

MEETING MINUTES

Children’s ACT 264 Advisory Board/SPSC Joint Meeting

Howard Center, Burlington—6/23/2017

ATTENDING: Ron Bos-Lun, Betsy Cain, Linda Cruise, Kathy Holsopple, Alice Maynard, Laurie Mulhern, Doug Norford, John Pierce, Cinn Smith, and Matt Wolf.

GUESTS: AOE Secretary Rebecca Holcombe, DAIL-DDSD Dir. Roy Gerstenberger, and IFS Director Cheryle Bilodeau.

MINUTES SUBMITTED BY: Linda Cruise

Agenda Items	Discussion Points	Decisions/Actions
Joint ACT264 Advisory Board & State Program Standing Committee Meeting (10:00-12:45)		
<ul style="list-style-type: none"> • Agency of Education (AOE) Secretary Rebecca Holcombe 	<ul style="list-style-type: none"> • The group welcomed AOE Secretary Rebecca Holcombe and made introductions before proceeding to ask the following questions of the Secretary. • Q. What are the AOE priorities or areas of focus within its work with Department for Children & Families (DCF) and Department of Mental Health—Children, Adolescent, & Family Unit (DMH-CAFU), the collaboration mandated by Act 264? In particular, how does AOE encourage education staff in the supervisory unions to participate in the Coordinated Service Plan (CSP) process for children entitled to such plans under Act 264? A. The State only pays for 53 AOE staffers because it’s a highly decentralized structural model, compared to other SOV departments/agencies. In other words, it’s very small in comparison and structurally very different from Agency of Human Services (AHS). So, typically, AOE is not working directly with children and families; we’re working with systems. This year focused on pre-K. Alicia Hanrahan is very active on many different committees and groups, supporting these groups and adding the AOE voice to them. Alicia’s priorities have been to work with the State Interagency Team (SIT) and revitalize the Act 264 process. So, she’s a part of the LIT Extravaganza event and promoting family voice in that process. There’s concern about the State’s inability to prioritize and the creation of too many committees/groups/teams that are somewhat duplicative and diluting the agency’s focus and ability to do any one thing well. We hope to be able to re-examine the organization and have been working very hard with AHS to set priorities and streamline implementation. AOE and AHS, together, have been trying to simplify things, administratively, and get more resources out into the field, so that services are being delivered to kids. In terms of how we encourage AOE staff, we work with the schools and provide regularly-scheduled technological assistance. We are also looking at disparity among Local Interagency Teams (LITs) and trying to find ways to support those which are lagging behind the stronger teams. AOE’s aim is to ensure equity of services to Vermonters in need, relating to all AOE initiatives and work projects, especially work pertaining to the federally-mandated Every Student Succeeds Act (ESSA) of 2015. We are trying to obtain better data so that there is more transparency with regard to outcomes, on the belief that if you can’t see a problem, you can’t fix a problem. Part of our challenge is that our systems, schools, and districts are so small. It’s an invisible problem, and we have to take ownership of that. Schools increasingly are footing the bill for students requiring MH services. • Q. How does the AOE currently obtain family voice for program and agency plans? 	

