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3/7/2024
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 Mulhurn ☒ Ron Bos Lun, Chair ☒Sunny Naughton
DMH/State Staff: ☐ Gillian Shapiro ☐ Megan Shedaker ☒ Puja Senning ☐ Dana Robson ☒ Eva Dayon
Public: ☒Lorna Mattern ☒Ryan Lane ☒Robert Wubbenhorst ☒Joanna Mintzer ☒Karen Carreira ☒Sandy Yandow

Business
• Introductions, Identify Timekeeper
• Review Feb meeting minutes
• Review agenda for April
  o C-SPSC System of Care Recs
  o DMH update on CCBHC - Laura Flint
  o DMH update on Suicide Prevention Strategic Plan – Chris Allen
  o Update on DCF workgroup on Broken Systems, Broken Promises workgroup – Laurie Mulhern
	9:05 – 9:15

UCS Designation QnA - Lorna Mattern, Executive Director - Ryan Lane, Director of Children, Youth and Family Services - Robert Wubbenhorst, Manager of School Based Services - Joanna Mintzer, Member of the Board of Directors	9:15-10:45
• Deliberate designation options for UCS	10:45 – 10:50
• Update on Agency Designation Timeline with Eva Dayon	10:50 – 10:55
• Public Comment	10:55 – 11:00
• Close/Meeting Adjournment	11:00

Agenda Item	Discussion (follow up items in yellow) 2 members needed for a quorum vote

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Review February Minutes and review April agenda items	- Committee member Cinn proposed voting on the February meeting minutes, as is, and all committee members voted Aye. - Committee members approved the suggested April agenda items.
Meeting with UCS	<u>UCS members present:</u> Lorna Mattern, Executive Director Ryan Lane, Director of Children, Youth and Family Services Robert Wubbenhorst, Manager of School Based Services Joanna Mintzer, Member of the Board of Directors <u>Kudos:</u> • FAST Program - since 2022, walk-in patients have been met immediately and reported feeling heard, respected, and validated, with action items for the next steps for their health. • FAST Program - offering to support other agencies in bringing this framework into collaboration! • The board and Leadership relationship is great • People report feeling UCS is accessible, which is amazing • Camp Be a Kid sounds like a very cool program! <u>General Questions:</u> 1. (Cinn) What is the UCS's commitment to staff recruitment, generally, and specifically, recruitment of CYFS psychiatrists? Is UCS collaborating with HireAbility, CCV, and the VCAP program (allows for mentorship when someone starts work)? a. Lorna – Regarding recruitment, have used a platform to ensure advertising/recruitment covers a wide and national market. Recently brought someone in from Texas and Ohio. Community relations/marketing team also help with recruitment. We have a dynamic careers

page on our website. We also applied for an HCBS grant that focuses on recruitment and retention of staff so we will be doing more in this area. We offer a staff bonus for referring someone to work at UCS as staff are the best recruiters.

b. Regarding a psychiatrist, we have a dedicated staff – Rachel Munoz and Alya Reeve. Both work with SVMC, UVM, and Dartmouth teams. Like many DA's we don't have a child psychiatrist, however, our medical team is committed and trained in child psychiatry.
    i. Is there a big push to bring a child psychiatrist in at SVMC?
        1. I'd say no. It's a good question. I could reach out to SVMC to see if they could look into that.
    ii. Or reach out to children via telemedicine?
        1. Yes, good idea.
c. Recently reached out to them to work with them to partner on recruitment. Post on the CCV job board. Work with CCV's Human Services Careers Pathways Program. It's a relatively new relationship that we're starting. Regarding HireAbility, we have an ongoing relationship with them. Have provided their clients with job placements. Last year we had 2-3 folks from HireAbility work at Came Be a Kid. In the past, have offered other job fairs with Department of Labor. Would be willing to start working with VCAP.
    i. Work with high school students with kids with special needs on their mentoring program?
    ii. Mostly through the JOBS program. High School has their own internal program. These days work very much in parallel with High School. Also have kids with very high needs work with our Compass Program.

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	2. (Ron) What is UCS doing regarding staff retention and mitigation of burnout? Does UCS engage in exit interviews? a. Last year undertook a compensation project – 8% increase from the state. Increased salaries for 90% of the staff to get to midpoint of the market. Remainder 10% were already there. In January we were at high 20's to low 30% turnover and then with the compensation change, that quickly dropped to the teens. b. HCBS Grant is helping us with funding staff trainings. We have non-clinical staff debriefings. Folks in the waiting room. We provide them with on-the-spot debriefing and scheduled debriefing because they see a lot and don't have mental health degrees. We have regular supervision, strategic retreats to allow for fun/food/massage/stress relief. c. Survey Monkey is currently out to CYFS team regarding if they would prefer break room experience, (3 ppl in a concrete room, baseball bats hitting stuff with, suited up so it's safe, the printer ink went spraying) or ____. Also do traditional SWOT analysis retreats. Most feedback from staff is for support in their lives. **d. Bringing in AI that may be able to help with documentation.** **e.** Also offer exit and stay interviews, 2x per year, after 1 year tenure. **f.** How many employees and CYFS employees? **i.** About 300-350 employees. In CYFS are 20. School based are 10. 3. (Laurie) What do current waitlists look like in CYFS programs? What do current waitlists look like in CYFS programs and how does UCS communicate with community member on the waitlist? a. Twice weekly assignment team discusses the waitlist.

