

**Meeting Minutes—Children’s ACT 264 Advisory Board/SPSC Joint Meeting  
Waterbury State Office Complex—4-28-2017**

**ATTENDING:** Jessica Bernard, Betsy Cain, Kathy Holsopple, Alice Maynard, Doug Norford, John Pierce, Cinn Smith, and Matt Wolf.

**Guests:** Dep. Commissioner Camille George, Cheryle Bilodeau.

**Phone:** Kris Holsman-Francoeur, Laurie Mulhern, joined by phone.

Agenda Items	Discussion Points	Decisions/Actions
<b>Joint ACT264 Advisory Board &amp; State Program Standing Committee Meeting (10:00-12:15)</b>		
<ul style="list-style-type: none"> <li>Department of Disabilities, Aging &amp; Independent Living (DAIL) Deputy Commissioner Camille George</li> </ul>	<ul style="list-style-type: none"> <li>The group welcomed Camille George and made introductions.</li> <li><b>How does DAIL obtain family voice?</b> They don’t serve many kids on Developmental Services (DS) waivers, and DAIL knows it’s been a difficult point. DS is structured similarly to Mental Health (MH), having a standing committee as well. The committee includes advocates and providers who can provide family voice. Members are on the State Interagency Team (SIT) and Developmental Disabilities (DD) Council, coordinated with Green Mountain Self-Advocates, and work a lot with transition-aged youth. Developmental Disabilities Services Division (DDSD) Director Roy Gerstenberger has regular meetings with VT Family Network, and leaders are always open to having meetings or attending existing meetings. DAIL is limited by staffing and funding, with its Quality Unit having been reduced in prior years and still being small. DAIL Staff are working with IFS on a new System of Care (SOC) Plan for the Department. So far, there are new requirements that have been implemented around oversight and regulations.</li> <li>The answer to Cinn’s question of <b>how many kids under 21 are on an HCBS waiver</b> is probably less than 100. Cinn raised concerns that the Local Program Standing Committee (LPSC) for DS in Rutland is no longer meeting.</li> <li><b>What are DAIL’s priorities or areas of focus with the Agency of Education (AOE) and the Department of Mental Health’s Child, Adolescent, and Family Unit (DMH-CAFU)?</b> Regular meetings with Voc. Rehab. have been productive and helped maximize resources, a big focus for transition-aged youth. Invited Education to the table to improve collaboration and help prepare kids for graduation, jobs, and other opportunities. DAIL meets regularly with DMH-CAFU and feels it’s easier to communicate now that they are located in the same building. DAIL is trying to get away from assigning a department for being responsible for a kid and, rather, trying to move toward working together when there are overlapping needs. DAIL is examining where the sticking points are to try to make collaboration easier.</li> <li><b>Betsy asked how funding will work with this collaboration.</b> Camille responded that the Global Commitment waiver should make it possible by adapting rules that are currently in the way.</li> <li><b>Are there billing rules that get in the way that we can change?</b> DAIL will keep exploring. Concerns were raised that the current system is harder and not family-friendly. Camille encouraged the group to reach out to DMH and DAIL when issues come up. Kathy discussed the issue that there is not a good bridge between the two agencies. <b>Cinn asked if one-time funding was in jeopardy.</b> Camille responded that it was reduced but is still an important option. <b>John asked if it’s a resource problem or a bureaucratic problem.</b> Camille responded that financial constraints make things stressful, but the DAIL and DMH leadership now in place</li> </ul>	<ul style="list-style-type: none"> <li>Invite DDSD Director Roy Gerstenberger (DAIL) to a meeting.</li> <li>The group will draft its top 5 priorities that came out of the conversation w/Camille to follow up w/Roy.</li> </ul>

Agenda Items	Discussion Points	Decisions/Actions
	<p>really want to work to make things better. Matt added that when the high-risk pool funds existed, collaboration was better. Cinn stated that DMH often picks up the cases that DS doesn't pick up, but DS doesn't have a track record of doing the same if DMH doesn't pick up the cases. DMH often steps in so kids don't lose services. Doug added that the State needs to figure this out to help give direction to the DAs. Camille added that the high-risk pool money had been limited and ran out, which was unfortunate, because it did provide more flexibility.</p> <ul style="list-style-type: none"> <li>• <b>How does DAIL currently prioritize funding services for children and adolescents?</b> When it comes to HCBS services, it is a tight door for kids to receive services. For DS, they need to have a DD, be eligible for Medicaid, and be a funding priority (for kids, that means being at risk for psychiatric or nursing-home placement). They do have flexible-family funding, about \$2 million statewide, used for youth, which is very flexible. There is also family-managed respite. Cinn added that these funds often run out quickly.</li> <li>• <b>How is DAIL working to ensure the success of Integrating Family Services (IFS)?</b> DAIL is at the table with IFS and DMH. We need to make improvements to make life easier for children and families. Still working on having the focus be on collaboration and funding. <b>Kathy asked about transition and transparency.</b> There is no transparency about equity decisions (equity approves waiver applications for adults). Families are not told what they need to have in the waiver and why they are denied. Families aren't prepared and when kids graduate they may not be prepared or know how to apply for a waiver. <b>Laurie asked about families who aren't working with a DA. How do they get help connecting the dots for transition?</b> Camille responded that this might be the case for many kids graduating and she will bring the feedback back to DAIL, possibly to develop materials for the website in order to help get the information out to families.</li> </ul>	
<ul style="list-style-type: none"> <li>• IFS Update—Cheryle Bilodeau</li> </ul>	<ul style="list-style-type: none"> <li>• Talked in SIT about updating the Coordinated Service Plan (CSP) form, and now there is a sub-work group who will take this on. They would like to involve the group in the process. Amy Lincoln Moore and Terri Edgerton from Children's Integrated Services (CIS) are now involved in SIT. CIS will bring data about young children in childcare needing 1:1 care, to stay in childcare as well as specialized childcare. The funding for some of these resources runs out quickly, but there will be more discussion happening.</li> <li>• Education was at the SIT meeting yesterday (4/27/17). Part of the upcoming LIT Extravaganza will be to solicit feedback. Fall of 2018 will be the goal to unveil the new CSP. It is a process and SIT wants to make sure there is time to get feedback and roll it out well. IFS wants to tie in CIS's One Plan so that paperwork is more streamlined if possible. Betsy suggested that the new CSP isn't designed as an individual plan but, instead, as a family plan. Kathy raised the point that it might be too complicated to do a family plan if a family has multiple kids with needs.</li> <li>• Laurie asked if there are any initiatives to encourage people to get back into the childcare field and offer training to staff for kids with high needs. It seems like providers are being lost at a rapid rate. Cheryle said there are conversations happening, but more information is needed.</li> <li>• There is a survey going out that can be completed by the Board (or by individuals on the Board).</li> <li>• Alice and Cinn talked about a family plan that Hawaii created 10-15 years ago that may help SIT with the CSP rewrite. This will be an ongoing conversation.</li> </ul>	<ul style="list-style-type: none"> <li>• Invite Dep. Comm. Reevea Murphy (CDD) to a meeting.</li> <li>• Laurie may have the Hawaiian family plan example and will look for it.</li> </ul>

