

Meeting Minutes—ACT 264/Joint Meeting

07.22.2016

ATTENDING: Jessica Bernard, Betsy Cain, Alice Maynard (guest), Emma Harrigan (guest), Doug Norford, Cinn Smith, Matt Wolf, Kathy Holsopple, Cindy Martell, Tiffany Hubbard, John Pierce, and Karen Woolsey. Kristin Holsman-Francoeur, Laurie Mulhern connected via phone

<u>Agenda Items</u>	<u>Discussion Points</u>	<u>Decisions/Actions</u>
Joint ACT264 & SPSC Meeting (9:45-12:15)		
❖ Updates/Minutes Approval	<ul style="list-style-type: none"> • June minutes approved unanimously. 	➤ Jessica/Linda will email July minutes to everyone for review.
❖ Secretary Hal Cohen	<ul style="list-style-type: none"> • Secretary Hal Cohen attended the joint meeting and addressed the following questions that the group had prepared for him. • 1. What is your personal vision for the Agency? Secretary’s response- • Do a better job of integrating services. We have 6 departments in AHS, which are quite connected and impact the many lives. It is a complicated issue, because it is easy to create silos and get stuck in them when agencies are large, like AHS. There is a weekly commissioners’ meeting, where departments can talk about issues and ask for support. Many other levels of meetings bring departments together. Staff process is currently being used to work as a team to look at data and address an issue. Currently, looking at substance use/abuse and screening skills at all locations where we come into contact with the public. 5 goals are: 1) increase access to substance use/abuse treatment; 2) child protection; 3) end family homelessness by 2020 (PIT count indicates that homelessness has decreased, HOP funds have been expanded, hotel program has been challenging, and warming shelters with supportive services were set up around the state to reduce the pressure on the hotel system); 4) reduce recidivism; and 5) Results Based Accountability (RBA)-use data and performance measures to look at outcomes. • 2. How do you obtain family voice? Secretary’s response- • Unfortunately, the Secretary’s position does not hear the family voice, directly, but instead relies on staff and board representation. Children’s Mental Health (CMH) has a deputy commissioner working with staff who pass along info from LIT teams and our 6 field directors, who “are the eyes and ears of the community.” We need more teaming efforts to keep things functioning well. When things are overwhelming, departments tend to pull back and create silos (Family Services, for example). We’re making slow progress at getting them to integrate and communicate more. Cinn brought up feeling unable to contribute real opinions or concerns at meetings due to retaliation by DCF staff. Cinn expressed concerns that the family voice was not being taken seriously and that they weren’t being considered equal members of the team. Secretary Cohen responded that he’s sorry to hear that and 	

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	<p>has an open-door policy and would like to be made aware of issues like this. He answers all of his emails (eventually) and wants to see a culture change. Matt echoed the idea of culture change and that it takes time and change comes from both directions. Secretary Cohen responded that it starts with him in his agency and needs to be top-down. There was an increase in staffing for DCF/Family Services and they're still working through the loss of Lara Sobel. They've had staffing changes and are trying to put in a good foundation in the event that there is a change in staffing of the Secretary's position, due to the election. Laurie applauded the openness to receive feedback and, wanting to know how the vision would work with regard to providing oversight into the effectiveness of family services, asked: How do we get the family voice into that model? Secretary Cohen responded that, in September, they will be re-establishing community profiles, which look at significant indicators in a community (i.e., HS graduation rates, health indicators, teen pregnancy, cigarettes, alcohol). There are 15 national indicators, but we'll track about 41 in VT. We weren't able to use data, previously, due to staffing cuts, but we are able to do it now. They will present findings in report and web formats and talk about results in the communities. We hope it will stimulate the communities to look at these issues. The Governor's willingness to talk about our state's opiate epidemic was controversial, but it helped gain access to resources and treatment. We're still working on the issue. 20 years ago a community profile helped Barre see that they had a teen-pregnancy issue that was not as well known. Wanting to know about community partnerships, Kathy asked: how are we going to engage more than just health services? Secretary Cohen responded that health services just collect the data. We need community teams to bring people together, to talk about what is happening and make change happen. Each community may have a different need or way to connect and make change happen.</p> <ul style="list-style-type: none"> • 3. What is the future of funding under IFS? Secretary's response- • Things keep evolving and there are more things coming that could impact IFS. The old payer model...the only way to make a difference is through payment reform. Health plans and coverage and rates are constantly changing, and it is challenging. IFS is a payment-reform activity and a cultural-change initiative. IFS has been an experiment in bundled payments with the hope that services are easier to access, while providing quality with cost reduction. Fee-for-service encouraged providers to do a lot of services/procedures to get larger payments. The shift is to help medical professionals move to a capitated rate that is based on an overall budget that is tied to outcomes. IFS is sitting at the table to try to develop a new, Medicaid-pathways model that could be expanded to all recipients. Currently, we are trying to integrate IFS into the new initiative. Concern was expressed that DCF is always referenced to be overwhelmed and stressed. Other departments (like Education) are also overwhelmed and stressed. We need to stop excusing Family Services stress and stop saying that it is okay for Family Services to have challenging outcomes while not letting other 	

