



DEMENTIA CARE: BUILDING THE CAPACITY IN VERMONT

Vermont Agency of Human Services
Department of Aging and Disabilities
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VERMONT DEPARTMENT OF AGING AND DISABILITIES
Alzheimer's Disease Demonstration Grants to States Project

EXECUTIVE SUMMARY

Vermont is poised to take full advantage of the Administration on Aging's FY2000 Alzheimer's Disease Demonstration grant. The project will focus on five areas:

- (1) improving the capacity of Vermont's Adult Day Centers (ADC) to deliver quality care to individuals with Alzheimer's Disease and related disorders (ADRD);
- (2) funding direct services as defined by the statute;
- (3) developing support services for individuals with early-stage dementia;
- (4) increasing the early detection of dementia through education and use of a screening tool; and
- (5) public education.

Vermont will develop the following products: assessment tools for determining the capacity of Adult Day Centers to deliver quality dementia care.; guidelines for creating Early Stage Support Groups in rural/low income areas, training materials for facilitators of these groups, guidelines for introducing dementia screening tools to medical students and other medical professionals, and guidelines for utilizing technology such as telemedicine conferences and interactive web sites to reach health professionals and social service staff in rural areas.

NARRATIVE

BACKGROUND

Vermont is a small northern New England state with a population of 588,978, with 72,213, or 12.3% of the total population, over the age of 65. The overwhelming majority of Vermont's population lives in rural areas (67.8%). This is the highest percentage of populations living in rural areas in the entire nation. It is estimated that 10% or 7,221 individuals over age 65 suffer from Alzheimer's Disease. By the year 2025, over 17,000 Vermonters are expected to fall victim to this disease. Many of the state's residents are considered low-income, with 10.9% of the general population and 25.3% of the 75+ population at or below 100% of the federal poverty level (1990 U.S. Census figures).

Vermont is committed to building a system that focuses on home and community-based care (HCBC) where individuals can live with dignity and independence in the settings they prefer. Vermont has been on the cutting edge of this national initiative. In 1996, Vermont passed landmark legislation (Act 160) to reform its long-term care system by providing a mechanism to shift funds from institutional care to the development of home and community-based services. Act 160 requires Vermont's Agency of Human Services (AHS) to:

- improve the state's independent living options for vulnerable elders and younger people with physical disabilities;
- slow the growth of its nursing home budget;
- redirect dollars saved to home and community-based services, "with consumer participation and oversight...in the planning and delivery of long term care services."

Over the course of four years, an estimated \$18 million in Medicaid reimbursement was projected to shift from nursing home care to providing education and independent living options to Vermonters, so that they might live with dignity and independence in the settings they prefer. Since the passage of Act 160, Vermont has made significant investments in its home and community-based services (HCBS), including funding one-time enhancements for adult day centers and creating a new Medicaid State Plan service (Day Health Rehabilitative Services), which has brought new revenue to the Centers. In an effort to improve local capacity to plan for and deliver long-term care services, ten Community Long-Term Care Coalitions were formed. These Coalitions have brought consumers, providers and advocates together in every area of the state, creating a local long-term care network for change. Revenues from Act 160 have allowed for the addition of 325 home and community-based Medicaid waiver slots, 33 new Traumatic Brain Injury Waiver slots, flexible funds for Coalitions to use for direct services, and several pilot programs to explore residential alternatives. In addition to the Act 160 funds, the Vermont Legislature created an annual appropriation of \$200,000 for dementia respite. Vermont was also one of four states to be awarded a "Nursing Home Transitions" grant from HCFA in 1999, to help individuals leave nursing homes and return to the community.

