Meeting Minutes—ACT 264/Joint Meeting
09.23.2016

ATTENDING: Jessica Bernard, Betsy Cain, Alice Maynard, Matt Wolf, Kathy Holsopple, Cindy Martell, John Pierce, Kristin Holsman-Francoeur, and Ron Bos-Lun. Laurie Mulhern, Cinn Smith joined via phone.

Agenda Items	Discussion Points	Decisions/Actions
Joint ACT264 & SPSC Meeting (9:45-12:15)		
❖ Welcome	•	•
❖ Updates/Minutes Approval	• There was no meeting in August, July minutes were approved, with a few edits coming from Laurie.	• Laurie will send Linda edits for the July minutes. • Jessica/Linda will email September minutes to everyone for review.
❖ Membership Recruitment Status and Ideas	• Karen Woolsey has resigned from the Act 264 Board, citing both professional and personal reasons. The Board expressed gratitude for her time and service, as she offered a very valuable perspective and will be quite missed. • Alice Maynard was welcomed to the Act 264 Board, as the Governor recently approved her 3-year appointment. • Handouts were given to the group to share with prospective members. We currently need 1 parent and 1 provider for the Act 264 Board. We need 1 more member for SPSC. • The group discussed approaching potential members who are younger and might offer a different perspective or lived experience.	• Jessica will send guidelines from Act 264 and SPSC via email • Jessica will send DCF, special education directors, and children's directors
❖ IFS Update—Cheryle Bilodeau	• System of Care Plan (SOC)—The Act 264/SPSC joint committee recently made recommendations to the State Interagency Team (SIT). SIT is currently working on incorporating the feedback, which has included looking at the statutory requirements of a SOC plan SIT is looking at data and SOC plans from multiple departments, plus looking at how to incorporate family voice and recent State initiatives that put pressure on agencies/communities. A group is looking at repurposing funds out of residential stays and into community resources/supports. The State is currently interviewing for an interagency planning director. Franklin/Grand Isle now has more kids in out-of-home placements than Burlington, they are under resourced in many ways, and a lot of work has gone into making things more equitable (hiring more staff/providers). The hope is that the new position can help focus on this region as they repurpose the funds and try to identify the needs and coordinate resources. This position will be working with a broad range of providers, including educators; and while it won't have authority over anyone, it will work in partnership with others. Cindy/Matt asked if there was data on how many kids in Franklin are going into residential—e.g., how long, where, and why. Cheryle said she has the data and can share it. She reported that teaming is going well in Franklin, very intentional work	• Cheryle will send data on residential

