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June 23, 2023

Act 264 Advisory Board & Child and Family State Program Standing Committee Minutes

DRAFT

Section 1: Act 264 Board

Present Members: Alice Maynard Cinn Smith, Co-Chair Megan Martin Matt Wolfe, Co-Chair Kristin Holsman-Francoeur
 Heather Freeman Doug Norford

DMH/State Staff: Joanne Crawford Cheryle Wilcox Puja Senning

Public: Laurie Mulhurn Ron Bos Lun Joe Brusatto, X - Sandy Yandow - VFFCMH, X - Amy Lincoln Moore - VFFCMH, X – Julie Fifield

Agenda Item	Discussion 4 members needed for a quorum vote
Opening and Introductions Act 264	Meeting convened at 9:35. Introductions and Review of Agenda occurred.
Update on scheduling meetings with Commissioners /Secretaries	<p>Puja will look at the list of secretaries and commissioners that the group would like to meet with and start reaching out.</p> <p>Someone in the group will draft a letter to the Department of Children and Families (DCF) Commissioner to ask about a follow up to their meeting. Laurie will create a draft.</p> <p>The group would like to meet with the Agency of Education (AOE) in July. The group worked on questions for their meetings with Secretaries and Commissioners.</p> <p style="text-align: center;">Questions for State Leadership</p> <ol style="list-style-type: none">1. Coming out of the other side of the pandemic, what are your top three focus areas?2. What are the innovations that have come out of the pandemic that you would like to maintain going forward?3. Question regarding recommendations in the “Native American Communities Focus Groups – Abenaki Community in Vermont” report created for the Division of Alcohol and Drug Abuse Programs.

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I believe we came down to sending the full report to each Secretary/Commissioner and asking that they read at least the report's summary and recommendations (pages 23-26).

4. Specific question to guest?

Alice's suggested questions to specific guests:

a. VDH and ADAP:

1. Acknowledge the special outreach done to BIPOC during pandemic. If they found elements of this special approach effective, how will this new knowledge affect/change their approach to health promotion and treatment strategies going forward?
2. How could they increase the level of cultural competence with their staff and encourage/foster it for the broader field of health care providers in Vermont?
3. Please update the website's description of and provide an estimated date of when it could be accomplished:
 - i. Act 264 Advisory Board's mission beyond the current listing of children with SED to include any child or adolescent with a disability cited under state or federal special education law; and
 - ii. use a more specific AHS link (*e.g.*, to the Coordinated Services Plan).

b. DMH:

1. Is there any organized effort at any level in Vermont's mental health field to improve cultural competence for students and staff regarding American black, indigenous and immigrant cultures?
 - i. If so, what and where? Results to date?
 - ii. If not, why not?
2. How does the current system of care prioritize offering mental health services to those Vermonters who are without housing?
3. At the state level, how are we thinking creatively to blend Mental Health and Education funding, to meet the needs of children who are struggling with socio-emotional needs?



