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May 19, 2023

Act 264 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 Ward Nial Joe Brusatto X - Sandi Yandow

Agenda

- Welcome
- Review LIT Survey Questions
- Discuss Act 264 Co-Chair Positions
- Cheryle Wilcox – SIT Interagency Update

Agenda Item	Discussion 4 members needed for a quorum vote
Opening and Act 264 Business	Meeting convened at 9:33. Introductions and Review of Agenda occurred.
Review Local Interagency Team (LIT) Survey Questions	Keeping questions 1 – 11. <u>For the 12-month period of fiscal year 2022 (July 1, 2021 – June 30, 2022): Changed to July 1, 2022 – June 30, 2023</u> <ol style="list-style-type: none">1. What region does your LIT represent? - Keep2. Name and Preferred Method of Contact for the Person Filling Out Survey - Keep3. List the top two strengths of your LIT. - Keep4. List the top two challenges faced by your LIT. - Keep5. Estimate of the number of Coordinated Service Plans written in your region. - Keep6. If your LIT has a workable method to track this information, please explain how it works. - Keep

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7. Approximately how many families (or their designee) have attended your LIT meetings about their child's CSPs? - Keep
8. Are families (or their designee) always present at LIT meetings when their child is being discussed? - Keep
 - a. And if not, why?
9. List the name of your LIT's Parent Representative. - Keep
 - a. If you currently do not have one, what are you doing to recruit and support a new one?
10. List the names and affiliations of LIT members: - Keep
 - a. Core team members
 - b. Extended team members
11. Does your LIT Team engage in discussions about system of care functioning and needed improvements? What are themes that come up and how frequently do these discussions happen? - New
12. 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? Please specify. - Updated
13. If your LIT members could have one wish for the coming year to improve your interagency system of care, what would it be? - Keep
14. What themes of challenges are you seeing in the Coordinated Service Plans (CSPs) in your community? (brief answer) - Keep
15. 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? - Keep
16. Are you using any trauma responsive and resilience-based practices in your work with families? - Keep
17. Who is mainly facilitating CSP's in your region (DA, School, DCF, other)? - Keep
18. Additional Feedback - Keep

Puja will send this updated list out to the board for review.

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	<p>There was a discussion about when the survey should be returned to the board. To assist the agencies with the completion of the survey, a copy of the survey will be sent with cover letter which contains the link to the survey on Survey Monkey. A deadline of September 15 has been suggested.</p>
Discuss Act 264 Co-Chair Positions	<p>The group discussed the co-chair positions. Matt is comfortable with continuing as the Co-Chair.</p>
Cheryle Wilcox – SIT Interagency Update	<p>In the past few years, the Act 264 Advisory Board and the Children’s State Program Standing Committee (SPSC) have met jointly and the Department of Mental Health (DMH) has provided all the administrative support and coordination both. What this has meant is that this has not been shared across all the Agency of Human Services (AHS) departments and the Agency of Education (AOE). Act 264 is about interagency it is not just about mental health. The Department of Mental Health (DMH) is separating the Act 264 Advisory Board and the Children’s State Program Standing Committee meetings, so they are separate entities again. They will then be able to focus on what they need to. Currently Act 264 has 6 of 9 members, so someone from the Children’s SPSC could join the Act 264 board. Cheryle will be discussing this change next week at State Interagency Team (SIT). They will also discuss shared funding for parent representation. Because they will now be separate the members of group will be able to receive a stipend for their participation in the meetings for both groups. Hopefully in the future there will be some joint meetings between Act 264 and SIT. AHS and AOE members at SIT will discuss funding and how to support Act 264. The hope is that by September there will be a plan in place for the Act 264 Advisory Board and Children’s SPSC. All Local Interagency Team (LIT) Coordinator are from designated agencies, but they don’t get paid for their role as a Coordinator. There is no funding attached to the legislation that created Act 264.</p> <p>Alice stated that she would still like to have shared time between the two groups. She would also like to see something in writing about who is responsible for the Act 264 Advisory Board and listing all the departments.</p> <p>Matt attended a conference last week that discussed a Youth Ecosystem which would be a full system example of support for youth. It is being piloted in 5 states.</p> <p>The CSP will be translated into different languages. This is being funded by Home and community Based Services through the AHS Secretary’s Office.</p> <p>A guest provided some history around the changes to Act 264 since its creation.</p>

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 X – Eva Dayon

Public: Kara Haynes

Agenda

- Discuss on going recruitment for both Act 264 and Children’s SPSC
- Discuss Meeting in Person
- Discuss DCF responses to recommendations
- Review April 2023 meeting minutes
- Set June agenda
- Public Comment