Agenda Items	Discussion Points	Decisions/Actions
	to make things better, but Cindy mentioned concerns around teaming with Education. There is clearly still work to do and some schools are better at teaming than others. The payment stream (who must foot the bill) seems to get in the way of providing services when a kiddo has complex needs across agencies. Having IFS may help eliminate this concern because it pools the money. The group would love to see more attention and planning from agencies around discharge planning from residential, especially more help for families. Some areas are challenged by not having enough money/resources/supports and the discharges are not smooth or supportive. In the past DCF-Family Services has partnered with UVM for family-safety planning. They can use it before kids go into custody and during, to help identify needs for when a child stays or is reunited. There were 188 youth placed in in-state residential. 129 of them were in DCF custody (therefore, placed by DCF), and 59 paced through DMH. Of the 85 that were out-of- state, 55 were in DCF custody, while 30 placed through DMH. There were 273, total. Cheryle will send this info via email. Still concerns voiced by group re: getting multiple agencies to come to the table and take responsibility for the needs of their community members. The SOC plan should be ready later than anticipated, but SIT is actively working on it. The LIT Extravaganza is coming up. Rebecca Holcombe and Hal Cohen will open the event. The agenda will go out soon. Still need to confirm a few people. There will be a roundtable discussion in the afternoon and 4 focus discussions (Family Voice; History of Act 264; Intersection of IFS, Act 264, & Medicaid Pathway; and What Happens at SIT, CRC, & Act 264?), which attendees will be able to choose 2. Cinn asked if group members would be willing to be in that last group. Those interested should contact Cheryle. There's no formal presentation, just sit in with the group. Cinn won't be there, because she'll be on vacation. Matt volunteered. Lunch is provided, as well as treats, but it's a working lunch because the day ends at 1:00. The different providers/roles will have time set aside to meet as individual groups to discuss the work that they do. LIT Extravaganza will be Nov 1, from 9:30-1. • Medicaid Pathway—the goal is to bundle the money to DAs and SSAs. The timeline to make it happen is July 1, 2017 and is driven by federal partners and the larger healthcare reform effort. The 2 communities getting IFS funds will be in good standing and stay in IFS. The other regions will need to create performance measures, according to value-based purchasing (i.e., tying payment to outcomes). It is a very complicated and time-consuming process. John is on the Pathway group for DAIL, agrees it is complicated, and had concern about how much admin and funding will be delegated to the Accountable Care Organization (ACO). Cheryle responded that there are a lot of unknowns right now, suggesting we make sure to highlight the differences with mental health and medical models and express the needs of mental health in our communities.	
❖ DMH's HCBS Draft Alignment Report—	• Laurel Omland and Emma Harrigan (DMH) joined the meeting to discuss changes to the home and community-based services waiver that have been implemented by CMS. What this means for the waiver…we were given a waiver option that gave us the ability to bundle	• Jessica will make sure the altered dates for November and December's meetings

Agenda Items	Discussion Points	Decisions/Actions
Laurel Omland and Emma Harrigan	funds and provide services for over 20 years. With last year's shift to Global Commitment to Health, it becomes a new waiver classification, causing some of the rules to change. We are not required to implement these rules, but it is *highly* recommended. The changes apply to choices for change and TBI services, and VT had to decide whether to come into alignment. AHS chose to align. AHS will be seeking public input. DAIL is ahead of DMH on this alignment, and that's okay. Laurel and Emma would like this to be an ongoing conversation and come back to other meetings. This will grant us more flexibility in how we spend dollars if we keep our rates steady. Laurel handed out a timeline and will f/u electronically. **Step 1:** create assessment about where we are in compliance and where we are not (a draft will be brought to the group, next time). **Step 2:** develop a work plan. We can use DAIL's as a guide, since they are ahead. Since we seem to be in compliance in many areas already, it seems doable to get this done on time. Public comment will be for an advertised, 30-day period. The providers will do self-assessments, which will be shared with the public and help agencies make changes if necessary, to be in compliance. If agencies can't come into compliance, we will have to reevaluate working relationship. CQS-comprehensive quality strategy on handout. The settings being discussed are out of home placements only. Looking at the characteristics of the HCBS setting are to establish if it meets the requirements. Reference the handout for the characteristics that are required. DMH had concerns around HCBS's operationalization of some of the requirements and how they apply to children in residential settings (e.g., access to kitchen, phone, ability to lock door, and tenant rights). DMH is taking these concerns into account and addressing them in their response to HCBS. The person-centered service plans (handout) are driven by the person and can't be made without them (similar to what we already do, so not a big change). We are in partial compliance with the justification of modifications' section. We'll keep talking about this at future meetings and will keep working on language for this. Laurel would like to send the draft assessment to the group and come back next month to talk about changes and concerns. John asked if these are federal requirements, what do we have the freedom to comment on or suggest? Laurel said it has to do with the way we apply the regulations and how we address gaps. There is some room for interpretation and how we tailor the approach we take, but we need to make sure it's realistic. We may have differences from DAIL in how we comply, as there are some areas that will be different due to the needs of the populations. Also, Children's Mental Health (CAFU) does not have to plan as long-term as DS. We will bump up the Nov. and Dec. meetings by a week due to the holidays.	(11/18 and 12/16) are on the DMH calendar.
❖ LIT Questions	• Cinn can't find the previous questions that had been generated for the LITs. Laurie thinks she has a copy, but maybe not; she'll send what she has, electronically. The questions we were asking the LITs seems to have distressed them and made them feel like they needed to collect new info. Should we have Dru talk to the group about RBA to help guide the questions? We need to send the questions, as we are behind. Alice suggested a training about CSPs and that it to be put on the DMH website. Since some DAs are already doing	• Group will look for old notes and try to find the 4 questions so as not to recreate the wheel. Jessica will look in old minutes