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	<p>departments have the same compassion and understanding. Secretary Cohen responded with there needs to be more action to be proactive in the press to challenge inaccuracies. There has been action taken by increasing screeners and Lund staff. DA funds increased by \$7 million—not a lot, but it was an increase. The Governor had proposed a small, payroll tax to help increase DA salaries, but the legislature denied it.</p> <ul style="list-style-type: none"> • 4. Issues around autism funding, the allowed rates by DVHA, that are also impacting direct services for members of our community on the spectrum, including facilitated communication- Secretary’s response- • We are in a better situation than a year ago. We increased funding by about 20% more. And even though it was not quite enough to increase service coverage, another increase to the budget has helped. • 5. How does the rates of pay (through DVHA) for direct-service workers continue to impact families and individuals to compete and hire quality workers? Secretary’s response- • Research is controversial, but I will support it and want a clear procedure in place when it is needed. The feds would like us to have more parity in rates with Medicaid. We tried to do that and it was not passed in the legislature. Cinn asked the Secretary what we could do, to which he replied: to continue advocating to the next administration and get the legislature on board. Laurie asked about the challenge of service provision in that region—for finding providers who are accepting clients, especially medication management, if we can hope for any changes or more centers. Secretary Cohen responded that there were staffing and capacity issues, with there being so many vacancies across the state. We have a hybrid hub in Bennington that is seeing success, but there are high wait-lists in Chittenden County. Another hub will open in St. Albans and could reduce the wait-list by 250. Staff seem to be constantly changing agencies, as the economy improves. • Matt asked about culture change, family voice, and looking at the 5 goals in terms of thinking about the people and how overwhelmed they are, as well as the workers. It is not <i>us vs. them</i>; it is <i>we</i>. That is the foundational shift that needs to happen. Secretary Cohen agreed. This brought us to 11:00 and Secretary Cohen had to leave. • 6. Customer service to families isn’t feeling good right now. Ran out of time, topic was not asked or addressed. • Group discussion of the meeting with Secretary Cohen after his departure- • Tiffany shared that she is worried about how to help families in the interim. We appreciate having commissioners and secretaries come in, but they have a broad view that does not always contain the details or personal stories of families. All the different levels need to hear the perspectives, but where does it go? What are the steps being taken to make the shift or incorporate the information? The group agreed that the attitude toward Family 	

