

Meeting Minutes—ACT 264/SPSC Joint Meeting

12.16.2016

ATTENDING: Jessica Bernard, Betsy Cain, Kristin Holsman-Francoeur, Alice Maynard, Doug Norford, and Matt Wolf.

Laurie Mulhern, John Pierce, and Cinn Smith joined via phone. Dillon Burns from VT Care Partners and Joanne Wells from Franklin Central Supervisory Union were guests.

<u>Agenda Items</u>	<u>Discussion Points</u>	<u>Decisions/Actions</u>
Joint ACT264 & SPSC Meeting (10:05-12:30)		
❖ IFS Update—Cheryle Bilodeau	<ul style="list-style-type: none"> • The System of Care (SOC) Plan, drafted by the State Interagency Team (SIT), has been sent out for review. Cheryle hopes to have it to the Act 264/SPSC group by December 30th. There is a lot of data from multiple programs and inclusion of issues for young children, an often-overlooked cohort. An effort was made to incorporate information across departments and age groups to create a more unified SOC Plan. The new AHS Secretary, Al Gobeille, is familiar with IFS and has partnered with them in the past, so IFS is feeling confident about the program's future. We still don't know who the DMH Commissioner will be, but we will know more soon. • Cheryle followed up with SIT about the Act 264 Board concerns about a DA passing the Coordinated Service Plan (CSP) paperwork around, to rush it through, instead of following the steps in the process. The situation in question was explained as being due to an emergency. Cinn reported that her experience was not an emergency. Cheryle and Cinn will connect outside of the group, and Cheryle asked that we reach out to her if this happens again. There is a need for CSP and general trainings to help make sure rules are being followed consistently. Cheryle is happy to post any local PowerPoints or documents on the IFS website to help make information more accessible. 	<ul style="list-style-type: none"> • Cheryle will send SOC to group when ready. • Cheryle and Cinn will connect next week over CSP concern. • Betsy will look into finding trainers who are willing to be filmed. Jessica will connect with public access, to film the training once one is identified.
❖ Review/Approve Minutes	<ul style="list-style-type: none"> • November minutes for Act 264, the joint meeting, and SPSC were approved. 	<ul style="list-style-type: none"> • December minutes will be sent to group by Linda.
❖ Membership Recruitment	<ul style="list-style-type: none"> • Joanne Wells is interested in becoming a member. She shared her experience with CSPs, LITs, and knowledge of Act 264 systems. She has a background in social work and is now in Special Education. The Act 264 Board is very excited that she comes from the education field, and we hope to bring her on as a member. • We need to recruit more members. Could Kathy and the Federation put it out in the newsletter? Matt will ask her. • Dillon has a potential member and took information to pass on. 	
❖ Future Agenda Items	<ul style="list-style-type: none"> • Joint: <ul style="list-style-type: none"> ○ Charlie Biss will present at the Jan. meeting. ○ Cheryle will need extra time for SOC. ○ Invite new AHS Secretary and DMH Commissioner. ○ Have Kathy give update. ○ Can we shape a recommendation of hope for 2018? More tools? (Alice) 	<ul style="list-style-type: none"> • Jessica will send SOC recommendations to group on Monday. • Have Linda send request to Al Gobeille to join group, once