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	<ol style="list-style-type: none">4. Could you offer an update on the School Mental Health Reform Work Group's progress, specifically whether or not the long-term and short-term goals of the group and subcommittees (fiscal, effective models, and data/outcomes) were achieved?5. How is DMH exercising creative visioning and leadership around DA's struggling with staffing issues, such that they're able to best meet the growing needs of the community?1. Many families have to drive to neighboring states for their children to attend residential facilities. This also means Medicaid funding is moving out of state to these out-of-state facilities. Can you elaborate on the reasons why Vermont has, thus far, not be able to meet this need? Is there currently planning to meet this need, in-state? <p>c. DAIL:</p> <ol style="list-style-type: none">1. Given the levels of ignorance encountered and discrimination experienced by Native Americans in Vermont which can lead to poor educational, health, and mental health outcomes, how can DAIL increase the level of cultural competence with their staff and encourage/foster it for the staff of the DAs/SSAs?2. When might we expect to see a searchable item on the DAIL website for:<ol style="list-style-type: none">i. <i>Act 264</i> andii. <i>Coordinated Service Plan</i>?3. How does DAIL recruit and pay for consistent peer support for individuals receiving services from DAIL? <p>d. DCF:</p> <ol style="list-style-type: none">1. Given the levels of ignorance encountered and discrimination experienced by Native Americans in Vermont which can lead to poor educational, health, and mental health outcomes, how can DCF increase the level of cultural competence with their staff?2. Is there any organized effort at any level of social work in Vermont to improve cultural competence for clients and staff regarding American black and other immigrant cultures?<ol style="list-style-type: none">i. If so, what and where? Results to date?ii. If not, what do you see as the major challenges to changing that situation?3. When might we expect to see a searchable item on the DCF website for:<ol style="list-style-type: none">i. <i>Act 264</i> and
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	<ul style="list-style-type: none">ii. <i>Coordinated Service Plan?</i>4. Discuss their letter of response to our letter of inquiry regarding <i>Broken System, Broken Promises</i>.e. AOE:<ul style="list-style-type: none">1. Is there any organized effort at any level of education in Vermont to improve cultural competence for students and staff regarding American black, indigenous and immigrant cultures?<ul style="list-style-type: none">i. If so, what and where? Results to date?ii. If not,<ul style="list-style-type: none">a) why not?b) what do you see as the major challenges to changing that situation?2. When might we expect to see a searchable item on the AOE website for:<ul style="list-style-type: none">i. <i>Act 264</i> andii. <i>Coordinated Service Plan?</i>3. Can you explain the legislative intent of H.217 and the potential impacts it will have on school systems in regard to serving 3 and 4-year-olds in full day programs?4. Coming out of the Pandemic, the 3 pillars identified to focus on in schools were: social/emotional learning, school engagement, and academic progress. Can you offer updates on this work?5. Could you offer an update on the School Mental Health Reform Work Group’s progress, specifically whether or not the long-term and short-term goals of the group and subcommittees (fiscal, effective models, and data/outcomes) were achieved? <p>Hopefully the group will be able to meet with DCF or the Department of Mental Health (DMH) in September. The group might also want to meet with Laurel Omland, the Director of the Child, Adolescent and Family Unit of DMH regarding residential beds.</p>
Vote on Local Interagency Team (LIT) Survey Questions	Local Interagency Team (LIT) Survey 2022 <u>For the 12-month period of fiscal year 2022 (July 1, 2022 – June 30, 2023):</u> <ul style="list-style-type: none">1. What region does your LIT represent?2. Name and Preferred Method of Contact for the Person Filling Out Survey3. How many times a year does your LIT meet?

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	<ol style="list-style-type: none">4. List the top two strengths of your LIT.5. List the top two challenges faced by your LIT.6. Estimate of the number of Coordinated Service Plans written in your region from July 1, 2022 through June 30, 2023.7. If your LIT has a workable method to track this information, please explain how it works.8. Approximately how many families (or their designee) have attended your LIT meetings about their child's CSPs?9. Are families (or their designee) always present at LIT meetings when their child is being discussed?<ol style="list-style-type: none">a. And if not, why?10. List the name of your LIT's Parent Representative.<ol style="list-style-type: none">a. If you currently do not have one, what are you doing to recruit and support a new one?11. List the names and affiliations of LIT members:<ol style="list-style-type: none">a. Core team membersb. Extended team members12. Does your LIT Team engage in discussions about system of care functioning and needed improvements?<ol style="list-style-type: none">a. What are themes that come up,?b. How frequently do these discussions happen?13. Would your LIT benefit from training or additional support, for example, in the areas of Family Support, Teaming, CSP Meeting Structure, Facilitation, Coordination with Law Enforcement?<ol style="list-style-type: none">a. Please specify.14. If your LIT members could have one wish for the coming year to improve your interagency system of care, what would it be?15. What themes of challenges are you seeing in the Coordinated Service Plans (CSPs) in your community? (brief answer)16. Do you have any feedback you would like to give the State Interagency Team (SIT) and the Act 264 Advisory Board about the CSP process in your region?17. Are you using any trauma responsive and resilience-based practices in your work with families?18. Who is mainly facilitating CSP's in your region (DA, School, DCF, other)?19. Is there anyone from your region interested in being a member of the Act 264 Advisory Board?
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	<p>20. Additional feedback?</p> <p>The surveys should be returned by September 15, 2023 to assure inclusion of your information in the development of the 2024 recommendations for the Interagency System of Care.</p>
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Minutes respectfully submitted by Joanne Crawford, Administrative Assistant, Child, Adolescent & Family Unit