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	<p>Services about how they are stressed is not fair to the other agencies. Family Services isn't sharing professionally with the community, to help get through the tough times. If they reached out more, they may be able to partner and serve children and families better. Alice suggested that we write a thank-you and include Tiffany's remarks. Tiffany agreed to do so.</p>	<ul style="list-style-type: none"> Tiffany will write a thank-you to Secretary Cohen and share her concerns about Family Services not reaching out to community partners to receive professional support.
<ul style="list-style-type: none"> ❖ IFS Update—Cheryle 	<ul style="list-style-type: none"> Cheryle clarified the difference between DCF and Family Services. The Department for Children and Families (DCF) is a larger (departmental) entity that includes Family Services (Division). The terms are often used interchangeably, but Family Services lies within the department that investigates reports of abuse or neglect and places kids in State custody when necessary. The teaming initiative that they are trying to accomplish is underway, between Reach-Up workers and Family Services. How do we tie everything together? We're trying to have really honest conversations to figure this out. LIT is bigger than Mental Health. Payment reform should be a tool, not the end-all, be-all. Multiple people and departments are meeting to try to create something that will work for multiple perspectives. Cheryle suggested that in the future the group use the time to share information with guests, rather than ask multiple questions and have them do more talking. This group has a powerful voice and we can use it, as well as use it to reach out to the legislators. Cheryle suggested that the group attach family stories to the thank you that Tiffany offered to draft to Secretary Cohen, because families sharing their stories, directly, is more effective from the family, rather than staff. The system of care plan incorporated committee suggestions and will have a report in December. Alice asked all of the committee members to draft a short story, to be shared with Secretary Cohen. Doug suggested we bring the stories to the group and find a few that are connected or have a theme. Cinn will organize over email. LIT Extravaganza at WSOC is scheduled for 11/1. SIT used feedback from last year to inform the agenda this year, if you have suggestions let Cheryle/SIT members know. LITs will have an opportunity to connect/talk with each other. Food will be provided in the morning, and there is a café on site for lunch on your own. There is plenty of space for Act 264/SPSC members. Laurie, Matt, Tiffany, Karen, Betsy, Cinn, and Doug said they are interested in going. Other group members are on SIT and will be there. Alice would like to go if she is an approved member by then. Cheryl provided handouts and will send them to group, electronically. Performance measures and data were also provided. Cheryle spoke about trying not to lose IFS in the Pathways discussion, while keeping DA needs and stressors top of mind. Currently, IFS is working on grants, with the hope of not creating more measures to report on. Also, studying Turn the Curve data has shown that children in State custody and residential programs has decreased. Does this mean other services have been incorporated to help keep kids in the community/homes? Newly-appointed Mark Carr (former BDO Director) will be working on the process for discharge 	<ul style="list-style-type: none"> Cinn will organize family stories over a group email. Cheryle will send electronic handouts about LIT event and performance measures.

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	<p>planning for Family Services. (DMH took a position that was not filled and reclassified it to focus on decreasing kids in residential and building up community supports.) We are on the higher end of using residential, and it is still challenging in our community/state.</p> <ul style="list-style-type: none"> • IFS had 4 workgroups over the last year: 1) service delivery; 2) governance group; 3) prevention and promotion; and 4) accountability and oversight. IFS is looking at population data and planning best community approach. The group hopes to think about solutions and make suggestions, not tell DAs what to do. There will be a new administration, so not sure how many positions will be reappointed. Turnover can be difficult, but Cheryle and most departments are not waiting to do the work. They are moving forward with projects. Alice wanted to know how new appointees learn about programs/depts./committees/boards. Cheryle and staff are already talking about the points that new staff will need to be informed about. The question was raised about whether the group should reach out to the Secretary, if a new Secretary were to be appointed, and whether that person should be invited as Secretary Cohen was. Two, new workgroups, are starting in Sept.: youth and family partnership and conflict resilience. Over the course of 6 months, they will meet once a month for a few hours. Still working out location. IFS is spreading the word through its meeting, agencies, and direct invites. 	
<ul style="list-style-type: none"> ❖ Parent Feedback—Laurie 	<ul style="list-style-type: none"> • Laurie and the families she represents felt the need to share their stories with the group. <ul style="list-style-type: none"> ○ Case 1 involves challenges surrounding CSP and a mother with her triplets, who all have IEPs, including one 13-year-old child charged with assault on staff member. Parent letter went through CSP process, after assault, which led to a meeting being called with service providers, where it was recommended that he go to a residential program to meet his education needs. However, it was changed to a day program, rather than residential program. Son went to an out-of-district school until 3 weeks ago, when he refused to go. Supports from UCS were not adequate, and recently it was learned that his case was being closed by UCS. Had a meeting with DCF/Family Services parole and then he became violent. He was removed from the home and the mother has not been able to see him for the past 3 weeks. She can only call during a 2-hour window. Case manager hadn't taken the case to CSP meeting and parent feels that if he had been placed in residential, as originally requested, that he would be in a better place and not in State custody. Apparently, second son has not received appropriate attention or support by service providers, either. Staff does not seem to have enough training to de-escalate situations when they arise. Laurie wanted to know where prevention is and the matter of issues not being addressed once they blow up. UPDATE: son was placed in residential and doing well. Mother is in the nursing field and is very competent to incorporate plan and suggestions and feels her perspective was not validated. ○ Group Suggestion: the case could have been taken to SIT, when the initial denial of residential happened. 	<ul style="list-style-type: none"> • Laurie will send the letters from the parents to the group.

