Implement a standardized I&R/A customer experience measurement tool and develop an implantation and continuous quality improvement plan for the tool.

- Senior Solutions installed an answering service to improve contact with callers and track the queue.
- AAAs use a survey to measure customer satisfaction. The survey is sent out monthly, but recently the AAAs have found lower response rates.

Disseminate outreach materials to promote the Helpline and I&R/A services statewide.

- The No Wrong Door rack card continues to advertise the Senior HelpLine and options counseling.
- The No Wrong Door webpage provides information on the Senior HelpLine.
- AAAs utilize social media outlets to publicize I&A services. They also hold trainings for partner agencies to keep them updated on the services and assistance that is provided through the Helpline.

Develop a standard I&R/A report and use the report to track trends in I&R/A to help in identifying future needs and service utilization.

- AAAs are not using the same I&R database system for tracking call data, which creates challenges with developing standardized reporting. DAIL will continue to address the challenges with standardized reporting with each AAA.

Increase calls to the Helpline for SHIP (State Health Insurance Assistance Program) to support older Vermonters with information and assistance with Medicare.

- The SHIP counselors continue monthly meetings with the program manager to discuss call volumes and share resources. Call volume is highest during open enrollment.
- AAAs train Helpline staff to be SHIP certified to be able to provide assistance to callers during and outside of Medicare open enrollment.

Objective 2.2: Nutrition: Increase food security of older Vermonters through the Home Delivered Meal program.

Meal providers are undergoing a meal cost analysis to better understand the true cost of providing a meal. The information will be available in January 2021. It will be used to gain a better understanding of costs associated with home delivered meals.

Strategies:

Embed food security prioritization tool into Home Delivered Meal intake and standardize assessment and reassessment procedures for active caseload management.

- AAAs adopted the Prioritization Score tool to measure food insecurity. A challenge with the tool is screening legacy participants. Rescreening is done annually.

Collaborate with the Accountable Care Organization, OneCare, and hospitals in Vermont to support nutrition and food security for high risk patients.

- Efforts by the AAAs continue as they work to establish relationships with health providers regarding food security.
- Dartmouth-Hitchcock Health launched Neighborhood Provisions, a web-based search tool for people who should not be going out to pick up prepared food or groceries due to the risk of exposure to Coronavirus and those who may be experiencing food insecurity and hunger because of changed economic circumstances. The search tool helps identify resources for accessing food delivery.

Explore a pilot to increase meal frequency for those at highest risk of food insecurity and measure outcomes.

- No pilot program has been adopted to increase meal frequency for individuals who screen at a certain level under the prioritization tool.
- Meal frequency was widely increased amongst MOW participants because of COVID-19, but the meals were not targeting a specific population.

Provide 3SquaresVT application assistance to program participants at initial assessment and reassessment.

- AAAs have dedicated staff for 3SquaresVT application assistance and, upon intake, are asking about participation. Assistance with the application is offered at the time of the intake.
- 3SquaresVT in a SNAP, a shortend application for older households, was implemented as a more user friendly application for older adults.
- 3SquaresVT-AAA's have increased public awareness of the program's availability to older Vermonters. Each AAA is sharing the content on in a number of ways including social media, newsletters, and email.

Objective 2.3: Case Management: Support older Vermonters to live in settings they prefer through high quality case management (both OAA and Choices for Care), including person-centered planning.

Strategies

Ensure all case management staff are trained in person-centered planning and develop a person-centered plan with their clients.

- All of the AAAs committed to using the CADER case management training curriculum through Boston University. (<http://www.bu.edu/cader/person-centered-case-management-certificate/>)
- V4A offers person centered trainings that is used by AAAs to train new staff and provide refresher trainings to current staff.

Explore a statewide acuity scale to allow for consistent prioritization of those in greatest need.

- Efforts continue to find a tool that could be widely used to measure acuity.

Explore different models and approaches around teaming and specialization.

- AAAs have implemented orgizational structures to maximize the strengths of their team to work with specific populations.

Integrate case management work with health systems and healthcare payers to support business acumen (for example, the 2018 Care Navigator "shared care planning" tool that aging network providers are piloting in conjunction with health care providers).

- Age Well developed care and service tools to support staff in managing responsibilities; ultimately, improving service for clients.

- NEKCOA and SVCOA are partnering with ACO to use shared care planning document to improve service and avoid duplication of services.

Objective 2.4: Family Caregiver Support: Ensure family caregivers of older adults are well supported through access to assessment, education, training, and respite.

Strategies

Develop and promote a family caregiver assessment tool for use by AAAs and other providers to measure family caregiver needs and refer them to appropriate supports. Explore its use in Choices for Care.

- The current caregiver assessment tool used by AAAs was revised in 2019 to measure stress and burden and collect caregiver profile data to develop a support plan that is effective and sustainable.
- The State Unit on Aging (SUA) is currently working to contract with a provider to use an evidence-based caregiver assessment tool to implement with each AAA.

Increase access to evidence-based family caregiver education and training.

- In response to COVID-19, AAAs are offering Powerful Tools in a web-based setting.
- AAAs provide training for care support staff including topics on caregiver needs, every day experiences, and strategies to combat caregiver burnout.

Increase usage of Adult Day for respite.