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Section 2: Act 264 Board and Child and Family State Program Standing Committee

Present Members: Alice Maynard Cinn Smith, Co-Chair Megan Martin Matt Wolfe, Co-Chair Kristin Holsman-Francoeur
 Heather Freeman Doug Norford Laurie Mulhurn Ron Bos Lun Ward Nial Joe Brusatto

DMH/State Staff: Joanne Crawford Cheryle Wilcox Puja Senning

Public: Kara Haynes, X – Julie Fifield

Agenda Item	Discussion 6 members needed for a quorum vote
Discuss on-going recruitment for both Act 264 Advisory Board and Children’s State Program Standing Committee	A question was added to the Local Interagency Team (LIT) Survey regarding recruitment. Laurie has been sharing the recruitment flyers at the meetings that she has been attending.
Review SOC recommended priorities for 2023	<p style="text-align: center;">Vermont Act 264 Advisory Board 2023 RECOMMENDATIONS ON PRIORITIES for the Interagency System of Care</p> <ol style="list-style-type: none"> 1. <i>Act 264 requires the state to ensure that there is a Parent Representative on every Local Interagency Team and that families have knowledge of and access to Parent Representatives’ services.</i> <ol style="list-style-type: none"> a. This Advisory Board and the State Interagency Team will develop clear definitions for the functions of: <ol style="list-style-type: none"> i. Act 264 Parent Representative for LITs, the SIT, the CRC, and the Act 264 Advisory Board as mandated in Vermont’s Act 264; ii. CSP Support Parent Representative for Individualized Treatment Teams as they work to develop and implement Coordinated Services Plans; and iii. A parent representative with lived experience. b. Produce a recorded training for Act 264 Parent Representatives and one for CSP Support Parent Representatives. c. Pay all members in each category the same rate. 2. <i>Demonstrate a strong commitment to develop and implement an integrated approach for child and family programs and services across the state.</i>