Agenda Item	Discussion 6 members needed for a quorum vote
	The group should encourage organizations to get good news out there and not just the negative. The group would like a paragraph from the Local Interagency Team (LIT) about something good that happened in their region. Maybe that should come from the LIT Connection meetings. Maybe add a question to the Youth Risk Behavior Survey around use of social media. People feel like they are not being heard in the communities.
Discuss on going recruitment of both Act 264 and Children’s SPSC	So many people are already stressed they may not have the ability to commit to one more thing. Cinn might start having conversations during intake with families to see if they would like to join Act 264. Should a question be added to the LIT Survey - Do you have someone in your region who would be a good member of the Act 264 Advisory Board? Should the flyers still be distributed as they are now? There is no date or time on the flyer so we should still be able to use them. Starting in July, folks will receive a stipend for each meeting. Should the group visit other groups to get family voice instead of always asking folks to come to the Act 264 meetings? Eva sent recruitment flyers out to the group again with a subject line the specifies recruitment flyers. The flyers can also be found on the DMH website.
Discuss meeting in person 2x/year	Matt will check in to the group possibly meeting at the little red school house in Randolph. One member still has hesitant around meeting in person. Sandi said she would look into the details about reserving this space.
Discuss DCF Responses to Recommendations	Tables until next month.

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Review April 2023 minutes	Alice made a motion to approve the draft minutes as amended. Cinn seconded the motion. Vote to approve was unanimous.
Set June Agenda	On going recruitment Discuss DCF responses to recommendations Cheryle Wilcox – SIT/Interagency Update C-SPSC Creates questions for Clara Martin Center Discussion of separating the Act 264 Advisory Board and Children’s State Program Standing Committee. Need to start inviting Commissioners to meet with Act 264. Will also need to work on the questions for these folks.
Meetings with Commissioners/Secretaries	<p>Priorities for meetings</p> <ol style="list-style-type: none"> 1. AOE Secretary 2. AHS Secretary 3. DMH Commissioner 4. VDH Commissioner 5. DCF Commissioner <p>Puja will go ahead and send the general questions to the list above.</p> <p>It was suggested that DMH put together a kit to provide to other agencies and departments to support the inclusion of the link to Act 264 on their websites.</p> <p>AOE Questions: Add: How is the Agency working on the truancy issues that seem to be prevalent across the state? And if so how is that approach changing, to address the anxiety that creates the issues? Update Question 3: We are curious about the social emotional learning plans that schools developed. What is the sense of how they’re being implemented and are they experiencing any degree of improvement? Remove Question 1 Update Question 2: Is there any organized effort at any level of education in Vermont to improve cultural competence for students and staff regarding Native American, American black and other immigrant cultures? Add: What new initiatives or innovations were created/implemented with the ESSR funding?</p>
Public Comment	
Adjourn	Alice made a motion to adjourn. Doug seconded.
Break	

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

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: Alice Maynard Megan Martin Matt Wolfe Kristin Holsman-Francoeur Doug Norford Sandi Yandow
 Dick Courcelle Doug Norford Laura Kass

Agenda

Assign Questions	12:30 – 12:35
Meet with RMHS (ED Dick Courcelle, Doug Norford, and Laura Kass) for Designation QnA	12:35 – 1:45
Debrief and Designation Recommendation of Next Steps	1:45 – 1:55
Close/Meeting Adjournment	1:55 – 2:00

Agenda Item	Discussion (follow up items in yellow) 3 members needed for a quorum vote
Assign Qs	Committee assigned questions from 12:00 – 12:05. Motion to [enter content]. Made by [name], seconded [name]. [vote results]. Motion [passes/fails].
Meet with RMHS	Introductions were made of all committee member, the public, RMHS and DMH. <ul style="list-style-type: none"> - Asked about culture of CYFS at RMHS <ul style="list-style-type: none"> o Have a lot of initiatives that are starting, belonging/inclusion effort, leadership trainings, regular extended leadership meetings, Dick meets w/ all dept leadership regularly, making effort to meet with depts as to what’s going well/what could be better, and to make improvements, quarterly solicit feedback, robust strategic plan investing in workforce culture, leadership development trainings, adopted new organizational values, significantly increased communications footprint, hired new comm. Manager, o Due to pandemic there’s been lots of new staff/leaders, turnover, and changes to workforce across CYFS o Processes take a while - Tell us more about belonging/inclusion efforts <ul style="list-style-type: none"> o This is our DEI work. Belonging/inclusion council. Consulting with a Maine group on this work. Had applications for being in this committee. Wanted representation from across the agency. o CYFS – group has met over a year, aimed more toward the community and folks we serve, ensuring that we’re accessible to clients