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	<p>A. Currently, we are encouraging parent involvement in our Multi-Tiered Systems of Support (MTSS) and SWIFT (schoolwide integrated framework for transformation). We have been most effective with PreK-Grade 3. We've had a much higher level of parent involvement, and we want to see if we can leverage that and extend it to the higher grades. In terms of some of our policy work, we're developing interventions or strategies, modeled after our ESSA, where we go out and do public hearings, focusing on homeless children. Our Field Input Teams (FITs), whose sole purpose was to figure out who should "sit at the table," were comprised of people that had actually experienced homelessness. It's been hard work. In theory, though, schools are getting parent input. It's an imperfect system. Some places things are working extremely well and not so well in others.</p> <ul style="list-style-type: none"> • Q. What is your personal vision for AOE's work with children? <p>A. We do systems. We don't do individuals—with the exception of we handle all administrative complaints. We try to help parents walk through the system. My goal, foremost, is to have every child have access to the support he/she needs to thrive and take advantage of all these opportunities we provide them. And that is going to work differently for different kids. The hope is to make schools fit children, rather than children fit schools. We're pushing very hard on teachers to understand that they are the "first teacher" of children. We have to create an environment that has positive reinforcements. Teachers lack adequate access to professional development opportunities, resources, and supports, especially with the level of funding that is available in certain, smaller districts. There's also a matter of two areas of inequity that is apparent: 1) Paraprofessionals shouldn't be teaching our "most complicated minds;" and 2) children needing Special Services are being taking out of academic periods of the day to receive their Special Services, but that is causing them to lag behind in the subjects that they are missing instruction for. So, this raises the question of finding new solutions to address these inequities (e.g., a longer school day). Children with special needs tend to aggregate in public schools. The problem is so many more students are requiring services these days, that it's become a question of scale and the tipping point. Positive Behavioral Intervention & Supports (PBIS) schools are doing much better meeting children with behavioral needs' challenges than schools that aren't implementing PBIS. Specialists (mental-health experts) supporting classroom teachers in the classroom make a huge difference.</p> <p>Q. How is AOE working to ensure members of the educational community understand Integrating Family Services (IFS), and how are they promoting the success of IFS?</p> <p>A. Having Alicia as an IFS intermediary with various Special-Ed. directors and curriculum coordinators has been integral for communicating the role of LITs and how IFS can help people access services. She's had focused conversations with regions that have had issues and want to learn how to integrate better. We need to learn how to bring the robust work that's successful in some places (e.g., SWIFT) and apply it elsewhere in places where it's not working. Schools are so focused in the moment on trying to survive that we need to help them figure out how to engage in state-level conversations.</p> • Q. Regarding students with MH and/or substance abuse issues: <ul style="list-style-type: none"> a) How does AOE currently prioritize funding services for these students? <p>It's not a matter of prioritizing funding. Students are either entitled to services or they're not. And providing those supports accounts for a lot of why school district budgets keep rising. We need to</p> 	

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	<p>keep pushing to ensure the necessary funding is always there to meet the need.</p> <p>b) How does AOE currently 1) work with DMH and VDH staff and 2) promote local education staff working with MH and SA staff to assure that students with these issues receive needed to help and services?</p> <p>A. We have serious concerns about how to meet the needs of all the children who need services. We're concerned about how we bring back the children who've been placed in residential treatment centers. We need to keep pushing for kids getting the services they require. We have limited tools to regulate the quality of services children need/get. We have an obligation as a state to provide these services, and currently the need isn't being met as well as it should be.</p> <p>DISCUSSION TOPICS:</p> <ul style="list-style-type: none"> • (Strengths & Challenges) There are several places and programs that are success stories, so it's up to the State to figure out why that is and try to duplicate that elsewhere in places that are struggling. In terms of challenges, it comes down to the difference of scale between AOE and AHS. AOE just doesn't have the staff to accomplish all that is presently needed. So, it's up to us at AOE to figure out how to structure that work so that it's effective, efficient, and really focused on the highest priorities. Right now, the biggest challenge is largely related to funding issues and what the reality is in the coming year, given likely budgetary cuts at the State and Federal levels. Districts and schools that are currently helping the most kids will unfortunately bear the brunt, financially, when those funding cuts become a reality. 21C—federal money—and available Title 1 funds will be cut. So, this is why AOE is committed to equity. • (Board Recommendations) Emphasizing family voice relating to system-wide work that AOE is doing. Sec. Holcombe acknowledged this need and committed to working toward that goal to the groups. She believes the Board's work is critical. AOE believes in the importance of the parent piece of the equation and family voice and will continue that work (e.g., Alicia's role and committing to having a parent rep on each LIT). • (Collaboration with Advocacy) Anything that the group can help AOE to promote statewide-education initiatives. 	
<ul style="list-style-type: none"> • Disabilities, Aging and Independent Living—Developmental Disabilities Services Division (DAIL-DDSD) Director Roy Gerstenberger 	<ul style="list-style-type: none"> • The group welcomed DAIL-DDSD Dir. Roy Gerstenberger and made introductions before proceeding to ask the following questions of the Division Director. • Q. How would you assess the current ability of developmental disabilities' State and Local Program Standing Committees at obtaining family voice for program design and quality, especially for children and adolescents? Do you have additional methods to get this type of information? A. DAIL connects to local standing committees (LSCs) via designated agencies (DAs) and special service agencies (SSAs), to make sure that family voice is at the table. Those standing committees are vital. DAIL-DDSD relies on its partners to ensure that family voice is included. It has family voice represented at the state level via the "very vibrant" State Program Standing Committee (SPSC). Roy personally helps create those meeting agendas and regularly attends those meetings. As Division Director, Roy participates with the Developmental Disabilities (DD) Council. Advocacy work by Act 264/SPSC groups is vital as well. When there's an update to our state's System of Care (SOC) Plan, one of the formal points DAIL-DDSD asks for is a direct contribution to design programs and services. Whenever the State revises its SOC Plan, we ask for 	<ul style="list-style-type: none"> • Roy will send Jessica suggestions for topical content for future meetings.