Vermont has 20 adult day centers (ADCs), 16 sites share a general fund appropriation of \$915,687. Other sources of revenue include private pay participants, Medicaid Waiver, Day Health Rehabilitative Service (a new Medicaid State Plan service) and Veteran's Administration participants. During this fiscal year, the centers are expected to serve about 800 individuals. Daily attendance varies from four individuals/day in the small centers up to 65/day in the largest center. Average daily attendance is between 15-20 persons/day. Based on a review of the assessments of current participants, it is estimated that nearly half (47.3%) of the attendees have a diagnosis of a cognitive impairment and over one quarter (25.8%) have a diagnosis of Alzheimer's Disease or a related disorder. The ADCs are primarily small, non-profit organizations, developed to meet the socialization needs of frail elders. Since the passage of Act 160, a greater emphasis has been placed on serving those individuals who are at risk of nursing home placement. This policy change, in conjunction with the availability of funding from the new Day Health Rehabilitation Services (DHRS) Medicaid State Plan service and an additional financial incentive for serving individuals with greater needs, means that the ADCs must find ways to respond to the needs of a frailer population with diverse medical, social and mental health needs. The Centers are encouraged to serve individuals with dementia, but often lack the skills and knowledge to provide quality care and the resources to obtain the necessary training. The physical environment of the Centers is also often problematic for individuals with dementia. Because nearly all the Centers are small and draw from rural and low income areas, they are often located in buildings where the space is not conducive to providing quality dementia care.

Low income and rural Vermonters face several barriers to accessible and affordable dementia care. Lack of accessible and affordable transportation remains a major barrier to Vermonters, particularly in rural areas. Not only are the Centers widely scattered around the state, but the distance many individuals would have to travel to attend a Center is simply prohibitive, even if transportation were available. Traveling more than 30 minutes each way, often on back roads and over mountains is physically and mentally taxing for ADC participants. Categorical funding streams for Medicare and Medicaid often mean that necessary services for the ADRD population go unmet. Mental health providers do not "claim" dementia within their service domain, in spite of associated behaviors that would respond to skills of a mental health professional. Caregivers who could benefit from counseling as they deal with their anger, grief and depression, cannot gain access to these mental health services because they do not fall within the priority categories set by these agencies. Where counseling is accessible, caregivers find it difficult to find respite care for their family member so they can access this support.

Because many individuals with dementia can still perform their ADLs, they often have difficulty qualifying for programs like the Home and Community-Based Medicaid Waiver, and Medicare does not cover the support and services needed by ADRD individuals and their families.

Vermonters are proud people, who value their independence over everything else. Ignorance surrounding ADRD means that it still carries a stigma. There is a general lack of knowledge on the part of the general public, physicians and other medical professionals concerning ADRD. Because people (including many medical and social professionals) are not aware that treatments and services are available, a sense of futility surrounds ADRD. Individuals and their families who could benefit from early diagnosis, treatment and services are denied those benefits. As a consequence, ADRD victims decline more rapidly, caregivers burnout more quickly and nursing home placement looms as the only viable option. According to a recent report by the Surgeon General, individuals with dementia are most likely to suffer elder abuse.

Vermont has no support programs for individuals in the early stage of Alzheimer's Disease and their families, although the Memory Centers and the Vermont Alzheimer's Association have identified this as a critical need. Several pilot groups, sponsored by the Memory Center at Vermont's largest hospital proved to be a great success; however they fell victim to budget cuts. Some of the participants found these groups so helpful, that they have continued to meet on their own.

APPROACH

Five critical areas will receive attention in this project:

- (1) improving the capacity of Vermont's Adult Day Centers to deliver quality care to individuals with Alzheimer's Disease;
- (2) providing direct services such as home health care, personal care, adult day care, companion services, short-term care in health facilities, and other respite to individuals with ADRD who are living in single family homes or congregate settings and improving the responsiveness of existing home and community-based services;
- (3) developing support services for individuals with early-stage dementia and their families;
- (4) improving the early detection of dementia through education of medical professionals and use of a screening tool; and
- (5) increasing the public's knowledge about ADRD, particularly the benefits of early detection, treatment and services and the value of Adult Day services.

1. Adult Day Center Capacity Building

Alzheimer's /dementia care requires a commitment to providing quality care as well as a conscious effort to make continued improvements as this field of care continues to evolve. The Vermont Alzheimer's Association will develop an assessment, which will be used to determine the capacity of each ADC to provide quality care in six critical areas: philosophy, participant assessment and care planning; ongoing care; programming; staffing; and environment. Based on the findings from the evaluations, each ADC will be offered training tailored to its identified needs. In Year One, all 16 State-supported ADCs will be assessed, and training will be provided to these centers. In Year Two, the remaining non-state funded ADCs will be assessed and training will be provided, with refresher courses offered to new employees at those Centers trained in Year One.