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	<ul style="list-style-type: none"> ○ Case 2: Laurie paraphrased the following content and offered to send the full letters to the group so that the entire story could be understood. Child left home at 17, would not return. A call was put into Family Services (FS) that the mother had kicked him out. She had provided written proof to FS worker that her son was making the choice and she had not kicked him out. He had a history of violence and med non-compliance. FS returned him to the home and then needed to find a safe place for her other children to go, while alone after school with him, if he returned to the home. He has left school and will not graduate. She has had to leave her home when he has been unsafe in the past. When he returns and becomes violent, FS suggested that the solution is they call the police, including the young girls (his sisters), who may be alone with him. If she does not allow him in the house, she could jeopardize her license, due to being charged with abandonment. Dad lives out-of-state, does not have physical custody, provides no help to the mother, and he is not facing the same repercussions. The ironic issue is that if this were mom's boyfriend, she would be charged with endangerment for allowing him in the house and around her daughters; but because he is her son, she is being forced to put her other children in harm's way. ○ Who do we share this with beyond the local level? Cheryle suggested the field director for Bennington and Sadie Fishouser. 	
<p>Impromptu Agenda Items & Possible Future Agenda Items</p>	<ul style="list-style-type: none"> ● Clear pathways for advocacy for families. 	
SPSC Meeting 12:30-2:00		
<p>❖ CSAC Re-Designation Discussion 12:30-1:15</p>	<ul style="list-style-type: none"> ● Lack of family voice or child perspective in quality review. Would have been better in an agency-review format. Wanted to hear more about the parent-advisory group. CSAC took parent-advisory group and convened a meeting a few times a year, as the standing committee for the DA. There is a parent rep on the board and LIT and IFS activities. There is an IFS council, open to kids and families (30-50 people), which meets quarterly for big-picture strategic planning. The IFS steering committee of 8 is responsible for implementation for the plan from the council. The LIT team implements plan for high-end/risk issues. Working well so far, but many people are wearing a lot of hats across committees. Strategic plan incorporated Building Bright Futures' plan in place of the typical System of Care plan. Focus on staff development and planning is occurring, as well as on building relationships and how people work together. Kathy offered her perspective on what she has heard about the Board. The issues that have come up seem to be in line with issues that are coming up around the state. Focus is on how people want to be treated and how they can communicate what families want/need. CSAC opened up a bulletin board for parents to use, to communicate and give out information. It is completely parent organized. <i>How has the relationship with Family Services changed with IFS implementation?</i> Going well, 	

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	<p>bi-weekly meetings, and good communication. Committed to each other and talking things through. Supervisory teams were brought together to help encourage communication. There have been a significant number of meetings to help this. The discussion often centers around aligning plans and sharing information to help support families. It is not always perfect and takes regular check-ins and a commitment to talk things through. There is trust and calls are returned. Data-IFS pushed CSAC on wanting different types of data and understanding Utilization. It helps them to use data to decide on budgeting and spending. They have identified the data points that relate to the strategic plan, and an intern was able to create a spreadsheet to organize the data. They are slowly implementing CANS, the assessment tool that helps assess family needs. Staff and families seem to really like it, and it helps act as a progress-monitoring tool. It also makes outcome measurements easy to compile. CSAC has a new, cross-system training program, including a parent rep. Over 120 people were trained at all-day training. Next training is in October. Cheryle shared that the IFS dance was great. <i>What does staff turnover look like?</i> CSAC rep thinks it is the lowest of the DAs in the state, but they always want more staff and to have them stay longer. Trainings are open to everyone, specifically ARC, mandated reporting, LGBTQ, etc. IFS steering committee does the ground work to make this happen and is proving to be time well spent. <i>Has it increased use of CSP?</i> It has not; they have actually gone down. Try to make sure they need a CSP, not a regular team meeting. <i>How are families involved in CSP process?</i> They are there; it does not happen without the family. Try to help families organize childcare or other needs to attend meetings. Often, try to organize meetings during school hours, since so many kids are school-aged in CSP. <i>Impact of having IFS on families?</i> Payment system; they have had to learn how to do this and it has offered flexibility. They can risk starting a new group or program with payment system. Have more skilled workers and expand family work and treatments. This fall, they will focus on new, substance-abuse groups. It has made a remarkable difference, having brought the community together to do the strategic plan. This is Year 5 of working with IFS. CSAC would like the group to know that morale is high and they are really doing well. Doing the 7 Challenges training this fall in some depts., looking at family treatment, and trauma treatment in the future. <i>Is CSAC feeling overwhelmed?</i> No, energized and many staff are too. CSAC works together, balances their lives at work, has an agency culture that supports that, and it is passed along to clients. All attending members voted unanimously to recommend redesignation, including Ron by email.</p>	
<p>❖ Howard Center Re-Designation Discussion 1:15-2:00</p>	<ul style="list-style-type: none"> • In the agency review report, there is a mentoring program mentioned to help those with low-level needs, and then school-based services reported needing more support for low-level needs kids. <i>Can the two be joined/cross referrals?</i> There are sustainability issues for the mentoring program, and they are seeking another agency to take the program over due to no sustainable funding. <i>Collaboration with Family Services—how is it going with HC?</i> There are strong points and points for improvement. In-home IFBS referral relationship is 	

