

**Meeting Minutes—Children’s ACT 264 Advisory Board/SPSC Joint Meeting
Waterbury State Office Complex — 3-24-2017**

ATTENDING: Jessica Bernard, Ron Bos-Lun, Betsy Cain, Kathy Holsopple, Alice Maynard, Doug Norford, John Pierce, and Cinn Smith.

Guests: Commissioner Melissa Bailey, Cheryle Bilodeau, Charlie Biss, Dillon Burns, and Joanne Wells.

Phone: Kris Holsman-Francoeur, Tiffany Hubbard, Laurie Mulhern, and Matt Wolf.

Agenda Items	Discussion Points	Decisions/Actions
Joint ACT264 Advisory Board & State Program Standing Committee Meeting (9:30-12:15)		
<ul style="list-style-type: none"> Assigned Timekeeper and Facilitator 	<ul style="list-style-type: none"> Alice volunteered to be the timekeeper during the portion of the meeting that includes Agency of Human Services (AHS) Secretary Al Gobeille. Cinn and Kathy agreed to co-facilitate. The Coordinated Service Plan (CSP) training held at Howard Center on 3/22/17 went well. It will be available online when it is ready and can be shared, widely. 	
<ul style="list-style-type: none"> Prepped for AHS Secretary Al Gobeille 	<ul style="list-style-type: none"> Cheryle Bilodeau met with Secretary Gobeille earlier in the week and helped brief him about the groups. The group discussed important points and priorities to discuss with the Secretary at today’s meeting. 	
<ul style="list-style-type: none"> AHS Sec. Gobeille 	<ul style="list-style-type: none"> During the group’s welcome and introductions to Secretary Gobeille, Cinn presented him with a card. Cinn gave a brief history of Act 264, its importance and entitlement to services. Alice added that AHS (Agency of Human Services) and AOE (Agency of Education) need to work together to make sure these entitlements are happening and children and families are receiving what they need and are entitled to. Secretary Gobeille explained that he sees his role as a leadership position that relies on working with experienced teams of people to understand needs and help make decisions. He stated that he is coming into the position with a humble approach and is not an expert, so he looks to surround himself with people who know more than he does. He outlined his work with the Department of Vermont Health Access (DVHA) and AHS Deputy Secretary Martha Maksym, as well as his philosophy on building a team. His top priorities are the following: <ol style="list-style-type: none"> Vermont currently has an underfunded mental-health (MH) system, due to past initialization-based services. We never effectively planned for or funded community-based services and need to do so now. There are issues within the Department of Corrections. Many people are sent out of state, which is more expensive, or are housed in-state, in deteriorating facilities. Also, there are people who have served their sentences but can’t be released due to lack of housing, which is sometimes related to mental-health conditions. This is expensive and not fair to people who have completed their sentences. Look at changes in the mechanism for healthcare payments. The state has IT issues beyond Vermont Health Connect. Also, multiple projects that are not showing results were/are still costly. DVHA, which is how we pay the bills, is incredibly important and attention should be paid to make sure it is functioning at its optimal efficiency. Cinn discussed family voice and outlined the importance of a family perspective being heard at high levels in the State, which is often a group of people who may not hear often from people on the ground. Cinn 	

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	<p>stressed that there needs to be a connection to people and families when budgets are being decided. Also, the need for foster parents and supports for them are not enough, that it feels like foster parents are not given a voice. The Department for Children and Families (DCF) is underfunded and the Secretary discussed how difficult their work is and how we need to communicate better to support each other and not create tension and finger-pointing. There is legislation pending for foster-parent rights; and while it is a step in the right direction, it won't fix the communication problem.</p> <ul style="list-style-type: none"> • Alice discussed the difference between law and policy. As such, Act 264 has helped us come a long way since it was enacted (1988), specifically, regarding the inclusion of families and use of CSPs/Local Interagency Teams (LITs)/State Interagency Team (SIT). Secretary Gobeille added that laws are great for many things, but it won't change how people interact with each other every day, especially when there are stigmas or misconceptions. • Doug added that we do have things that are working well, CSPs, committees, and support for peer navigators. • Department of Mental Health (DMH) Commissioner Melissa Bailey added that we need communication and engaging dialogue, to build trust, especially when we don't agree. Things move forward best when we listen and take in multiple perspectives. While contributing to this week's discussion of mental health (MH) on Vermont Public Radio, Commissioner Bailey asked them to do a series on Adverse Childhood Experiences (ACEs)/ Adverse Family Experiences (AFE). • Laurie offered that as a parent, operating transparently is extremely important to offer clarity to families who may be having difficulty understanding policies and procedures during stressful times. • Joanne asked Secretary Gobeille about Special Education and MH needs for students. Because Special Education services are entitlements, they often must pay for MH services for children receiving Special Education services. Is there any conversation at AHS to have entitlement services available for students with MH needs? Secretary Gobeille responded no, but he discussed Act 166 and the work of the VT House of Representatives to fix it. It's new and already needs fixing, which is causing tension in the community. AOE and AHS have come together to discuss these issues, and it was a good opportunity to create good, working relationships amongst AHS departments. • Commissioner Bailey added that DMH is working with AOE on some issues and the conversations have probably not trickled down. One area being discussed is the reinvigoration of Act 264, as well as creating toolkits for schools. There is talk of building systems that support children/families while taking the burden from Special Education through a cultural shift. AHS can't solve it alone. It will take community partners and participants. Secretary Gobeille added that people shouldn't tolerate it when things/relationships aren't going well. He suggested people "call it out" when they see it, because what we tolerate in our culture will only grow. • Kathy added to the conversation about the importance of MH and education. The schools are working with a lot of students with MH and developmental needs and it's incredibly challenging. Kathy thanked the Secretary for promoting Melissa Bailey and keeping Monica Hutt in their departments. Secretary Gobeille hopes to have a supportive approach to his appointments instead of blaming and driving them out of their positions due to stress. 	