Each Center will undergo an in depth assessment to determine its capacity to deliver quality dementia care. The assessment will establish: (1) the Center's commitment to providing quality dementia care, including its program philosophy, ability to identify target populations, approach to care, appropriate location of the program and the ability to provide appropriate program staff; (2) the Center's ability to actively communicate that commitment to participants, their families and the public; (3) clear evidence of the Center's support for the rights of individuals with dementia; and (4) the Center's ability to provide support for family members and their needs.

ADCs will also be assessed on their ability to provide appropriate participant assessment and care planning. It is important for all individuals (the person with dementia, his/her family and staff) to be involved in the assessment and development, implementation and evaluation of the care planning process. The Vermont Alzheimer's Association has identified a core data set for all individuals with dementia, including the following data elements: general information/background; medical, functional, social, cognitive and behavioral data; information on special participant needs and special interests; habits, interventions, talents and spirituality. Currently, all state supported ADCs use the Vermont Independent Living Assessment. This comprehensive tool gathers individual client data in the following domains: demographic, functional, behavioral, mental health, health, informal caregiving and home environment. All data from these assessments reside in a comprehensive database at the state level. Vermont is about to reexamine its comprehensive assessment tool and will make necessary changes by October 1, 2000. ADCs will have the opportunity to add data elements unique to their assessment needs, while still collecting the core data set required by the State. The Department of Aging and Disabilities and the Vermont Alzheimer's Association will provide training for key ADC staff on the use of the improved assessment tool, including how to perform an assessment with an individual with dementia and his/her family, how to move from the assessment to developing a care plan and how to evaluate the efficacy of the care plan. In addition, ADC staff will learn about various methods to analyze and address problems and difficult behaviors, which can often have a negative impact on the quality of care for not only the individual with AD/DRD, but for other participants and staff as well.

The ADC evaluation will also determine the Center's ability to provide ongoing care. Alzheimer's Disease/dementia care focuses on the whole person and always recognizes the individual with respect and dignity. The evaluation will assess the ADCs ability to provide: function-oriented care aimed at maximizing independence; adequate nutrition and hydration; appropriate physical exercise; and care for concurrent medical conditions as required.

The ADCs' activity programming will be evaluated. Activity programming is fundamental to Alzheimer's/dementia care because it maximizes independence while focusing on strengths and abilities. The evaluation will determine whether the programming is individualized and designed to maximize individual functioning, whether it reflects the individual's lifestyle to the extent possible, and whether activities are provided in the appropriate environment.

Evaluations will also determine if staff members have been appropriately trained in the various components of Alzheimer's/dementia care, and have ongoing opportunities for education and support.

The last part of the evaluation will focus on the environment of the ADC. The Alzheimer's/dementia care environment (physical, social and cultural) should be designed to encourage and support independence while promoting safety. The evaluation will assess whether the physical environment is non-threatening. It will also evaluate whether the ADC has the capacity to meet the following environmental goals: maximize awareness and orientation; ensure safety and security; provide privacy; support functional abilities; adjust the appropriate amount of stimulation; provide positive quality stimulation; provide opportunities for personal control; facilitate social contact; maintain self identity; and adapt to changes due to the disease.

Once the evaluations are completed, appropriate training modules will be offered to all ADCs between grant years one and two. Three types of training programs will be offered to each ADC, based on the results of the evaluation. These educational programs will be provided by the Vermont Alzheimer's Association and will utilize national training materials. Three training programs will be offered: (1) *Key Elements of Dementia Care*; (2) *Understanding Dementia*, a one day program on, which provides information on the basics of the disease and; (3) *Activities Based Alzheimer's Care: Building a Therapeutic Program*;

The half-day educational program on *Key Elements of Dementia Care* is targeted to directors of ADC and key staff members and will be provided first. The program is designed to provide directors with knowledge about the key elements of dementia care and to explain how the key elements are used in building a dementia-capable program. At the conclusion of the training program, attendees will understand the following principles: the important features of dementia-focused care; the importance of quality of assessments and care plans; the important features of activities programming, the human resources necessary to provide dementia care; and the key elements of an appropriate environment. Participants will also understand how to use key elements in building effective programs for dementia care and how to access other resources.