Agenda Items	Discussion Points	Decisions/Actions
	trainings, the group wondered if it was possible to record them and provide them to everyone, particularly the upcoming ones is Addison and Chittenden. Perhaps it's possible to use local public access to film the trainings. Cinn will reach out and ask the Rutland group if they want the training filmed by local cable access station.	
❖ Impromptu Agenda Items & Possible Future Agenda Items	• Invite the new governor to this group (can we invite her/him now?). • MHBG committee membership	Jessica will ask about scheduling this for the group.
❖ Public Comment	• None.	
	SPSC Meeting 12:30-2:30	
❖ UCS Redesignation, UCS Reps joining via phone	• Introductions and welcome to Lorna Mattern, Director of Youth and Family Services, and Amy Fela, Administrative Assistant, from UCS. Ron asked about increasing the local advisory board to 5 members to meet the standard for the administrative rules for designation. UCS is committed to working on it and wants to bring on more members, but they are having a hard time finding someone who has time to be on the Board. SPSC completely understands this challenge. Ron had a NAMI training at UCS a little while ago, and he really enjoyed the vibe he got, as people seemed happy with services/agency. The UCS reps were asked to give their general impressions, or overview, of services at UCS. Lorna responded that she has been with UCS for 27 years, having started in therapeutic foster care in the '90s to help create the program (it no longer exists but is still needed). CYFS has grown a lot over time, it serves people ages 0-24/26, involved in early-childhood mental health. They have a drop-in center, open to children and families and incorporates family voice. While planning for the drop-in center through direct input, they gave families the freedom to decorate and suggest services and activities. UCS will have an outdoor movie night, in October. They have a large youth voice, thanks to the Teens for Change Program. They try to incorporate family voice in policy and program development and are including youth in job interviews for Lorna's position, since she will become the Executive Director, in November. UCS tries to cultivate an open and comfortable space for kids. They are focusing on expanding trauma informed programs, recently participated in the 7 Challenges training, which will help UCS serve kids with substance abuse. Kathy took a moment to compliment the Youth in Transition programming at UCS, one of the best in the state. Youth are visible in the community and doing a lot of positive outreach. Ron stated that he likes that the kids are being involved in the interview process, because it's a great practice and wonderful that UCS is open to it, even though it can be messy. Betsy commended UCS for their excellent work and wondered how they funded the drop-in center. UCS used a building they already owned, IFS funds, encrypt funding, and respite funds to piece it together. Also, use a partnership with Southern VT College, relying on students and interns to help staff it. Betsy asked about the challenges they face with waitlists, wondering how successful the resources to the waitlist have been. The parent support and education, as well as meditation/yoga group, have had a good turnout, with 8-15 families typically coming for the 6-week series. Food helps, but	