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	<ul style="list-style-type: none">○ Last Sept we were awarded by SAMHSA 4 year grant for CCBHC status – health equity is important part of this grant- Trainings/increased collaboration w/ local police<ul style="list-style-type: none">○ We have a strong rel. w/ local police○ Crisis clinician in VT state police○ Alicia, one of our clinicians, embedded in Rutland police○ Lots of collaboration that happens between Emergency Services and local police○ Campaign of Call First for crisis – instead of ppl sending kids to ER or calling police○ Trend is that kids are being seen by us in the community, instead of at ER or police○ Visit to ER is traumatic○ Use of force change has caused evolution in police attitude towards ppl w/ mental health issues- Increase in acuity of student mental health needs and dropout rates – is there connection between the two? What's being done?<ul style="list-style-type: none">○ We don't have outcome research data to show they're connected but we believe that indeed they are connected.○ Not a specific initiative – we do have a strong CSP process and LIT team, encourage students/parents to be involved and advocate.○ Increase in school funded mental health supports in the schools, and less DA embedded clinicians – this has been less effective at helping kiddos○ Have talked to schools that we're not contracted with to get to know what they're looking for and if we can help○ JOBS program – ages 16-22, proactive in schools○ ES team has seen rise in calls from schools, due to impact of COVID, increase in anxiety○ ES team looking into grant to promote anti-suicide efforts in community and in schools- Describe successes and challenges with mobile response team.<ul style="list-style-type: none">○ DMH has supported mobile response for last 6/7 years.○ Mid-pandemic established RMHS as a test site for mobile response program○ Challenge was staffing○ Program ends July 1st, funding has run out and decided not to continue○ Movement is going towards mobile crisis- Why so few reported grievance and appeals?<ul style="list-style-type: none">○ We really stress attending to any family/client who has a concern – that means it complaint doesn't get to the level of grievance- DA's commitment to raising wages?
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	<ul style="list-style-type: none">○ We're in a workforce crisis○ DA's are under a fixed income, per member/per month○ DMH and legislature is focused on raising wages significantly○ 1.5 years ago consulted with company to analyze our wage structure – we raised some positions 10-15%○ In 2015 we paid MA/MS level clinicians \$35,000, now is minimum \$52,000○ This has helped from retention standpoint○ Of all DA's in VT, RMHS has lowest case rate for CYFS population○ Currently have 49 vacant positions across RMHS – currently 15-18% vacancy○ Net gain of 19 staff for 2023- What's the waitlist look like? Quick referral but follow through not smooth, are you still doing phone call to check in with folks on the waiting list<ul style="list-style-type: none">○ Most ppl refer to outpatient waiting list – when they ask about this○ When someone calls for service – we provide assessment in 5 days – then it can be long time before clinical services○ Trying to get more groups going to reduce this waiting list○ We don't have funds to hire significantly more ppl, level of need has increased significantly since pandemic- Relationship with DCF?<ul style="list-style-type: none">○ Compared with other DA's, generally good relationships, developed OakTree program with foster family's programming, meet with DCF 2x/month, will start Utilization Review with them soon- 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.<ul style="list-style-type: none">○ Rutland Northeast Supervisory Union – staff in every one of their schools, we meet with key school staff weekly, 20 year relationships○ Some new school relationships starting○ Some challenges with Rutland City schools – dropped all our 10 contracts, still work with them regularly and good personal relationships but not good collaboration, no clear understanding why, did receive more funds w/ the pandemic and hired own clinicians – we have seen this is not the best practice for child's mental health service○ Head Start, Visiting Nurses Association- How do you communicate agency data and outcomes to staff and the LPSC, and how do you incorporate their feedback?<ul style="list-style-type: none">○ Making progress with data analytics, have to report to DMH many metrics, hired a data analyst, have a Quality Committee, bought data software package that analyzes EHR data, number of measures we're tracking
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	<ul style="list-style-type: none">○ data analyst director is working with program managers and leaders on these data points, including follow up to care, progress on CANS/ANSA, screening tools, etc.○ both with Value Based Payment and CCBHC – it’s becoming essential for us to show, with data, the efficacy of our services- How does RMHS build morale and team culture, given teleworking?<ul style="list-style-type: none">○ Each manager, supervisor, worked hard to create a positive culture in their own way○ Now are primarily in-person and hybrid- Success story you want to share?<ul style="list-style-type: none">○ Piloting a digital health initiative, started w/ telehealth before the pandemic, looking at using digital health to support in-person ways – working with Dartmouth institute for health and technology○ Can text for crisis support now
Debrief and Designation Recommendation of Next Steps	<ul style="list-style-type: none">- All discussed and agreed that Redesignation with Minor Deficiencies made sense. <p>Motion to Redesignate with Minor Deficiencies. Made by Ron, seconded by Cinn. Motion passes.</p> <p>Meeting ended at 1:56</p>

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