- Due to COVID-19, adult day centers shut down in March 2020. The shutdown inhibited the ability to utilize the service.
- Work continues to educate families around the usage of adult day and the cost-effectiveness.
- Families tend to prefer ‘Self-directed care’ support for informal caregivers. This allows more respite to be provided with reduced care costs and involves individualized training to informal/family caregivers.

Build the foundation of a dementia capable workforce culture by training staff and volunteers to have a minimum level of understanding of Alzheimer’s and dementia and minimum level of confidence in supporting family caregivers of older Vermonters with Alzheimer’s or dementia.

- All AAA staff trained to be dementia capable/friendly to better assist caregivers and individuals living with Alzheimer’s disease and related disorders (RBA GOAL)
- AAAs expanded support network through partnerships with other organizations offering caregiver support (ADRD caregiver support map)
- In 2019, ADRD Commission continued to work towards dementia-friendly recognition for the State of Vermont. Over the last year, commission members continue to meet with municipal leaders and organizations within the aging services network to introduce the Dementia Friendly America Model and gain their support for this movement across the state.
- DAIL continues to be part of the Dementia Care Hub and Spoke workgroup, which will assist caregivers in navigating diagnosis, treatment, and regional supports once implemented.

- AAAs participated in the development and delivery of Enhancing the Care and Health of Older Adults Living with Dementia ECHO Project. The project was initiated by the TriState Learning Collaborative and Qualidigm. The recorded sessions are available online for continued use. https://agefriendly.community/living_well_with_dementia/

Goal 3: Bolster the system of protection and justice for older Vermonters

Objective 3.1: Improve prevention efforts to protect vulnerable older adults against abuse, neglect and exploitation while maximizing their autonomy, with a focus on financial exploitation.

Strategies

Promote AARP's 'BankSafe' financial exploitation prevention training with Vermont's financial institutions to encourage the training of all front-line staff.

- Adult Protective Services (APS) continues to receive reports from financial institutions regarding financial exploitation while the Banksafe training program has ended.

Expand public messaging around financial exploitation prevention by collaborating with Attorney General's office, the Community of Vermont Elders' Senior Medicare Patrol, and ORCA media to develop and distribute "[Stay Savvy Vermont](#)" PSA videos.

- The Stay Savvy Vermont web series continues to be used to educate people on the topic of financial exploitation.

Continue work towards developing and expanding alternatives to guardianship, i.e. supported decision making, and promote successful models of prevention, such as increased usage of advance directors/early identification of health care agents/power of attorney and representative payee programs for financial management/security.

- Office of Public Guardians (OPG) offers trainings for hospitals, HCBS agencies, and other entities around advanced planning.
- OPG does on a 1:1 basic education on alternatives to public guardianship.
- APS performs regular mandatory reporting training. The training covers each topic at a high level.

Learn from the outcomes of Senior Solutions' Department of Justice Elder Abuse grant, designed to address elder abuse through a holistic, multidisciplinary approach in Windsor County, identify best practices to be replicated statewide, and support statewide elder abuse training.

- Hartford Police Department developed a checklist of protocols on elder abuse investigations for its detective team.
- Senior Solutions is developing protocols for law enforcement to increase referrals for self-neglect and dementia.
- Senior Solutions is developing a decision tree to help professionals and community members

know what programs exist and what referrals are appropriate when assisting victims of elder abuse.

Objective 3.2: Increase awareness of Vermont's programs that protect vulnerable older adults, including Adult Protective Services, Office of Public Guardian, the Long-Term Care Ombudsman Program, and Legal Services.

Strategies

Following the legal service statewide capacity assessment to identify gaps and unmet needs conducted as part of DAIL's Phase II Legal Services Grant, use survey results to address any key awareness gaps.

- Vermont Legal Aide and Legal Services Vermont continue to focus on outreach to get current, regularly updated information about the legal services system to every part of the state, especially to the more rural and isolated areas.
- Strategies are being implemented to increase in-person advice clinics for housing, family, and general legal issues, the ability to access simple advice, help with forms, and basic help negotiating the legal system.

Leverage resources through existing initiatives and partnerships (such as "BankSafe" and "Stay Savvy Vermont") to further expand public awareness efforts around financial exploitation and available resources such as Adult Protective Services, Office of Public Guardian, the Long-Term Care Ombudsman Program, and Legal Services.

- DAIL continues to consider the most effective methods for adding more elder justice information to the website to promote resources and education.

Expand World Elder Abuse Awareness Day (WEAAD, 6/15) activities with at least one activity/initiative per AAA region.

- APS published a series of press releases and PSA's related to WEAAD. APS partnered with Department of Children and Families and Adult Services Division on promoting efforts to educate partners and the public about protective services.

Explore the development of regional trainings to provide education and training to a diverse network of stakeholders about elder abuse, neglect, self-neglect and exploitation and the available resources for prevention and support for crime victims, including: Ombudsman services, legal services, APS, AAAs, guardianship and alternatives to guardianship.

- OPG continues to offer many trainings, including: Advance directive and health care agent training for Central Vermont Hospital care managers, Vermont Hospital Emergency Department Directors, and for new probate court judges; Public guardianship and guardianship alternatives discussion at Springfield Hospital; Financial exploitation collaborative training with Attorney General's office and Vermont Legal Aid for the AAAs and VNAs; End of life care planning training for the designated agencies, northern and southern regions.
- APS provides online training to their partners on APS 101 and mandatory reporting.