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	<ul style="list-style-type: none">a. <u>Provide easily accessible links to Act 264’s Coordinated Service Plans (CSPs) on individual school and designated agency websites, as well as the Department of Mental Health (DMH), Department for Children and Families (DCF), the Department of Health (VDH), and the Department of Corrections (DOC).</u>b. Ensure <u>recorded training on Coordinated Service Plans is online and accessible to families, designated agency staff, and schools. Make such training mandatory for all department, designated agency, and education staff who work with children and families.</u>c. <u>Support statewide coordination across agencies with a focus on resiliency and trauma-informed and healing centered services.</u>d. <u>Create a state database across AHS and AOE to track all in-state and out-of-state residential placements, including length of stay, performance measures, and client outcomes.</u>e. Support two critical factors that significantly impacts a family’s need for CSPs and decreases their ability to access them:<ul style="list-style-type: none">i. <u>Child care:</u> enhance funding and support for childcare centers to remain open and funding for families to access quality childcare, andii. <u>Affordable housing:</u> increase supports for families facing or experiencing homelessness.f. <u>Record for on-line use orientation training to improve interactions between human services providers, education staff, and public safety officers, when interacting with children and adolescents with various disabilities and their families, including information on:</u><ul style="list-style-type: none">i. likely situations and various expectations of all parties;ii. tactics likely to escalate and to de-escalate situations for children and adolescents with specific disabilities; andiii. basic resources available to all parties, including use of a proactive crisis plan. <p>3. <i>The education system will continue work to reduce the use of restraint and seclusion in schools.</i></p> <ul style="list-style-type: none">a. Continue to focus on social, emotional, and behavioral learning for all students.b. The Agency of Education will ensure that school districts/supervisory unions have a system that tracks all instances of restraint and seclusion data which can be disaggregated by: duration, location, time of day, disability status, race/ethnicity, and reason/behavior.
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	<p>c. The Agency of Education will analyze this data to look for patterns at different levels and in different regions to highlight progress and to suggest alternate or enhanced solutions for weak areas.</p> <p>4. <i>Strengthen direct and indirect strategies to improve staff recruitment and retention to assure timely access to needed quality services, particularly in Designated Agencies and in the Department for Children and Families, Family Services Division.</i></p> <ul style="list-style-type: none"> a. Increase salary levels for line staff. b. Promote affordable housing. c. Try various methods to enhance the work culture and climate with non-monetary incentives. d. Consider hiring family members with appropriate life experience to provide some services (e.g., respite). <p>When the Board and the Committee are separated, will both groups still have input to the System of Care (SOC) recommendations? Cinn felt that Children’s State Program Standing Committee (CSPSC) would still have time to review them.</p>
<p>Discuss meeting in person 2x/year</p>	<p>Tabled this discussion.</p>
<p>Review May 2023 meeting minutes</p>	<p>A suggestion was made that abbreviations not be used. Acronyms are OK as long as name is spelled out at least once.</p> <p>The meeting minutes were unanimously approved as amended.</p>
<p>Cheryle Wilcox – SIT/Interagency Update</p>	<p>There was a State Interagency Team (SIT) meeting yesterday. Cheryle will send the minutes to everyone in the group and Puja. The minutes are posted on the IFS website on the Agency of Human Services (AHS) web page. The minutes were also sent to LIT Coordinators. Cheryle is trying to do more communications with LIT Coordinators and so she has out sent some other resources to LIT Coordinators. Some LIT’s cancel their meetings if they don’t have a consultation with a family attending.</p> <p>Alicia Hanrahan was the AOE representative attending yesterday’s meeting to discuss bill 461, which was signed by the Governor. This act has changed the rules for parents providing home schooling. Alicia is the best person to speak to if anyone has questions.</p> <p>AOE is putting together a frequently asked questions (FAQ) page on their website to answer questions around this new guidance.</p>