The training program on *Understanding Dementia* will be offered next and will provide an overview of dementia, including the definition and characteristics, diagnosis and treatment, stages of the disease and other related disorders. This training will be appropriate to all staff and volunteers at the ADC. It will describe communication techniques, which can be used with someone who has Alzheimer's Disease or a related disorder as well as covering the basics of non-verbal communication. The training program will also cover important aspects of the physical environmental such as safety considerations in caring for an individual with dementia. Training will also be provided on identifying those functional supports, which encourage independence in daily activities for a client, particularly in the areas of dressing, eating and toileting. Information will be provided on the role of activities in the ADC and suggestions for effective activities for this population. The last components of the training will focus on

ways to diffuse challenging behaviors and to create an awareness of the needs of caregivers.

The session on *Activities Based Alzheimer's Care: Building a Therapeutic Program*, is targeted to ADC directors, activities professionals and activities staff. This six-hour program is designed to identify the fundamental components of activity-based care. Participants will learn way to adapt activities and the environment to better meet individual needs. They will also understand how to effectively utilize assessment and care planning for ADC participants, learn about new program designs and types of quality activities.

The Department of Aging and Disabilities (DA&D) will review and update its standards for ADCs in FY2001. The results of these assessments will provide valuable information to DA&D as it determines what changes are necessary to ensure the provision of quality Alzheimer's/dementia care in our Adult Day Centers. Using client assessment data, each year, DA&D will determine the number of individuals attending Adult Day Centers who have diagnosis of dementia. The ADCs will be assessed again near the end of Year Three to measure improvements in their dementia care capacity.

Knowing that the ADC assessments might uncover issues that are not addressed by these national training programs, Vermont will develop training and technical assistance in response to issues identified by individual ADCs that fall outside the scope of the three core training programs.

2. Provision of Direct Services and Improvement of Existing HCBS

Direct services funds from this grant will be combined with the dementia respite funds appropriated by the Vermont Legislature and granted to the five local organizations that have successfully implemented the dementia respite program. These organizations are all members of the 10 LTC Coalitions and will work with their partners in the Coalitions (home health agencies, adult day centers, hospital discharge planners, nursing homes and area agencies on aging) and the Vermont Alzheimer's Association to identify those individuals who will benefit from assistance with direct services such as home health care, personal care, adult day care, companion services, short-term care in health facilities, and other respite care to individuals with ADRD who are living in single family homes or congregate settings. The LTC Coalitions are charged with identifying unmet need and developing and implementing improvements to the LTC local service delivery system. The members are very knowledgeable about the challenges and strengths of their areas, particularly where service delivery to low-income, rural Vermonters is concerned. The Coalitions will identify unmet need and, in collaboration with DA&D, determine how those direct service needs can best be met, utilizing grant funds and by building sustainable systems for the future. The Vermont Legislature, recognizing the critical need to support caregivers, has provided an annual appropriation of \$200,000 for a statewide Dementia Respite Program. The five area agencies on aging (AAAs) and the Alzheimer's Association are ending their second year of administering this very successful Dementia Respite program. Caregivers can determine the best use of their

respite funds, as long as they use it for themselves. They are also expected to attend the "Caring Companion" training program offered by the Vermont Alzheimer's Association. It is expected that 170 individuals will be served by that grant in FY2000. Several areas of the state have waiting lists for these funds and the AAAs have also identified an unmet need for individuals who are just above the income cap set by the Vermont Legislature (200% of poverty). Additional funds from this AoA Demonstration grant will expand the ability of the AAAs to provide respite services to caregivers in Vermont.

Other departments such as the Department of Social Welfare and the Department of Developmental and Mental Health Services and advocacy organizations such as the Council of Vermont Elders and the Vermont Coalition for Disability Rights are working with DA&D and the LTC Coalitions to identify policy changes that could improve the delivery of dementia care. Collaboration between some of these organizations is already bearing fruit. A pilot project between the Northeastern Vermont Area Agency on Aging and the local mental health centers to deliver mental health and dementia services to elders not previously served has not only improved the lives of elders and their families, but has also provided training and consultation to the AAA case managers and decreased the need for guardianship services. It is a near certainty that the Vermont Legislature will provide funding this year to replicate this pilot across the state. In addition to the mental health services that will be provided through this new resource, some of the funds will be targeted for dementia training for AAA and home health case managers.