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	<ul style="list-style-type: none"> ○ Presentations on Resiliency from Matt (Feb.), Kris (March), and Joanne (April)? Possibly allot 15 minutes to each, over a few months, starting in Feb. ● Act 264: <ul style="list-style-type: none"> ○ 2017 SOC Priority Recommendations: recommend adding links across departments about youth and families and CSPs. ○ LIT questions update ○ Draft education materials and questions for new Secretary and Commissioners. ● SPSC: <ul style="list-style-type: none"> ○ Discuss how often to meet if there are no designations pending. 	<p>new commissioner when in place.</p> <ul style="list-style-type: none"> ● Kris will reach out to Jody Brinkley as a possible guest. ● Betsy will think about presenting the strengthening families model in May.
❖ Other	<ul style="list-style-type: none"> ● Matt talked about the Building Flourishing Communities summit he recently attended. The idea of building a trauma-informed and resilient community seems like something we need to focus on because it might be able to help solve multiple problems across multiple departments/disciplines. ● Kris talked about a training she attended about preventing school violence, which included a piece about resilience. It offered a perspective about how to make the world a gentler place. The biggest protective factor for combating school violence is having one parent/adult whom the child perceives to genuinely love them. ● Relationships are key to helping kids find resiliency. Education and law enforcement sometimes struggle with balancing power, their role/training, and the needs of the youth/family. ● This group has a lot of knowledge, excitement, and hope. How do we share that? 	
❖ Public Comment	<ul style="list-style-type: none"> ● None. 	
	Break 12:00-12:15	
	SPSC Meeting 12:15-2:30	
❖ NFI Redesignation	<ul style="list-style-type: none"> ● NFI Redesignation Prep—Review of previous questions. ● NFI Redesignation—Chuck Meyers, Executive Director from NFI, and Cara Capparelli, Clinical Director, joined the meeting. <p>Currently, there is a focus on filling open positions across programs. Spring and summer were particularly difficult, due to staffing shortages. Funding is a big part of not being able to retain skilled employees, since hospitals and schools often pay more and can attract staff. Hospitals can sometimes pay tens of thousands of dollars more than the Designated Agencies/Specialized Service Agencies. NFI is currently training and consulting across programs around trauma. NFI is passionate about helping education systems become more trauma-aware and trauma-informed. NFI tries to incorporate family voice into the assessment process and come together as a team with the family to talk about the results of an assessment. They believe in wrap-around services as a philosophy and take family voice very seriously. The parent voice is often brought up at meetings when parents are not</p>	<ul style="list-style-type: none"> ● Send SPSC a draft of LCMH AR.

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	<p>present as a reminder to the group. Chuck made sure to brag about his amazing staff, he appreciates all of their hard work and dedication. NFI will be partnering on the additional beds for the hospital diversion beds opening in Southern VT. It is a collaborative partnership with HCRS and NFI. Betsy brought up the high occupancy rates in the NFI programs as a positive. The staff has been tremendous to support the kids in the programs and work with community partners to get kids into the beds when they need it. Utilization Rate is consistently above 80%, over the last few years. Recently, NFI led a training on working with trans youth, a topic that is very important and pertinent, while their staff are completing trainings around the topic. NFI will be doing an 18-month training for Child Parent Psychotherapy (CPP), with access to national conferences, quarterly. NFI uses the Teaching Family Model, which came out of the '70s. Used often in residential placement, it is a structure to think about the way a parent interacts with their child, from a behavior standpoint, and is essentially grounded in positive reinforcement. NFI works from a bundled contract with the State (DMH and DCF) that helps them serve more kids as the needs grow. Due to this bundled rate, NFI was able to add more clinicians who provide trauma evaluations and consultation across all of VT. As a SSA, NFI isn't restricted into one catchment area, so they often partner with the DAs and agencies. The waitlist is complicated for NFI, due to staffing shortages they had to go to a waitlist this summer. Often the waitlist is due to waiting for a current child to transition into another program when they have an opening. A big difference between NFI and the DAs is that NFI gets clients through referrals, not walk-ins from the community. Because NFI does not take walk-ins, they do not have a lengthy waitlist, like some of the DAs. However, some community-based services may have a wait of about a month. When there are disagreements between families and clinicians about services, they talk about it and try to reach consensus. Families are given Grievance and Appeal information and a handbook upon intake. Trends over the last few years point to more intensive issues than in the past, such as kids are expressing their emotions more profoundly. Some ideas NFI has as to why we're seeing this change are: economic hardships; complete lack of financial and emotional resources; substance use; homelessness; and food insecurity. It seems like the number of folks experiencing these issues is growing. A lot of adopted kids are being served by NFI and trauma is a big part of the issues facing kids and families. NFI recently had to use Front Porch Forum to find a foster family. Adoption and permanency issues are huge factors in some of the emotional problems children are having. Cinn shared her personal family story. To address some of the staffing issues, the HR directors from all the DAs/SSAs get together monthly to compare salaries/benefits and stay on the same page. NFI conducts a perception of care survey every six months, and they now survey staff as well as clients. They want to know what will help staff stay. The staff that were surveyed reported receiving good supervision and training and continue to want more training. One perk NFI is able to offer is tuition reimbursement,</p>	

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	<p>not enough to cover all the costs of a full graduate program, but they can offer up to \$2500 a year.</p> <ul style="list-style-type: none"> • NFI Redesignation Discussion and Recommendations—Group recommends redesignation with minor deficiencies. 	