This meeting was not recorded.

11/7/2024
Children, Adolescent and Family State Program Standing Committee Minutes **FINAL**

State Program Standing Committee for Children, Adolescent and Family Mental Health

Present Members: ☒Cinn Smith, Chair ☒ Laurie Mulhern ☐ Ron Bos Lun, Chair ☐Sunny Naughton ☐Karen Carreira
DMH/State Staff: ☐ Gillian Shapiro ☐ Emily Hawes ☒ Puja Senning ☐ Dana Robson ☐ Eva Dayon
Public: ☐Lorna Mattern ☐Ryan Lane ☐Robert Wubbenhorst ☒Mary Butler ☒Aaron Kelly

Business - Introductions, Identify Timekeeper - Review agenda for December meeting o Review Grievance and Appeals Data - Review October meeting minutes - Review date of January meeting, currently set for January 2nd	9:00 – 9:10
• Public Comment Period	9:10 – 9:15
• Laura Flint and Eva Dayon of DMH Quality Team presents on CCBHC Community Needs Assessment template and discretionary items – as related to CYFS populations	9:15 – 11:00
• Adjourn Meeting	11:00

Agenda Item	Discussion (follow up items in yellow) 2 members needed for a quorum vote
Review October meeting minutes, Review	- October notes cannot be voted upon as a quorum is not present - Puja will update October notes given a few changes from Laurie Mulhern and email them out and they'll get voted on next month when quorum could be present

This meeting was not recorded.

December agenda, Review January 2nd meeting date	- The C-SPSC will resume it's reviewing of agencies. Specifically, C-SPSC will review documents on Clara Martin Center's (CMC) CCBHC readiness during the January meeting and then meet with CMC in February. Then, C-SPSC will review Rutland Mental Health Services (RMHS) materials in the March meeting and meet with them in April. - Next Tuesday, November 12th, there is a Public Meeting on CCBHC and CYFS Programming – Rutland Mental Health Services and Clara Martin Center will present on how they've changed their CYFS programming to meet CCBHC criteria. - C-SPSC members are eligible for a $50 stipend for the C-SPSC meetings, as well as next week's Public Meeting. Please reach out to Puja if you need help - Puja will email the greater group the question about their preference for a January meeting date, currently set as January 2nd
Public Comment	- None expressed
Meeting with DMH's Eva Dayon and Laura Flint on CCBHC – Discretionary Items and Community Needs Assessment template	- Eva presented a powerpoint (see bottom of notes) on CCBHC – discretionary items and Community Needs Assessment template - Please reach out to Eva Dayon (Eva.Dayon@vermont.gov) and Laura Flint (Laura.Flint@vermont.gov) with any questions/concerns regarding CCBHCs - CCBHC's doubles down on physical health integration – checks for diabetes, ensuring clients have a Primary Care Physician - Laurie offered this feedback - "I do believe that we should develop CSPs for adults in consideration of CCBHCs" and "I feel Medical Director needs to be in office two days a week, not one. Even if they are being shared with another CCBHC, that still leaves flexibility at both locations." - Mary offered this feedback – would hospitals be added to the list of partnerships required for CCBHC's, on slide entitled "Criteria 3.c.3" - Cinn offered "What's DMH's take on therapeutic foster care and where does it fall in terms of CCBHCs?" --- this could be a question for Tuesday's public meeting - Laurie offered this regarding Stepdown back to the community "*Three days to return to community setting. If an individual has been in the Retreat temporarily, it is often due to escalation of needs that the family/community can't meet. Three days warning that at individual will be returning home to their community does not leave enough time to put appropriate supports in place by time of

	discharge. Ideally, treatment team meetings are taking place often enough to address needs when discharged allowing adequate time to prepare for their return. Is there any procedure in place to ensure families are informed much sooner in the process?" - Eva said ideally the discharge planning would start from day 1 and **Eva will loop back to this question.** - Cinn stressed the importance of housing. She reflected that RMHS reduced their available housing for homeless folks from 90 beds to 20 beds and that the cold weather housing benefit will not start until December 1st and that the local school district said there are currently 99 kids who are homeless. - Laurie offered "There are educational funds that can be used for housing. It's unclear if they actually are. I forget the name of the funding…" Attached is the link to the McKinney-Vento Homeless Assistance Act. - http://education.vermont.gov/student-support/federal-programs/consolidated-federal-programs/education-homeless-children-and - Aaron offered that Long Acting Medications are underutilized in Vermont as compared to the national averages, whether in substance use or in mental health treatment, and that he recommends that they are discussed with clients as a potential option for care. - Looking at the slide titled Criteria 4.H.1 – Mary offered that many of these practices are already potentially offered - Aaron asked if Financial Management could be required and what that may look like. He feels that financial management is a tool that is preventative against homelessness. - Eva responded that advocating for a service called Representative Payee, wherein a person who cannot manage their own finances, is supported by the agency is doing this. - Laura offered that Cognitive remediation and Illness Management & Recovery are both Evidence based or supported practices – so very specific models - Aaron asked if Recovery Oriented Cognitive Therapy is about how to engage people into services when they have not traditionally been motivated, can be used anywhere, peers can implement - Cognitive Remediation is about helping folks in how to set up their day, more around executive functioning aspects - Aaron discussed computer programs that help give people something to do and help to develop their executive functioning. An example is Happy Neuron

This meeting was not recorded.

	- Reflecting on slide titled "Criteria 4.j.1" – Aaron said that Art Therapy, hiking therapy, as offered by peers, could be beneficial to clients as they also involve socializing - Laurie reflected that "Peer supports and navigators are very helpful in support of individuals and families." - The group took a break from 10:05 – 10:12 - Regarding slide "timelines for clinical evaluation and treatment plans' – Eva said that the current understanding of "clinical visit" is one in which the provider is gathering information about the client - Community Needs Assessment template – currently are discussing whether to require or recommend agencies use this template - DMH also recommends that the agency use their local Federally Qualified Health Center and hospitals' Community Needs Assessments - Regarding Question 2. Other partners that should be required - Mary recommended veterans and churches and Aaron recommended pharmacies, Cinn recommended food shelves and inter-church groups, and Laurie recommended Senior Centers and soup kitchens and youth councils. - Eva said DMH is also looking at doing a statewide Community Needs Assessment, especially in terms of reaching out to groups, such as the Abenaki populations, which would otherwise be reached out to by all agencies becoming CCBHCs with the same set of questions.
11:00 Meeting Adjournment	- Mary moved to adjourn the meeting. Cinn seconded. All were in favor. Meeting adjourned at 10:59.