Agenda Items	Discussion Points	Decisions/Actions
	the connections with staff and other families keep people coming back. The "Getting-to-Know You" group was a colossal failure, because after they got to know each other, they didn't have much more interest. They have a "Heart Smarts" group for parents and kids, with roughly 3-4 families who complete the 8 weeks. All group attendees are open to the agency while waiting for clinical services. Sometimes people weed themselves out after attending the groups and realize they don't want to engage in services. They come back when they are ready to engage. The group model for respite is working well. Instead of 1:1 adult to kids, it's 1:5, so it's cost-effective, can serve more kids, and helps teach social skills to kids as they interact with each other. They can learn, practice, and master skills in the community (like the library and an alpaca farm). It really helps the kids connect, even though some kids have conflicts with each other, which is unavoidable at those ages. It's a hard job, but the staff support each other. Cindy wanted to know about the statistics in the Agency Review, since the community support averages and respite averages changed from 2012 and 2013. Respite services went down in 2013 because they offered a summer camp and it filled a big need. Lorna also said that Building Bright Futures has a contract to provide additional consultation to parent-child centers, to help keep kids in their settings and provide support. Kathy asked about the lack of a child psychiatrist, which is concerning. Lorna responded that UCS has increased psychiatric capacity over the last year, their psychiatrist has a lot of experience working with children, they are interviewing for a part-time psychiatrist, and they have a psych nurse and retired psychiatric provider working with UCS, but they still lack a specific child psychiatrist. Kathy asked about families with high needs having to wait when they are in crisis. What do we do to fix this? VTFF hears from these families most often. Lorna replied that ERs are terrible places for kids to have to wait and don't offer a lot of support. UCS tries to keep kids out of the ER, as crisis services can meet clients anywhere to do a prescreening to avoid the hospital, if possible. Still working on finding the supports in home for complex kids. It can be challenging for families when the kids don't want to go into residential and the police have to be called, as well as DCF getting involved, eventually. There are gaps in the system. Laurie asked about some of the challenges that are pushing into the educational system. Lorna responded that the biggest hurdle with education is them not coming to LIT and not understanding the Act 264 process. UCS offered to train local schools on CSP process, but they declined even though they needed to utilize the system. The schools have expanded BI and clinical contracts with UCS, which is good. Laurie asked about the difference in perception of care survey results between adolescents and parent perspective. What kinds of things have UCS put in place to help families in crisis? Family emergency-services stabilization program can work with a family for up to 30 days. Prioritization of waitlist is based on level of need. Also, a universal access team is able to answer calls and identify a family's needs, while doing triage and locating relevant community services. Laurie asked about LPSC meeting on quarterly basis and didn't feel they had given a lot of input to UCS. Lorna replied that it probably was	

Agenda Items	Discussion Points	Decisions/Actions
	typical at that time, but now they meet every other month. It can be hard to make sure the meetings are meaningful and not just report out to the group. Still working on making it more dynamic and useful. They don't want people to come because it's a requirement, but because its useful. Laurie asked if UCS can use the nurse practitioner and psychiatrist across locations to help people who have transportation issues. Lorna said yes, that they go to many different places and centers to cover the areas. Laurie applauded the work being done by UCS, especially coordinating between DS and MH needs. Laurie also stated that the summer camp is great, as it is a huge help to families and is staffed with really skilled people. Lorna added that they now have a ACBA-certified staff member who they hope to utilize more. Laurie asked if the policies and procedures are on the website. Amy stated that clients get the policies at intake, but they are not on the website. UCS recently reviewed and updated the grievance and appeal process and will try to get it all out on the website in the future. Kathy contributed that a model that often works well is when the Standing Committee is owned by the parents/families, with children's director attending but not running the group. There is also space for the group to meet without the staff/directors so that they have a safe space to share concerns and can bring them to the agency in a more anonymous way. Lorna liked this idea and may shift the parent group in this way. Ron suggested using students from Bennington College as well. Ron was happy to hear that UCS is using DBT, since it was helpful to his foster daughter when she was younger.	
❖ UCS Redesignation Recommendation Discussion	• Kathy asked how we measure families who need services but walk away because they don't feel they are getting what they need. • The group unanimously recommended redesignation with minor deficiencies and a recommendation to increase membership to 5 in the LPSC. • Has DMH ever considered sending surveys to stakeholders from DMH? Not the agency?	Jessica will ask about term "social problem" on page 15 in AR.
❖		