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	<p>going well. Recently, there has been less availability than they have had in the past, like community planning on a new initiative. Case by case, their staff have been responsive, but at the system level, things have not been as fruitful. <i>Wait-lists?</i> Some programs do not have wait-lists (early childhood, ARCH), and Howard Center feels really good about these programs. In-home family work does have a wait-list, and resources are dependent on Medicaid most often or ISBF contract. No other agencies do in-home family work and it is hard when there are no other referrals to offer. Children’s outpatient also has a wait-list, but they are often served in the agency in other areas and have support. <i>Do HC workers feel overwhelmed/stressed?</i> That is accurate across the system of care right now. The DOL’s change in salary threshold to define if they are exempt from overtime or not could impact staff. They will not have the flexibility to complete paperwork outside of expected hours, and it could put more pressure on their schedule, but people do the work because they are philosophically committed. <i>IFS in the future?</i> Currently, discussing it and what the connection is between IFS and Medicaid pathways. Changes in funding to the all-payer waiver need to be considered. It is a larger funding question and they will continue to consider it. The change in State administration will also have a big impact. HC spends a lot of time in the Medicaid workgroup, which is kind of like a global IFS. Hope to get to more flexibility in spending/budgets across all services, not just children’s. HC has had a few programs start up (ARCH) that modeled the IFS system. Since Chittenden County is so large, it is probably a good idea to let other counties go first and then implement if/when it is appropriate. <i>Kathy: Our groups’ focus is on children’s mental health and family engagement. When Medicaid decisions come down that do not take family into consideration, can it be concerning?</i> Yes, there have been challenges to incorporate family perspective, and we need to work to include it in the future. <i>Can you explain the inaccessible format of client service plans, found in the designation report?</i> EHR was difficult for clients to sign off on. It appeared that the family was not involved or signing off on plans, so HC is using electronic signature pads more in the field to help get evidence that the families are informed and involved. <i>What about corrective action around grievances and appeals?</i> That was amended with the adult standing committee. They were able to fix it since the AR 2 years ago. <i>What are you proud of?</i> When Medicaid slashed reimbursement rates, HC stayed committed to the programs for children and families at the expense of \$800,000 from their budget. Staff reported great client support and improvement because of that. HC was found to be excellent stewards of care but do not have the means to fulfill all needs. Worried that things are going to get tougher in community and worried about having enough resources. Bob expressed that the Act 264 Board/SPSC has a voice and the group really appreciated hearing it. Catherine spoke about the issue around retaining staff and what it does about quality of care. HC is talking about it and focusing on it in its strategic plan. Focus is on compensation and retaining employees. Not yet where they want to be, so still working on it. It has been difficult, but it is needed. John likes the mantra “help</p>	

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	<p>is here” because it comes across as a great community support. Catherine will send a link to the utilization report.</p> <ul style="list-style-type: none"> • Betsy will abstain from the vote. Tiffiny and Ron sent emails, voting “yes.” Cindy is working for HC adult services and abstained. Group voted unanimously for redesignation. 	
❖ RMHS Update	<ul style="list-style-type: none"> • Emma- RMHS met all of the plan of corrective action standards. In the unified section, they have been given more time (training, HR). They also have a lot of leadership vacancies right now and need to fill those. They have operationalized a training program and hired a behavioral health director, and a new CRT director is coming on board. They need breathing room to process that change. Change is challenging but they have not received any communication that there are problems or concerns. There will be another survey in October, which should help provide an idea of what is going on. RMHS is now reaching out to DMH for support or partnering when needed. DMH has also had a lot of turnover and position cuts, so it is trying to create a sustainable plan for the quality process, so that if staff come and go, it can have a solid designation and quality process. It will help us ask for the right information and tie it back into the process. DMH hopes to be able to get more consumer/family input without staff, during site visits. DMH wants to get more active and passive feedback. Cinn shared family perspective. The group will not meet in August, so the next meeting is Sept 23rd. 	