	b. What is the message that's sent/given to families as they're on the waiting list, as sometimes waitlists are very unknown? i. Communication comes from our very skilled administrative staff, one of kindness/caring, and depends on age of child. "Hello, we've received everything, you're ready to go, and you have a small waitlist." Encourage access to groups, after school programs, etc. as they're on the waitlist. One of my goals is to strengthen/build partnerships with other organizations that are doing parallel work, such as Turning Point, to have a more robust plan for people who are waiting maybe 1-3 weeks. ii. Thank you. Yes, we look for a lot of lifelines for our youth. Having some other things to do while they wait is super helpful. c. What is the number? i. Only gotten up to double digits a few months ago. For example, last week, 3 waiting for case management and 5 for more services. 4. (Sunny) How does UCS work with community partners? Please describe some relationships that are strong and some that the agency would like to work on. How is the relationship with DCF? a. I came from the Reach Up Clinician at Howard Center. So I've got a lot of collaborative experience. So taking the role of Director it is very exciting to systematically work on this. In a word, UCS is great at collaborating. b. Ryan and Robert "call in" each other about effectively doing this, consistently. c. Work a lot with Sunrise Family Resource Center. They offer a lot of parallel services so a lot of handing off clients and data sharing.

	d. Work really well with Supervisory Union. Metaphor is "hand in glove." Tell our needs/what we can do and get support. e. Have clinicians in pediatric offices, under the Blueprint for Health program. Work wonderfully with them. f. Northshire Hub – Work closely with the SVSU and BRSU schools. g. Bennington Police Department is a strong relationship. h. The High School has been a bummer. They have an insular way of being regarding their mental health services. The SVSU Director is saying that they need our help, but they don't really let us in. They do call us when they need us. It's really concerning and we don't understand it. 5. (Cinn) How do you communicate agency data and outcomes to staff and the LPSC, and how do you incorporate their feedback? a. LPSC – last year we met monthly to get me up to speed, which we noticed was a bit much so now meet every other month. b. Twice a year send out data that we track. I think we could do better at this. c. Have continuous ongoing satisfaction surveys for clients. d. Want to spread our data to the community and Facebook page, as well. e. Ryan – we send out "Per member per month rate." I teach statistics at a local college so I have a way of communicating data that is digestible and action oriented. "Okay, utilization – staying on top of your caseloads, etc." So the data can translate to meaningful action. 6. (Ron) Who is responsible for quality improvement/quality assurance at the agency? How does the agency communicate QI initiatives and outcomes?

	a. Cheesy answer is that we are all responsible. 😊We have a Quality Improvement process and Plan. Our Quality Council oversees the quality activities. This includes Clinical QI Team, IT Security Plan, our DEI Committee. WE just hired a full time compliance office. We now have a full time Quality Director. We also have a Quality Manager tracking all of these measures. We talk Quality all of the time and that gets transferred to staff and stakeholders. Our Operations Director is very much focused on CQI as well. 7. (Laurie) Are there any recent innovations at your agency that are going particularly well? a. PUCK – Psychiatric Urgent Care for Kids. Remains a smashing success. Moving to a larger site. Expanding DMH contract to expand hours and services. Opening up entry points – currently is mostly from ES and now want to expand it to other kiddos within our CYFS programs. i. Renovating a van to turn it into a PUCK property and bring it to schools and allow kids to have PUCK brought to them. b. Youth Intensive Outpatient Program – developing mid-stream. Not a lot of models for this. Right now have a cohort of 8. Have done a pre-post and during data check in on how it's going. Next step is to bring in funders. Seeing that it is effective with high-needs kiddos. Currently is for elementary school aged kiddos and want it to turn to older kiddos. 8. (Sunny) What is UCS' policy regarding customer service or client engagement? Are there policies in place that ensure that providers respond to clients within a certain timeframe? a. All calls for services goes to our Universal Access Team. We don't have multiple intake – everything gets funneled to the Same Day access program we have. There's a message of 'I will call you by the end of the day, if received by 3:30 that day, otherwise, will call you the next

	morning." FAST is our process around using same-day access and utilizing Collaborative Network Approach with intake or crisis. We do track 5 and 14 day access to services. The front desk offers 48 hour reminders for appointments. We don't have a policy that a clinician will reach out 'as soon as you can,' which sometimes isn't good enough because it gets lost. b. Around grievances and appeals, we have a 30 day standard of getting back to people, and usually it is about a week. c. Understanding within CYFS that if there's a parent/kiddo who is really upset it gets sent to me, the director of CYFS and I get back to them within 48 hours generally. 9. (Cinn) What does UCS do for community outreach? How is it made known to the community what services UCS offers? a. We do have a great Community Relations Team that does great marketing. We have facebook, Instagram, press releases into the paper, Front Porch Forum. We have community events. For example, this past year we had Kevin Hines, who jumped off the golden gate bridge at 19 and survived. (Keven did the Ripple Effect movie). We host panel discussions and movie viewings. Recently brought in folks to talk about suicide and suicide prevention. (Karen added that the feedback for this event has been very, very positive. UCS appreciated Karen's efforts on this.) We host an annual suicide vigil. Wrote in VTDigger and Wall Street Journal about the PUCK program. Our mobile crisis is out there. We do a lot of things, any which way, we can. <u>Questions related to the Site Visit Report:</u> 10. (Ron) Does UCS collect follow up data on the FAST program? (page 5 of Site Visit Report)