<u>Agenda Items</u>	<u>Discussion Points</u>	<u>Decisions/Actions</u>
	<ul style="list-style-type: none"> <li>• IFS is continuing to do Local Interagency Team (LIT) visits. SIT is following up with a county around CSP questions and services provided. SIT is partnering well with VFFCMH to disseminate information to areas that need it and come up with follow-up methods that ensure families are getting the information they need. Matt suggested a one-page flier that can be hung in schools, DAs, and other areas/offices...and thus treat CSP information like an ad campaign. Alice suggested creating a logo (i.e., branding), which could help promote a message of consistency.</li> <li>• <u>VT Medicaid Pathway Update</u>: It may not be talked about as Medicaid Pathway as often anymore, but due to VT not being able to match the old requirements, we will have to look at a different method. It is being talked about as service reform and more in line with how IFS funds services. This is a big shift and will continue to unfold and is being held more in the Secretary's Office. There is a much bigger payment reform effort underway.</li> </ul>	
<ul style="list-style-type: none"> <li>• Review/Approve March Minutes</li> </ul>	<ul style="list-style-type: none"> <li>• March minutes for Act 264, the joint meeting, and SPSC from March were accepted.</li> <li>• The Act 264 minutes from February were accepted.</li> </ul>	<ul style="list-style-type: none"> <li>• Linda will send out April minutes.</li> </ul>
<ul style="list-style-type: none"> <li>• Review Proposed 2017 Meeting Schedule</li> </ul>	<ul style="list-style-type: none"> <li>• Move drafting SOC recommendations from Oct to Sept. 2017.</li> <li>• Invite more guests; Reeva Murphy (CDD) in May (in addition to confirmed DMH Comm. Melissa Bailey), Roy Gerstenberger (DAIL) in June, Ken Schatz and Karen Shea (DCF) in July (in addition to confirmed VDH Comm. Dr. Mark Levine).</li> </ul>	<ul style="list-style-type: none"> <li>• Alice will draft questions for Melissa and Betsy for Reeva in May. The group for Roy and Kris for Rebecca in June. Cinn for DCF and Alice for Mark Levine in July.</li> </ul>
<ul style="list-style-type: none"> <li>• Public Comment</li> </ul>	<ul style="list-style-type: none"> <li>• None.</li> </ul>	
	<b>Break (12:15-12:30)</b>	
	<b>State Program Standing Committee (SPSC) Meeting (12:30-2:00)</b>	
<ul style="list-style-type: none"> <li>• Response to Feedback (Laurie Mulhern)</li> </ul>	<ul style="list-style-type: none"> <li>• Laurie came across something that was upsetting and would like guidance from the group. She saw a post on Facebook on a community page from a family talking about trying to access services and the resulting posts/discussion that followed. The family had asked about mental-health crisis services and if there are psychiatrists in the community. The responses that came from 10-15 people were very negative about a specific DA and the services that were available. Laurie would like guidance about if she should share it with the DA, as it doesn't seem like families know where to go when they have questions and/or complaints. Cinn shared her family's experience with crisis and residential programs. The group encouraged Laurie to share the posts with the DA, DMH, the LPSC, and share resources with the family through Facebook.</li> </ul>	
<ul style="list-style-type: none"> <li>• Mental Health Block Grant Update</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewed the MHBG meeting that occurred 4/27/17. All but one of the SPSC members were at the meeting and were able to quickly update the member who did not attend.</li> </ul>	
<ul style="list-style-type: none"> <li>• Applicant for SPSC</li> </ul>	<ul style="list-style-type: none"> <li>• The group reviewed the application of a potential member.</li> </ul>	

<u>Agenda Items</u>	<u>Discussion Points</u>	<u>Decisions/Actions</u>
<ul style="list-style-type: none"><li>• Agenda Items for Next Meeting—May 26, 2017</li></ul>	<ul style="list-style-type: none"><li>• Meet SPSC applicant.</li><li>• Check in with Ron Bos-Lun (SPSC Member) about whether he is available to talk about Soteria House.</li></ul>	