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	<p>local SOC Plans to be submitted prior to that, in order to inform the state-level SOC Plan. Also, DAIL Commissioner Monica Hutt has a long history of engagement with families. Traditionally, Vermont has a collaborative spirit and many opportunities for family voice to be included—so, it’s a very positive thing. It’s important that we create a culture of communication with the DAs.</p> <ul style="list-style-type: none"> • Q. What are DAIL’s top 3 challenges at this time? <ul style="list-style-type: none"> A. 1. Worried about Medicaid and its funding and redesign, since it funds so much of DAIL. 2. Funding base—how to absorb all the new funding cuts in light of all the new clients DAIL will be taking on. The numbers are going in the wrong direction. We are starting FY18 already in the hole, especially because of the rightly pressure being put on us by the demand to offer a more livable wage of \$14-15/hour for DA staffers. Paying higher wages boils down to offering less services. That’s the reality. 3. Continued concern about DD voice not being included at the DA level. • Q. What are desired outcomes and performance measures that DAIL currently prioritizes for children and adolescents? How are we doing with them? <ul style="list-style-type: none"> A. When you look at DAIL’s scorecard, you don’t see a focus on children and adolescents; rather, the focus is on employment and health areas. You track what you can measure. We should be measuring our priorities. We need to have a continued relationship and engagement with the DD Services from early intervention on. Even though they’re involved in multiple sectors, there’s not a lifelong relationship for families and people who have developmental disabilities. So, there should be more. DAIL is bringing in personal-outcome measures from the Council on Quality and Leadership, which are defined by the individual rather than the system. So, that is a capacity that we are trying to build into the system, slowly. This is primarily around employment. • Q. What are DAIL’s current priorities or areas of focus with: <ul style="list-style-type: none"> a) the DMH-CAFU? In response to flare-ups of issues and challenges that families were experiencing on the local level, the decision was made to analyze and combat it at the state level as well. So, for the past year, Clare McFadden (DAIL-DDSD Special Services Unit Asst. Director) and Roy have been meeting every 2 weeks with Charlie Biss (Director) and Laurel Omland (Asst. Director) at DMH-CAFU. DMH Commissioner Melissa Bailey and DAIL Deputy Commissioner Camille George attend when they can. While the meetings are meant to help put out fires at the local level, we also want to recognize best practices and solutions that are working well out there, specifically relating to intake and eligibility at the local level. We will be going to the DAs periodically to help scale this. Sometimes reframing the questions helps significantly. If we could eliminate a particular regulation/rule to help improve services on the local level, that is the aim of reaching out directly with the DAs and meeting with them in person. So, those are the kinds of conversations DAIL and DMH are currently having. b) AOE? <ul style="list-style-type: none"> A. VocRehab (VR) helps bridge the relationship between DAIL, AOE, and VR to collaborate to provide transitional services for employment. We meet on a minimum of a quarterly basis to discuss priorities around collaboration and coordination of transition and job development. What that translates as is an availability of flexible responsive funding to DAs and SSAs to sustain an infrastructure that doesn’t exist in other states. It helps to provide a stable funding structure at the DA level. It helps to develop efforts to 	

