

Meeting Minutes—ACT 264/Joint Meeting

06.24.2016

ATTENDING: Jessica Bernard, Laurie Mulhern, Ron Bos-Lun, Betsy Cain, Linda Cruise, Alice Maynard, Doug Norford, Cinn Smith (phone), Matt Wolf, & Karen Woolsey. (Kristin Holsman-Francoeur attempted to connect via phone but unsuccessful due to technical issues on HC end.)

<u>Agenda Items</u>	<u>Discussion Points</u>	<u>Decisions/Actions</u>
Joint ACT264 & SPSC Meeting (9:45-11:45)		
❖ Updates/Minutes Approval	<ul style="list-style-type: none"> • April and May meeting minutes were approved. 	<ul style="list-style-type: none"> ➤ Linda will email June minutes to everyone for review.
❖	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> ➤
❖ Clare McFadden, Asst. Director for DS at DAIL	<ul style="list-style-type: none"> • [DS Director Roy Gerstenberger (DAIL) was unable to attend due to medical issue.] Clare addressed several questions raised about how to more effectively provide services for children, who need dual MH and DS services, through Act 264, and how to better develop CSPs for these children. • Lack of funding priorities for kids, overwhelmed workers, and blended waivers going away are all playing a significant role in the current climate for this issue. Doug spoke about the lack of clarity re: what DS children services look like/should look like. Some of the challenges are the coordination of the necessary services, limitation of services, payment barriers, and the philosophical differences (e.g., treatment vs. support) between how DMH and DS provide services to children (e.g., the need/use of hospitalization). • Clare spoke about the challenge of determining which prevailing issues of a child need to be served by which State department and/or the local team. The local team should determine what the child’s needs are, come up with a plan, and decide where to apply for funds at a particular State department. The hope had been that IFS would roll out faster than it has on the local level. • Laurie talked about how the continuing agency challenges are interfering with families actually receiving the services they need on the local level. • Sharing of services is beginning to happen between DAs, even if not part of an IFS region. • Clare mentioned how removing payment barriers would improve the situation. For instance, payment barriers come into play when two different case managers submit a bill for the same services to two different agencies; one will inevitably get denied. • Karen questioned the issue at hand being not so much a philosophical difference as a functional difference. She argued that there should be a way for workers “on the ground” to get creative in order to blend services, in the same way the IEP teams work out solutions. • Regarding how best to provide blended services, a suggested solution was proposed for creating a default setting of DMH and DS both committing 50% funding, until something more concrete could be developed. The sense is that DMH and DS have not yet worked out their coordination of services and still need to create a shared vision for how to provide services to families. Several members spoke about the continued need to break down the 	<p>The Children’s MH SPSC should try to meet with the DS SPSC, periodically.</p>

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	<p>silos in state government that are still preventing the smooth implementation of and payment of necessary services to dual-served families.</p> <ul style="list-style-type: none"> • The suggestion was also made that the State should disseminate information better to all the regional players (e.g., if HC implemented a good solution for a particular service, the State could spread that idea to other DAs so they could use it, too). • Clare spoke about how the IFS regions are doing better serving current needs due to the increased flexibility that comes with how services get provided to those families, but they are running into the issue of reaching their funding caps. So, there is still the ongoing issue of there not being an adequate funding amount to serve all of the families in need. • IFS has currently put on hold payment-reform initiatives (i.e., blended funding) and, instead, is pushing for a revised governance structure for child-serving entities in the designated DA regions (i.e., non-IFS pilot regions), in hopes of developing ways to coordinate services in these non-IFS regions. • There is also the new proposal for DVHA’s Medicaid Pathways playing a role in future funding solutions and be the payment-reform idea. Clare did not know if or when this would happen. • The Board’s ultimate question was: how can the Board get everyone at the State communicating better with each other and achieve better coordination of services in the immediate future? 	
<p>❖ Carol Maloney, Director of Systems Integration/IFS</p>	<ul style="list-style-type: none"> • Update on Enhanced Teaming Initiative: <ul style="list-style-type: none"> ○ Medicaid Pathways: There are weekly meetings at the State level. It is the way the State is going. SIM grant is focused on the DA system’s 5 core services and substance abuse. DA representatives and VT Care Partners meet every other week with the funding consultants and internal partners are leading our Medicaid Pathways discussion, including our Global Commitment renewal from the feds. The negotiation is on track to finish in December. The goal is to transform the system from a fee-for-service into an outcome-based/performance-based funding system. AHS is starting with the DA system first. IFS is trying to point out that providers are operating in a capitated, underfunded system, so it’s not reasonable to withhold funding and then pay out later as a “reward” for high performance. Performance measures and accountability standards are still to be created. Currently, we don’t think a parent/consumer representative (i.e., family voice) is at the table, only programmatic and fiscal players. Medicaid and Exchange Advisory Board (MEAB) is another advisory board that includes a strong consumer voice. Payment reform (e.g., bundled services for billing) already exists in several child-youth services (e.g., Homeless and Runaway Youth, and JOBS, programs). IFS is no longer the vehicle that will turn the dial on payment reform. 	<ul style="list-style-type: none"> ➤ The Board will ask for update on the status of the Global Commitment Waiver contract negotiation from State, in the fall, from Selena Hickman, in the Secretary’s Office (lead person). ➤ Carol encouraged group to do active outreach and invite VT Care Partners (who represent the DA voice) to come to this meeting in the future and to build a relationship with that group. ➤ Carol offered to find out how they are connected to the conversations involving Medicaid Pathways and report back to group via Linda.