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	<ul style="list-style-type: none"> • Discussion of the System of Care (SOC) recommendations from the Act 264 Advisory Board: <ol style="list-style-type: none"> 1. Secretary Gobeille stated that he agrees with all of the recommendations, wholeheartedly. Need to work with all departments to make sure everyone is chipping in to support this model, because more work still needs to be done. 2. Secretary Gobeille added that AHS and AOE are coordinating, but there are funding and cultural issues. It is a big project to build a culture of trust and collaboration. It will take a lot of people and time to get there. We often take care of the same people in those systems, so we need to work together. Charlie added that, given we've done things in the past that have worked (e.g., Success Beyond Six), it is possible to build on the cultures that exist and help move them forward. • Ron asked the Secretary if he had any thoughts about the fact that designated agencies (DAs) often report challenges in paying their staff high enough wages. Secretary Gobeille replied that he thinks the MH system needs flow, funding, facilities, and workforce. These issues are being discussed in a legislative committee, which already feels they are intertwined and can't all be considered separately. Although the State doesn't set DA pay rates, we underfund the system and need to look at how we can find more money to address these needs. There can be unintended consequences to raising staff minimum wage—or wages, in general—because other players in the industry also affect the job market. • Secretary Gobeille added that we have a higher quality of life than most areas of the country, but we don't always see it. The DA system is unique in VT, and we are doing well at addressing the opiate epidemic. This doesn't mean we don't have work to do, but we need to recognize the things that do work well. If we let the idea persist that we aren't doing well, it will be harder to get communities/funders to want to support and fund more if the system isn't working. VT needs to promote itself more and get the good news out. • John stated that we've been talking a lot about money. There is a big vote in Washington, DC, today, that could affect Medicaid and many people in VT. We must be nimble as we wait for things to transpire in DC. So, how do we do this? Secretary Gobeille stated that he often gives feedback about proposed healthcare budgets/systems and explains the difficulties for VT at a national level. He tries to get the issues for Vermonters out to the people who set policy and advocate for what is best for the majority of the state. • Alice asked how this Board might help the Secretary do some of this work. Secretary Gobeille responded that he and the Board and Committee need to get together regularly and hold him accountable. The Secretary stated that he is open to more meetings than his predecessor and appreciates how flexible we were to change the venue. • Cinn asked if members could send stories and examples to him. He responded yes-and-no, because he is already onboard with all the recommendations. He feels no advocacy work is needed from his perspective, but he would like to hear what is going well. Secretary Gobeille added that he will try to get his monthly letter to the Board and Standing Committee, but that could be challenging since it circulates only within AHS. • The group thanked the Secretary for his time and willingness to meet. 	

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Review/Approve Minutes	<ul style="list-style-type: none"> • Doug will send February minutes for the Act 264 Advisory Board to the group later for approval. • Doug suggested that we be more neutral in how we discuss issues in the notes and reconsider if we should name regions or areas. Kris responded that if it's an IFS area, it should be included. Cheryle added that it should be the same across the board. The group settled on looking at issues on a case-by-case basis with the intent to be vague, but name areas when necessary. • The group asked the notetaker to remove identifiable information from the February notes in the section that discussed the two CSP issues and resend for approval. 	<ul style="list-style-type: none"> • Jess will edit Feb.'s minutes and resend.
Future Meeting Invitations and Updates	<ul style="list-style-type: none"> • Cheryle has information about families served by SIT over the last 2 years and will present it at next month's meeting. Cheryle will need 30 minutes in April. • The group discussed inviting AOE Secretary Rebecca Holcombe in June, since she is not available in April, and then inviting Secretary Gobeille to attend the meeting, when Rebecca Holcombe can join us. • Invite VT Department of Health (VDH) Commissioner Dr. Mark Levine and VDH Deputy Commissioner Barbara Cimaglio to the April meeting. • Commissioner Bailey from the Department of Mental Health is scheduled to attend in May. 	<ul style="list-style-type: none"> • The group will refine questions and send them to Jessica, who will update the letter for invitees.
Public Comment	<ul style="list-style-type: none"> • None. 	
Break (12:15-12:30)		
State Program Standing Committee (SPSC) Meeting (12:30-2:00)		
LCMH Agency Review	<ul style="list-style-type: none"> • The group reviewed a draft of the Lamoille County Mental Health Services (LCMH) Agency Review. LCMH is currently reviewing it and will provide feedback if they feel it's necessary. • There were questions about the number of children served in the Evidence-Based Practices bracket. Jess will follow up. 	
Update from Kathy Holsopple—Vermont Federation of Families for Children's Mental Health (VFFCMH)	<ul style="list-style-type: none"> • There is a parent who is interested in joining the SPSC. She has the application and Kathy will follow up. • VFFCMH has created its priority list, and ER wait times is a priority. There are a lot of committees working on this issue, and the hope is that they are communicating with each other. Many hospitals have children waiting for hours or days in the ER, which can be very traumatizing. There seems to be never enough beds, creating a backlog until an opening becomes available. • Northeastern Family Institute (NFI) is expanding their hospital-diversion program and hopes to have 6 new beds in southern VT this summer. • A new grant was used to look at ACEs/AFEs, and a training has been created that can be shared. They also want to have an Act 264 training that can be shared widely. • VFFCMH is now able to assess its programs and performance through a Results-Based Accountability (RBA) lens. 	
Agenda Items for Next Meeting—April 28, 2017	<ul style="list-style-type: none"> • Cheryle—IFS update, 30 minutes • VDH guests? 	