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	<p>Some programs are closing at Howard Center. The public inebriation program for adults in St. Albans, Howard Center involvement in Centerpoint school, Intensive Family Based Services, and the center-based program for young children with autism, will be closing. The individuals in these programs will be referred to other programs being offered in Chittenden County.</p> <p>The designated agencies are looking at their core services and where are there other providers who are part of our system of care. As of January 1st, the agencies are getting more funding to do more mobile outreach, similar to the Rutland Mobile Crisis pilot.</p> <p>There is still a workforce crisis, but the job vacancies seem to be stabilizing now. DMH is about to put out two more rounds of funding for tuition reimbursement and loan repayment for staff and designated and specialized service agencies to encourage hiring.</p> <p>The <i>VT Digger</i> article said that the CenterPoint School is closing but we are not sure if that is true at this point. Howard Center and NFI will no longer be working with CenterPoint.</p> <p>A Pride event was held in Rutland over the weekend and over 4,000 people attended. It was a very positive event. The legislature over-rode the Governor's veto of the childcare bill this week. It means more money for childcare workers and subsidies for families. In the SIT meeting minutes that you will receive, there is a link to a website that the child development division created to see the details about the bill.</p> <p>Family Services continues to struggle with staffing family services workers. Some days these workers have had to take additional shifts to cover the lack of staff. The AHS response was to put out a Request for Proposal (RFP) for a residential facility in Vermont. This facility will be for 12 to 21 youth with severe mental health and developmental services needs, and/or in DCF custody. It is not a Woodside type of placement.</p> <p>Rutland is shutting down their mobile crisis pilot because as of January 1, 2024 there will be statewide funding from the federal government for mobile crisis programs. Every Designated Agency will be offering this service.</p> <p>The Coordinated Service Plan will now start being translated into different languages. It will cost approximately, \$1,000 per language. Any changes will be an additional charge.</p> <p>At yesterday's meeting, the SIT discussed how they can move forward with working more closely with the Act 264 Advisory Board. It was suggested that the Act 264 meet with SIT quarterly for 90 minutes, but then other members expressed concerns about the number of meetings they are already attending. It was then suggested that the two groups meet together during the already existing meeting times. Possibly meeting together within existing Act 264 Advisory Board meetings twice a year and meeting together within a SIT meeting twice a year. There needs to be further discussion around how the Children's State Program Standing Committee can still be involved in some of the work that the Act 264 Advisory Board is doing. It was suggested that the CSPSC members could attend the Act 264 meetings that they are interested in being a part of as members of the public.</p> <p>The Act 264 Advisory Board would like clarification around how the various departments will be sharing the administrative support of its meetings. One of the Board members will write a letter to SIT regarding this issue.</p>
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	<p>DMH has been the only department shouldering this responsibility, which is clearly not equitable. One challenge in developing a workable solution is that the Board’s scope is wide and its business cycle is a full year. It would not be efficient or effective to keep switching out the support staff individuals.</p> <p>All depts at SIT are looking at sharing funding for Act 264 required activities. The funding will be pooled and then an interdepartmental RFP will go out that still needs detailed flushed out. We know from the data we’ve collected over the past year how much funding has been utilized to support LIT PR (which DMH covers with the \$15,000 in the base budget) and CSP’s across the state and we will be using that data to inform further work. One piece we all agreed to is that Parent Representatives should have support and training.</p> <p>Cheryle has not heard from DCF regarding meeting to discuss the <i>Broken System, Broken Promises</i> report. She offered to do follow up and Puja said she had already reached out to Commissioner Winters and Deputy Commissioner Radke. If Puja needs assistance, Cheryle can help as well.</p> <p>It was asked that Puja send Julie Fifield a copy of the description of the Act 264 Advisory Board and CSPSC. Cinn has Julie’s email address. Julie was not able to access the chat to give her email address.</p> <p>A member of the public notified the group that now when SIT meets to discuss funding, external partners (VFN and VFFCMH) are excluded from the meetings. Cheryle clarified that VFN and VFFCMH were asked to step out of the SIT meeting because they are eligible to bid on the RFP.</p>
Public Comment	The Vermont Federation of Families is no longer able to fulfill all their roles anymore because of recent decisions by SIT.
Adjournment	Meeting adjourned 12:12.

Minutes respectfully submitted by Joanne Crawford, Administrative Assistant, Child, Adolescent & Family Unit

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Section 3: Child and Family State Program Standing Committee

Present Members: Cinn Smith, Chair Laurie Mulhurn Ron Bos Lun Ward Nial Joe Brusatto

DMH/State Staff: Joanne Crawford Cheryle Wilcox Puja Senning Eva Dayon

Public

Agenda

- Create Questions for Clara Martin Center (CMC) 12:30 – 1:30
- Discussion on Evolution of C-SPSC w/ Eva Dayon 1:30-2
- Meeting Adjournment 2:00