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	<ul style="list-style-type: none"> ○ Regional Core Teams: The new IFS governance framework (to be finalized by Aug. 1) is based on the belief that the glue that binds our community services will be these agreements, which commit all community partners (supports and services) coming together regularly with state departmental reps (e.g., district directors/supervisors for regional ESD, FSD, and VDH district managers), to facilitate providing core services (e.g., children’s MH, JOBS program, DS, etc.). IFS will focus on building teams that are helping the 12 state regions address the 8 essential population indicators that determine what services are provided to families. The idea is everyone shares a stake in everyone’s performance, with the goal being community/regional outcomes. Each region will need to develop operating agreements so that the DAs are working with their other local agency partners. It is okay for a region to blend this team with local SIT/LIT groups. The expectation is that family voice is incorporated into each core team. This approach is a microcosm of IFS. Slow progress is being made. Targeted areas so far are Bennington, Brattleboro, Springfield, Washington County, and St. Johnsbury. Progress has been slower in Rutland, Chittenden County, Newport, Hartford, and Lamoille County. IFS’s goal is to have these agreements in place statewide by FY19. ○ Workgroups: Starting this summer, Cheryle will be heading up a workgroup, for at least 6 months, focused on creating a framework for the state/IFS to partner with youth and families, both on a systems level and how that translates into direct practice. Carol will be co-leading a workgroup for creating conflict-resistant systems, based on using a restorative-governance model that is predicated on “just” relationships (i.e., every voice at the table is equal). 	<ul style="list-style-type: none"> ➤ Linda will ask Carol for the portfolio/list of core services (in the IFS regions), for distribution to the group.
❖ Impromptu Agenda Items & Possible Future Agenda Items	<ul style="list-style-type: none"> ● When AHS Sec. Hal Cohen comes to July meeting, Cinn suggested at May meeting that the family voice piece be included from the get-go in new initiatives, CSP, etc., and that families/parents be viewed as partners in service-provision efforts. ● Laurie offered to share family-voice letters. ● Need to review the 4 questions for LIT. ● Should look at restructuring LIT prior to LIT Extravaganza. Perhaps Act 264 should collect the changes and could consolidate the recommended changes and bring to LIT teams at the LIT Extravaganza. Want to review the CSP form from SIT, to possibly revise the form. 	<ul style="list-style-type: none"> ➤ Cinn will commit to going back through old minutes to find items/questions for the Secretary. ➤ Laurie will share the family-voice letters at July meeting. ➤ Jessica will look at timeframe for getting questions to LIT.
❖ Membership Recruitment Status & Ideas	<ul style="list-style-type: none"> ● This was tabled until the July meeting. [Currently, Cinn and Kathy are in process for reappointed to SPSC and Alice Maynard is in process for appointment to Act 264 Board.] 	<ul style="list-style-type: none"> ➤
❖ Future Agenda Items	<ul style="list-style-type: none"> ● For July Meeting –Sec. Cohen will be speaking at next meeting, and Cheryle is also willing to talk more about the ETI and Turn the Curve work. 	<ul style="list-style-type: none"> ➤