

MEETING MINUTES
Children’s Act 264 Advisory Board/SPSC Joint Meeting
July 23, 2021

Act 264 Advisory Board Meeting (9:30 – 10:00)		
Attending: Alice Maynard, Kristen Holsman-Francoeur, Matt Wolf, Cinn Smith, Heather Freeman, Doug Norford Guests: Christina Thompson (DMH), Joanne Crawford (DMH), Nicole DiStasio (DMH), Cheryle Wilcox (DMH), Pam McCarthy (VFN), Sandi Yandow (VFFCMH), Diane Bugbee (DAIL), Ron Bos-Lun (SPSC), Ward Nial (SPSC), Laurie Mulhern (SPSC)		
Agenda Items	Discussion Points	Decisions/Actions
Vote to allow public comment throughout the meeting	Matt moved to allow for public comment throughout the meeting. Alice seconded the motion. All in favor and the motion passed.	The motion passed.
VDH Commissioner Meeting Prep	The group prepared for their meeting with Commissioner Levine.	
VFFCMH Parent Rep Recommendations Report	VFFCMH Interim Executive Director Sandi Yandow shared VFFCMH’s recommendations regarding the position of Local Interagency Team (LIT) Parent Representative. (See attached report)	
Joint Act 264 Advisory Board and State Program Standing Committee Meeting (10:00 – 12:30)		
Attending: Alice Maynard, Kristen Holsman-Francoeur, Matt Wolf, Cinn Smith, Ron Bos-Lun, Heather Freeman, Ward Nial, Laurie Mulhern, Doug Norford Guests: Christina Thompson (DMH), Joanne Crawford (DMH), Nicole DiStasio (DMH), Cheryle Wilcox (DMH), Pam McCarthy (VFN), Sandi Yandow (VFFCMH), Diane Bugbee (DAIL), VDH Commissioner Dr. Mark Levine		
Agenda Items	Discussion Points	Decisions/Actions
VDH Commissioner Dr. Levine	<p>Matt expressed the group’s appreciation for the immense efforts and transparency of the Vermont Department of Health (VDH) during the COVID-19 pandemic.</p> <p>The group then asked Dr. Levine the following questions:</p> <ul style="list-style-type: none"> • Coming out of the other side of the pandemic, what are your top three focus areas? <ul style="list-style-type: none"> ○ Return of public health workforce to pre-pandemic work/life balance and mental health. ○ Overall health of Vermonters – more than just keeping people safe from a virus but focusing on prevention of chronic disease and enhancing health. 	<ul style="list-style-type: none"> • https://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan • Dr. Levine had his office reach out to DMH after the meeting and requested links providing information about Act 264, the Board, and the CSP process. <ul style="list-style-type: none"> ○ DMH sent VDH informative links.

- State Health Improvement Plan (SHIP) – focuses on health equity. (<https://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan>)
- What are the innovations that have come out of the pandemic that you would like to maintain going forward?
 - The way people work. Need to allow staff to work remotely and in person.
 - Telehealth – ensured people were still able to see their providers
 - Health Equity
 - Payment Reform
 - Innovations in Substance Use Disorder treatment
 - The way clinicians interact with people. There were lots of exceptions allowed during COVID.
 - Implementation Science – getting vaccinations, PPE distribution, testing supply distribution
 - Communication transparency – access to information, trust in leadership, and frequency of communication.
- Given the levels of ignorance encountered and discrimination experienced by Native Americans in Vermont which can lead to poor educational, health, and mental health outcome, how could VDH increase the level of cultural competence within their staff and encourage it for the broader field of health care providers in Vermont?
 - Engage with the community consistently, not just when a crisis occurs.
 - Health Equity Community Engagement Team created during pandemic
 - Humility is critical
 - Initiatives – apologies, racism as a public health problem
 - Partnering with racial equity advocacy groups
- Acknowledging the special outreach done to BIPOC communities during the pandemic, which elements of this approach were effective? How will this new knowledge affect and/or change VDH’s approach to health promotion and treatment strategies going forward?
 - Interpretation is critical
 - Getting down to the local level and working with trusted partners in local settings.
 - Join efforts with the community.
 - “Nothing about us without us.” Need to partner with communities.