The Agency of Transportation, the Agency of Human Services, local transit providers, advocates for persons with disabilities and the Aging Network have come together to address the critical need for accessible and affordable transportation. Long-standing cultural and political barriers are finally being addressed through their collaborative efforts.

3. Develop Effective Methods for Early Diagnosis and Screening

In collaboration with the Memory Center at Fletcher Allen Health Care, the Area Health Education Centers (AHECs), and the University of Vermont College of Medicine, a cadre of medical professionals will be trained to use the validated "7 Minute Dementia Screen" developed by William Pendlebury, M.D. and Paul Solomon, Ph.D. of Vermont (Arch Neurology, April, 1998) and the Geriatric Depression Scale (GDS). Janssen Pharmaceuticals has manufactured one hundred thousand screening kits, complete with training video, score card and built in calculator, which will be available at no cost for this effort. This screening tool was originally developed to be used by non-physicians with proper training, for example, nurses, social workers and case managers can administer this screen and alert the physician about problematic scores.

As part of the effort to educate physicians about ADRD, training will be provided on the use of this tool and the Geriatric Depression Scale. Education for physicians and extenders concerning the disease, treatment and services in conjunction with screening and early detection will help families and individuals

with dementia gain access to treatment and essential services and support systems to help them cope with the disease.

In Year One, training on these two screening tools will be added to the clinical core curriculum for residents in psychiatry and introduced to all third year medical students at the University of Vermont College of Medicine. In Year Two, training in the use of these screening tools will be expanded to residents in the areas of Family Practice, Psychiatry, Neurology and Primary Care-Internal Medicine. Efforts during Year Three will focus on educating practicing Family Practice and Primary Care physicians. DA&D has received letters of commitment from each practice at the College of Medicine; however, only one letter was included due to space constraints. The methodology for Year Three is yet to be determined; however, utilizing various vehicles for distance learning such as video conferencing, web-based media for an "Ask the Dementia Doctor" series, telemedicine conferences and Vermont Interactive Television are already under discussion.

Vermont is also committed to improving the skills of staff in the Area Agencies on Aging and Home Health Agencies. As part of the ongoing training curriculum offered by DA&D, AAA case managers and home health agency Medicaid Waiver case managers will receive training on the use of the "Seven Minute Screen" and the Geriatric Depression Scale. Vermont will determine the efficacy of including the Geriatric Depression Scale as part of the comprehensive client assessment tool.

4. Develop Support Services for Individuals with Early-Stage Dementia

Vermont currently has no support programs for individuals in the early stages of the disease. Several years ago, the Memory Center at Fletcher Allen Health Care set up three very successful support groups in the Burlington area; however, due to budget cuts, they were unable to continue the programs. Participants found these programs so helpful, that many have continued to meet on their own. Developing effective programs in this area will improve the quality of life of individuals with Alzheimer's /dementia and their families. Support programs will provide education about the disease, information about and access to needed services and valuable social support. Providing individuals and families with support early in the progression of the disease will increase their ability to cope with the disease and extend their ability to live in the setting of their choice.

A system will be designed by which individuals will be automatically referred to these programs upon diagnosis or a strongly suspected diagnosis. The individual will be told of the diagnosis and must then consent to participate in the support group. Trained, competent individuals will facilitate the support groups. Current thinking, based on the successful programs run by the Memory Center, is that the caregivers and the persons with dementia will meet together first and then split into separate groups. Each group will have its own facilitator, trained to provide support for the specific needs of the individual with ADRD or the family/caregiver. Efforts will be made first to recruit facilitators from professions such as social workers, nurses, psychologists, etc. Because it might be difficult to

find enough individuals from professional backgrounds in many rural areas, we will evaluate the use of non-professionals, who with proper training will be able to gain the necessary skills to facilitate these groups. Facilitators will receive initial training and annual refresher sessions. These Early Stage Support Groups will be time limited, meeting for a predetermined number of meetings. At the conclusion of the sessions, the group may continue or move into caregiver groups already established by the Vermont Alzheimer's Association. A major function of the Early Stage Support Group will be to ensure that participants are aware of other services such as the Adult Day Centers, assessment and care planning, nutrition services available through the Area Agencies on Aging, personal care services, home health services, respite care, assistive devices, home modifications and transportation. Information will also be provided on finding long-term care planning resources. Ongoing contact will be provided along with follow up and referral as needed. The Vermont Alzheimer's Association will provide the technical support and training to develop these support groups, including training programs for facilitators that can be used to develop groups in the future. The most current, validated Caregiver Burden Scale will be used to measure the effect of these support groups on a caregiver's perception of their caregiving burden.