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	<p>teach decision-making skills to individuals that help them develop more independence as they transition to adulthood.</p> <ul style="list-style-type: none"> • Q. How could DAIL provide more transparency about the Equity Committee and what criteria or tests are needed to help families and schools transition youth to adult services? <ul style="list-style-type: none"> a) Are the standards or requirements for accessing adult services available to the public? If so, where? If not, why not? <ul style="list-style-type: none"> A. They are available and described in DAIL’s SOC document, on its website. DAIL still needs to create a version that’s more accessible (less prescriptive) for the general public and the audience that needs to access it. It’s more a procedural manual at this point—basically, not very user-friendly. It’s in the funding priorities, based on advocacy, which include: 1) risk of homelessness; 2) parents being supported to become better parents; 3) job maintenance (e.g., if you have a job when you graduate, that you can keep it); and 4) aging parents. • Q. We believe the low rates of pay and benefits for direct-service workers continue to impact the MH system’s ability to compete for, hire, and retain a quality workforce. Given the state’s budget situation and the unlikely infusion of major new funding, do you have thoughts on how we can provide even more effective and efficient services and supports to a growing number of VT’s children and families needing help? <ul style="list-style-type: none"> A. See Roy’s answer above about wages. <p>DISCUSSION TOPICS:</p> <ul style="list-style-type: none"> • (Strengths & Challenges) The groups decided these topics were covered sufficiently in the above answers that Roy provided. Roy did add a point about the issue of self-managed family-matter services, suggesting that the State take another run at it. In the internal discussions revolving around policy, there is the tendency to protect the dollar (to make sure our money is not misused), but that has taken us away from our true values. There is a benefit to people being in control, self-determination, and self-managing their care. It can generate better quality and responsiveness, and that fundamentally families are the foundation for healthy lifestyles. And so, we want to keep them together as much as possible. We should go back to square one and ask how can we advance that. • (Board Recommendations) None were presented. • (Collaboration with Advocacy) DAIL would like to come back to this meeting and have more participation and input, perhaps on a quarterly basis. 	
<ul style="list-style-type: none"> • Review/Approve April Minutes 	<ul style="list-style-type: none"> • Minutes for the joint meeting and SPSC from May were accepted, with one change approved. June Minutes for Act 264 will be sent by email and discussion or approval will happen online. 	<p>Linda will send out joint June minutes. Jess will send Act 264 June minutes (from Ron).</p>
<ul style="list-style-type: none"> • Public Comment 	<ul style="list-style-type: none"> • None. 	
Break (12:15-12:30)		
State Program Standing Committee (SPSC) Meeting (12:30-1:30)		

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<ul style="list-style-type: none"> Membership Applicant/Recruitment Update 	<ul style="list-style-type: none"> Linda updated group about openings. Betsy announced her intentions not to reapply to SPSC because of her plans to retire this fall and attend to personal/family needs. There are 3 current openings on SPSC: 2 parent openings, one provider. There is one parent opening for Act 264 Board. The current applicant has asked to place her application on hold while her family decides if it will be moving out-of-state. 	<ul style="list-style-type: none"> Ron will reach out to former colleague and Kathy will put out announcement to recruit new members. Laurie will spread word through the agencies in her area.
<ul style="list-style-type: none"> MHBG Planning Council Update 	<p>Betsy updated the group about the June 16th MHBG Planning Council Meeting, held at the Waterbury State Office Complex. Shared details about the Planning Council's priorities, such as suicide prevention, respite, and housing. The consensus revolved around housing (e.g., homelessness, a basic need, stable housing, etc.), so an ad hoc committee formed that will brainstorm, consolidate, and prioritize, before bringing it back to the Council to discuss. There is a 2018-2019 MH Block Grant application due, so a lot of time was spent talking about the process. The challenge is that we're talking just under a million dollars to cover 12 priorities. Basically, the Block Grant has been used to fill cracks in the system, historically. So, the concern is if you don't give those same folks the funding they've come to rely on for many years (e.g., respite), it's just going to make those cracks even wider. Group concerned about there being limited extra funds (\$60K) this time around, to improve programming around the state, and that those allocation-determining decisions need to be made by September 30th. So, the question becomes whether the Council takes those funds and divides it up evenly among the 12 priorities (thus, only \$5000 each). The problem is the Council is weighted toward adult services/programming/issues and that there just isn't a strong enough children's voice represented by the Council. The group discussed various programming options for creating a positive impact on the most youth with such limited available funds.</p>	
<ul style="list-style-type: none"> Future Agenda Items 	<ul style="list-style-type: none"> Agency Review of NKHS: Group wants to invite the NKHS Children's Director for the July agency review. Group also would like Charlie Biss to come back to an upcoming meeting in the near future, to update everyone about state legislature updates. There is also concern about the work that needs to happen on bills regarding protecting children. Possible report from Ron on cannabis in Bellows Falls. Linda updated group about future guests who will be attending the July meeting: Dr. Mark Levine (VDH) and Deputy Commissioner Karen Shea (DCF-Family Services). 	<ul style="list-style-type: none"> Jess will invite the NKHS Children's Director to the July meeting. Linda will inform Charlie of the groups' invitation.