Agenda Item	Discussion 3 members needed for a quorum vote
Create questions for Clara Martin Center	<ul style="list-style-type: none"> - The Children’s SPSC worked together to offer questions and kudos for Clara Martin Center’s upcoming Designation QnA session at the July meeting - Please see Clara Martin Center Questions and Kudos document below the minutes - Questions and kudos were based off of understanding of the <i>CMC Site Visit Report, CMC Agency Review Report, and CMC Agency Designation Report.</i>
Discuss of evolution of C-SPSC with Eva Dayon	<ul style="list-style-type: none"> - Committee members engaged in conversation facilitated by Eva Dayon regarding future C-SPSC meetings, past September, when the Committee will no longer meet in conjunction with the Act 264 Advisory Board. - Eva Dayon offered the possibility of meeting with the Adult SPSC. - Members expressed hesitation at this idea, specifically, <ul style="list-style-type: none"> o They did not have knowledge of the Adult Mental Health System of Care and would not want to feel responsible for this work. o They are a small group and would not want to be with the larger Adult SPSC, and have less power to discuss CYFS issues. o The inconvenience of meeting at the same time as the Adult SPSC, citing scheduling conflicts. o The desire to have their own meeting time and space, just focused on CYFS system of care issues. - Eva Dayon expressed that they heard these concerns and that the C-SPSC would like to meet at a separate time than the Adult SPSC and stated this would be prioritized.
Adjournment	<p>Motion to adjourn meeting. Made by [name], seconded [name]. [vote results]. Motion [passes/fails].</p> <p>Meeting ended at 2:05.</p>

This meeting was not recorded.

Minutes respectfully submitted by Puja Senning, Quality and Program Participant Specialist

[screenshot any presentaitons shared and add to end of minutes]

Addendum

Children’s State Program Standing Committee’s Questions and Kudos for Clara Martin Center’s Designation Visit

Kudos

- Listening to peer voice
- Positive agency culture

From Agency Review Report

- CCBHC Planning Grant recipient (p. 5)
- DEI training (p. 5)
- Student Advisory group (p. 5)

From Site Visit Report

- Tracking patterns within school over time (p.11)
- Domestic violence team described as “most organized...in the area” and “responsive and willing to shift towards centering survivor voices” (p.17)

Questions

From Agency Review Report

1. Per the Agency Review Report on pg. 9, 33-42% of respondents felt ongoing training at CMC was insufficient for their needs. Can you speak further about current CMC trainings that are offered to staff and any plans for expanding training? (p.9)
2. Can you share more about Emergency Services expanding its crisis response and embedding social workers and Acute Care specialists? (p.15)

This meeting was not recorded.

3. What is the status of representation from peers? Has it increased? (p.15)

From Site Visit Report

4. Per the Site Visit Report, “Bradford sees a higher percentage of emergency youth ... may need to offer more training to help community partners/schools/families recognize what CMC defines as a threshold for crisis.” (p. 4)

Could you please expand on this issue and any plans to address it?

5. Any insights on your success in keeping school contracts? (p.10)
6. Per the Site Visit Report, “Bradford has many fewer students supported than Randolph.” (p. 11)
Could you please clarify if this is because there are fewer students, fewer students with needs, or students with unmet needs?
7. How does the DA work with community partners? Please describe some relationships that are strong and some that the agency would like to work on. (p.11 of the Site Visit Report mentions a few)
8. Please comment on the dichotomy between zero grievances and CYFS staff being well informed/supported in dealing with client grievances and complaints. (p.13)
9. Per the Site Visit Report, CMC does “not get consistent communication when kids in Brattleboro Retreat and NFI are being discharged.” (p. 14)

What actions are being taken/considered to address the transition of care process with these organizations?

10. Please comment on the DBT group. Is this an ongoing group? (p.15)
11. Please comment on clients’ desires for more ES responses into communities and families’ homes. (p.15)
12. Have text and phone call appointment reminders helped improve attendance at clinical meetings? (p. 15)

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Both Reports - Psychiatry & Medication Management

Pg. 17, Site Visit - Community Partners: need for greater access to child psychiatry services.

Pg. 9, Agency Review – 55% of staff respondents rated medication management services negatively.

13. What psychiatry and medication management services are available today and what's needed to meet the need? Is CMC utilizing the Child Psychiatry Access Program to help with the medication needs of the community?

General DA Questions

14. What do current waitlists look like in CYFS and AMH programs?
15. How is the DA's relationship with DCF?
16. How do you communicate agency data and outcomes to staff and the LPSC, and how do you incorporate their feedback? Who is facilitating the LPSC?
17. Are there any recent innovations at your agency that are going particularly well?