5. Public Education and Information

DA&D has committed to deliver a public education campaign for FY2001, designed to educate Vermonters about alternatives to institutional care. This campaign will include information on the benefits of Adult Day services. The Vermont Alzheimer's Association will focus their November public campaign on hope for individuals with ADRD, educating the public about the value of early screening, treatments and services.

Long-Term Viability of Efforts and Statewide Applicability: Vermont is building into its approach, key elements to sustain the viability of the efforts started under this grant. By increasing the dementia care capacity of the Adult Day Centers, we expect to see our efforts pay off in three ways: (1) we will create ADCs where individuals and their families will be able to access appropriate care to meet their needs; (2) as ADCs are able to provide the appropriate care, they will attract more individuals who will bring their own resources to pay for that care, either through the Medicaid Waiver, VA benefits or private resources, thereby improving the viability of the ADCs; and (3) as ADCs increase their ability to provide care for the ADRD population, caregivers will suffer less burnout, individuals will remain at home longer and, as a result, the utilization of nursing home beds will decrease, ultimately making more resources available for home and community-based services, including the direct services needed for individuals with ADRD.

Through physician education and education of professionals in the AAAs and Home Health agencies, Vermont will create a cadre of individuals who will recognize the value of early screening for dementia and avenues for accessing treatment, care and services. In addition, by building education on the use of the "Seven Minute Screen" and the Geriatric Depression Scale into the medical College curriculum for selected disciplines, we will continually be exposing new physicians to the importance of recognizing and treating dementia as part of their practice.

This project will enable Vermont to determine the best approaches for setting up and sustaining support groups for individuals with early stage Alzheimer's Disease and their caregivers. The Vermont Alzheimer's Association will develop training programs that will be available for new facilitators and groups to use in the future.

Dissemination of Information During the Project Period: Although Vermont is the most rural state in the Union, it is also one of the smallest states. This provides us with both opportunities and challenges in disseminating information about our efforts. Several methods of dissemination will be used. (1) DA&D publishes a bimonthly newsletter which is disseminated to all members of the LTC Coalitions, key legislators, the Council of Vermont Elders, Area Agencies on Aging, Home Health Agencies, Adult Day Centers, selected residential care homes, key Agency of Human Services staff, nursing home administrators, the Vermont Alzheimer's Association and others. Information on this project will be included in each newsletter. The Vermont Alzheimer's Association also publishes a newsletter, which has a wide distribution, including professional and families of individuals with AD/DR. Staff of DA&D and the Vermont Alzheimer's Association are also members of the Governor's Commission on Alzheimer's Disease and Related Disorders. This 17-member Commission meets monthly and includes legislators, representatives from our congressional delegation, as well as physicians, nurses, social workers, family members, adult day center directors and state government representatives. This group reaches a wide audience through its membership and also publishes an annual report to the Vermont Legislature, which would serve as another vehicle for disseminating information about this project. In addition, DA&D holds separate monthly meetings with the directors of the AAAs, home health agencies and adult day centers, at which this project will be discussed. An annual report, which describes, in depth, the operational strategies and outcomes of this project will be distributed to the key provider and advocacy organizations in Vermont's long-term care system.

LEVEL OF EFFORT

Vermont has a strong track record of collaboration with the organizations who have committed to being active partners in the implementation of this project. Vermont sees the community providers and advocacy organizations as essential to delivery of quality long-term care services in our state. DA&D works closely with the LTC Coalitions around the state, attending meetings, providing technical assistance, data and financial support. Monthly meetings are held with the directors of the Adult Day Centers, Area Agencies on Aging and Home Health Agencies. DA&D has a long-standing practice of involving our community partners at the early stage of any new initiative or policy change. In addition, DA&D staffs the Governor's Commission on Alzheimer's Disease and Related Disorders and has a close working relationship with the Vermont

Alzheimer's Association. Our relationship with the Commission and the Association have helped forge the current working relationship with the Memory Centers, AHECs and the University of Vermont Medical College, which will supply an integral part of meeting the goals of this project.