	<ul style="list-style-type: none"> ○ Alice asked, why less than 30% of the Native American population has been vaccinated? <ul style="list-style-type: none"> ▪ VDH needs to engage with all the Abenaki communities not just one. ● What has been the impact of this pandemic on VDH staff? What is the department doing to support VDH staff? <ul style="list-style-type: none"> ○ There has been a decrease in public health staffing and there has been a decrease in public health training, but now there is an influx of funding. VDH staff are overwhelmed and facing morale, health, and mental health challenges. There is anxiety regarding returning to work and previous work schedules and conditions. ○ To support staff, we have asked them to complete surveys, provided listening sessions, and are allowing a hybrid return to work policy regarding telework. ○ The Employee Assistance Program (EAP) has some good resources. ○ Increase the number of VDH all staff meetings. Allow staff to ask questions and hear what is happening. ○ Time off for those who need to take time and when they want to take it. ● Coordinated Services Plan <ul style="list-style-type: none"> ○ It is challenging for us at VDH to be familiar with CSP process, so I would imagine it is difficult for health providers too. ○ VDH needs to update our website to include this information. 	
<p>IFS Update: Cheryle Wilcox and Diane Bugbee</p>	<ul style="list-style-type: none"> ● There are multiple staff vacancies at the Department of Mental Health (DMH). Interviews are being held for the following positions: <ul style="list-style-type: none"> ○ Director of Mental Health Services ○ Senior Auditor and Program Consultant ○ Director of Quality and Accountability ● Workforce Taskforce meeting to figure out how to increase recruitment within the state’s mental health system. ● Cheryle forwarded documents from the first Mental Health Integration council to the group. ● The Vermont Department of Health has received a CDC grant for \$28 million. 	<p>Cheryle will send the 7/22/21 SIT meeting minutes to the group.</p>

	<ul style="list-style-type: none"> ○ DMH has submitted a funding proposal to promote health equity and conduct training and understanding of Abenaki community trauma. ● Selina Hickman has left her position as Division Director of Developmental Services at DAIL. DAIL will be hiring for this position. ● Cheryle provided an overview of the discussion at yesterday's State Interagency Team (SIT) meeting. Cheryle will send the SIT meeting minutes to the group. 	
Break		
Review June Meeting Minutes	Heather moved to accept the June meeting minutes with Alice's edits. Alice seconded. There were too few members present to form a quorum. The members present voted to approve the minutes. Christina will send the June minutes out over email for the members who were not present to vote on.	Christina will send the June minutes out over email for the members who were not present to vote on.
Finalize questions for ADAP, DCF, DAIL, AHS leadership	The group worked to prepare questions for their meetings with the Division of Alcohol and Drug Abuse Program (ADAP), the Department of Children and Families (DCF), and the Department of Disabilities, Aging and Independent Living (DAIL). The group will form questions for AHS this fall.	Christina will send the group drafts of the questions to approve.
State Program Standing Committee (12:30 – 2:00)		
Agenda Items	Discussion Points	Decision/Actions
Laurel Omland: Youth boarding in the Emergency Department (ED)	<ul style="list-style-type: none"> ● The group shared data regarding hospital discharge from the Green Mountain Care Board showing length of stay in the Emergency Department (ED). Laurel is aware of this data and now they are looking at what mental health services an individual was receiving before the ED visit and what services they received after the visit. ● Laurel reviewed a document showing information about children waiting in ED. The numbers in ED are underrepresented because hospitals do not have to report voluntary admission. ● Staffing in facilities is a challenge which is adding to the problem. ● Vermont Association of Hospitals and Health Systems (VAHHS) reporting graph showing the hours in ED and the % of voluntary. ● Graph of Trend of DMH data showing average number of youths waiting and the average wait time in hours. ● Laurel provided a list of what DMH is working on to address the number of children boarding in the ED. <ul style="list-style-type: none"> ○ Regular communication with AHS Secretary about current number of kids and wait times. 	

	<ul style="list-style-type: none">○ Weekly data reporting by VAHHS (point-in-time)○ Every other week meetings with ED Boarding group○ Monthly reporting to legislature○ Stakeholder meeting 6/29 follow-up to be scheduled in September○ MH Integration Council has started meeting○ Evaluation of ability to expand crisis bed capacity○ Workforce taskforce○ Alternatives to waiting in ED○ MRSS pilot○ Supporting EDs to be therapeutic	
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