	a. We collect data when people leave, a 1 question survey, 'was this helpful to you?' We're at 99% that folks say Yes. We have follow-up data looking at if folks that come through FAST end up in ED. We also look at who do and don't get 'open' to services and we've found that folks 40-45% do not get opened. Folks can come back to FAST multiple times for 30 days without being open. 11. (Laurie) How does UCS ensure that the data that is kept off site stays safe? Does UCS have insurance covering data safety? (page 5 of the Site Visit Report) a. Yes, UCS has very robust cyber insurance, which we started years ago and got a Cadillac version. Also have a security officer here testing the system and ensuring we are as safe as possible. Current and old EHR data is on the cloud. We are doing as much as we can to make sure our data is safe. 12. (Sunny) In addition to fetal alcohol training, what other training is UCS hoping to offer? (page 6, Site Visit Report) How does UCS ensure that training is relevant to the community's current needs? a. Trauma informed trainings are offered to schools/staff, etc. b. Undergoing a tremendous Community Needs Assessment. We want to know what the unmet needs are. c. We also provide Mental Health First Aid. d. If someone calls us and asks us to undertake a training on "X" we absolutely will. 13. (Cinn) Page 8 of the Site Visit Report mentions that school-based clinicians receive adequate training whereas case managers do not feel this way. Does this cause friction between the two groups and how does UCS ensure that these groups have parity in training?

	a. This has been addressed in multiple ways. A lot of our case managers came with a variety of skill sets. I've taken it on the ensure everyone is on the same page. Developing a case manager training currently. Cannot find an accessible, affordable, and robust enough existing training for our staff. We are going to raise up a Senior Case Management position to formalize the training of case managers. Now there is very low turnover in CYFS case managers whereas before Ryan was director there was high turnover. We think folks are getting the training that they need, now. b. Have not heard of any friction between school-based clinicians and case managers. 14. (Ron) Page 10 of the Site Visit, mentions a "Services Assignment Team." How many are on this team? Please elaborate on the roles and duties they perform other than that listed (ensuring paperwork is completed, funding source identified and client is eligible). a. Services Assignment Team meets twice a week does these functions. When someone comes in through FAST or same-day access, they get sent to our SAT Team. They gather the data, pull the waitlists, and discuss with the greater UCS team as to who can take each of the potential clients. 15. (Karen) Throughout the district, is it just the high school that has blocked off UCS services? What do we do? a. Every school has their flavor for sure. Middle school is grounded, practical approach of taking care of their own children and for asking for help. b. The high school, via the grapevine, there is information and I don't like to get involved with. Not for lack of trying, and for bringing curiosity, we have not gotten far with them. Really don't know what the hesitation is. It is unfortunate. i. It is a feeling of toxicity. They are missing the prevention work, which is so valuable. I wonder, how did this happen and how do we move it forward. It is a disservice to the kids there. ii. Right now, the strategy is to get enough community partners involved to all check in and ask.

	iii. To not allow UCS to come in and see kids for their mental health is neglectful. You don't hear about a school blocking kids from accessing their physicians. iv. It is better than 3-4 months ago. We've had to utilize parent permission slips. 16. Relationship with DCF? a. I think systemically and on a person-level, we regularly meet with them. It is very positive. It's very clear that we work together. And if there are incidences where we don't or can't, we talk about it. 17. Anything you want to offer to us? a. Thank you! Appreciate voluntary boards like this. Appreciate the desire to improve the system.
Designation Options Discussion	- Cinn proposed Designation with No Deficiencies and all Committee Members voted in favor.
DMH – Update on Agency Designation Timeline with Eva Dayon	- The Local Community Services Plan is due currently May 1, 2024 per statute. - DAIL, covering DS and DMH, covering Mental Health, do this process very differently. - The proposal is to extend the current plan until May 1, 2025 so that we can align the DAIL and DMH processes and to gather more information from community, partner organizations, etc. so DA's can have a streamlined plan that is well informed. - Laurie felt passionately about ensuring parents/families/community input is present in these plans and would appreciate a streamlined, and non-redundant planning process. She expressed some interest in this. - Cinn is a member of the Mental Health Block Grant committee and would like to have overlap between these committees. - No one expressed a concern against this proposed extension. - Eva will bring this proposal to the Adult Mental Health SPSC
Public Comment	- There was no public comment.
11:00 Meeting Adjournment	- Meeting adjourned at 11:00