Background and Experience of Project Staff: The Project Director, Joan Senecal, is the Director of the Division of Advocacy and Independent Living at the Department of Aging and Disabilities. Ms. Senecal has a Master's Degree, with a focus on Total Quality Management in Not-For Profit Organizations. She has been with DA&D for over seven years, originally overseeing the implementation of the AoA Title IV Demonstration grant to develop a Community Assisted Independent Living System (CAILS), before moving to the position of Senior Planner and most recently to the Director's position. Ms Senecal managed the development and implementation of Vermont's comprehensive Independent Living Assessment tool and the Department's Senior Assessment and Management System database (SAMS). She also provides staff support to the Governor's Commission on Alzheimer's Disease and Related Disorders.

Susan Gordon, Executive Director of the Vermont Alzheimer's Association, has been involved with Alzheimer's Disease since 1985 when her mother was diagnosed with this disease. After serving on the Board of the Vermont Alzheimer's Association, she accepted the position of Executive Director in 1990. As Executive Director, she has moved the Association from an organization with a budget of \$10,000, to one with a budget of \$200,000 and a statewide presence.

Laura Corrow, Program Director, Vermont Alzheimer's Association, has been a caregiver for a family member with Alzheimer's Disease, Respite Coordinator with the Association and, since 1997, Program Director responsible for all patient and family services and educational programs offered by the chapter. She developed all of the on-going family and respite volunteer training programs, and delivers many of them. She has developed and delivered special programs on dementia to a myriad of audiences, including nurses, nursing students, nursing and residential care home personnel, home health aides and job corps students. She oversees the chapter's 25 support groups and the recruitment, training and support for a cadre of trainers who assist the chapter.

William Pendlebury M.D. is the Medical Director for the Memory Center at Fletcher Allen Health Care, the largest hospital in Vermont. Dr. Pendlebury is co-creator of the "Seven Minute Dementia Screen" and is well known for his dedication to improving the quality of life for individuals with dementia. Dr. Pendlebury will assist in developing methodologies for training and distribution of the "Seven Minute Screen" through on-site training, medical student education, telemedicine conferences and eventually, the development of a Dementia-focused website.

DA&D is committed to providing 1 FTE, dedicated to the oversight and implementation of this project. This individual will work closely with our community partners, particularly the Adult Day Centers, the Vermont Alzheimer's Association, the Area Agencies on Aging and the Home Health Agencies to ensure that the goals of the project are achieved. S/he will also work with the Memory Centers, AHECs and the University of Vermont Medical College. DA&D already has a 0.5 FTE dedicated to Adult Day Center

oversight and development and another .05 FTE dedicated to improving the delivery of case management services in the AAAs and Home Health Agencies.

Proposal Writer: The proposal writer is Joan K. Senecal, Director of the Division of Advocacy and Independent Living, Department of Aging and Disabilities. Ms. Senecal will be responsible for the overall implementation of the project.

Data Collection and Reporting Capacity: Vermont is very proud of its capacity to gather, analyze and report data. As the state that developed the original Service, Accounting and Management System (SAMS) database in 1994, now used by the aging networks in 15 other states, Vermont has a proven track record in the collection and analysis of client level data in the following domains: demographic, financial, functional, behavioral, cognition, mental health, health, informal supports and home environment. Data is gathered on all individuals served with Older American's Act funds, Adult Day clients, Homemaker clients, Medicaid Waiver clients and clients in the Attendant Services Program, a state general fund program. DA&D also maintains data from the MDS 2.0 on all nursing home residents, which gives us the capacity to make critical comparisons between the home and community-based service population and nursing home residents. Joseph Murray, our Research Analyst is a doctoral candidate in the field of public policy at the University of Massachusetts and has extensive experience utilizing multiple databases including the Vermont EDS claims database, MDS 2.0 data and the SAMS database.