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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 X Chris Allen, DMH X Eva Dayon, DMH X Alison Krompf, DMH
Public: ☒ Laurie Mulhurn ☒ Ron Bos Lun ☒ Ward Nial ☒ Joe Brusatto X Kara Haynes, Higher Ability (JOBS Program)

Agenda

- [enter Act 264 portion here]

Agenda Item	**Discussion** (follow up items in yellow) **4 members needed for a quorum vote**
Opening and Act 264 Business	Meeting convened at 9:33am. Introductions and Review of Agenda occurred. Alice facilitating. Ron timekeeping.
Chris Allen, 988 Update	**Chris Allen, the Department of Mental Health Director of Suicide Prevention shared slides, attached below.** • Discussed training received by those answering 988- some staff are licensed, the training is standardized throughout country, but not all staff are licensed/rostered in Vermont. • Discussed increased call volume increase- did this reduce call duration? Chris can follow up. This may reflect the holiday season or more awareness of the 988 contact number. • It would be interesting to see if Vermont is following national trends. • What does it mean that New Hampshire's Headrest is backup? If Northwestern Counseling & Support Services or Northeast Kingdom Human Services cannot answer a call in a timely way, the call is rerouted to Headrest. If Headrest can't answer timely, the call/chat/text is sent to the national response center. • Is declining a follow up call a red flag? Not necessarily. The Department of Mental Health is interested in how the follow up rate changes over time. There is value in the anonymity of 988. • Is there data on the content of 988 calls? Lifeline centers do categorize content.
Deputy Commissioner	**Alison Krompf, Deputy Commissioner, Discussed the Legislative Session Priorities. Slides shared below.**

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of DMH, Alison Krompf, Legislative Priorities	• Is there a 988 breakout by county? Due to anonymity, unless information is given we likely don't have this data. Alison will loop back on county-level data if this exists. • This is supported by federal grants, but by 2025 the federal funding reduces or subsides. Already working with the legislature to increase state budget. There may be a future tax on phone lines similar to 911. • The Department of Mental Health (DMH) will share with committee a final list of awardees for alternatives to emergency department Request for Proposal (RFP). The Department of Mental Health will also share the Request for Proposal (RFP). • There is also an active RFP for adolescent support – which may include new inpatient beds in a short-term way. Brattleboro Retreat has increased capacity from 30 to 35 beds. There is a limitation on individuals with risky medical conditions since Brattleboro Retreat is not connected to a medical hospital (such as swallowing, pregnancy). Southwestern Medical Center responded, and a feasibility study is underway- to be finished March 31. The Department of Mental Health (DMH) is aware there are no high-level care options for youth in the northern half of the state. ○ The committee discussed options to support Brattleboro Retreat with emergent medical needs • The legislature is asking about a protocol schools can use to manage suicide risk – Chris will be working on this with Agency of Education (AOE). • There is also a sports gambling bill in the legislature with a bit of funding set aside for gambling addiction. Young adults are especially susceptible (18-21 years old) so DMH is advocating for this to be legalized 21+. Colleges can get kickbacks for advertising to students. • The Department of Mental Health(DMH) and the Vermont Department of Health (VDH) were co-leads on the Center for Disease Control Suicide Prevention grant and meet weekly to discuss.
2023 System of Care Recommend-ations	**2023 System of Care Recommendations** - Many strengths including: Included accomplishments, visual representation of youth served, focus on Coordinated Service Plans.

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

This meeting was not recorded.

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

- [enter shared portion here]

Agenda Item	Discussion (follow up items in yellow) 6 members needed for a quorum vote
March Minutes	10:35 Convened **Motion** to approve made by Joe, seconded by Cinn. No discussion. Eight votes to approve and one abstentions. Minutes approved.
April Agenda	• On going recruitment • Review of LIT survey questions • Meet with Kerry Brown – the VT Commission on Women (45 minutes) • Discuss Act 264 Co-Chair positions • Cheryle Wilcox – SIT Interagency Update • Children's SPSC: Prep Questions for Rutland Mental Health Services
Recruitment	The group asked Kara, who is considering joining Act 264 how she heard about the group. It was suggested that the brochure be sent to the LIT Coordinators in the hopes of getting more folks involved. It could also be included in the Department of Children and Families newsletter. VSCA is another option.
Broken System, Broken Promises Report:	Because some of the concerns have legislative components, need to connect with legislature. H.169 did not make crossover. Some is just Department of Children and Families (DCF) policy and practice. New Department of Children and Families (DCF) Commissioner Chris Winters. Want DCF to go through the report recommendations and let this group know which ones they support and which they do not. Beth Sausville might also be willing to meet with the group. DCF needs to provide more support for foster and adoptive parents. Everyone should try to read H.169 before the next meeting. Should the group speak with the State Auditor to have him look into this report?

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	How do we get DCF to meet regarding the report and to go on record about their stance on the recommendations. Might want to meet with Deputy Commissioner Radke rather than the new Commissioner, Chris Winters. Alice will draft a letter to DCF and send it to the group to review. Puja will send reminder to Larry to try and attain an 'easy read' version of H169. https://legislature.vermont.gov/Documents/2024/Docs/JOURNAL/hj230203.pdf#page=2 **Policy & Planning DCF** Beth Sausville, Direct of Policy & Planning/FFPSA Lead - (802) 735-6106 Lindsay Barron, Policy and Planning Manager - (802) 557-7774 Olivia Gaudreau, Prevention Specialist - (802) 735-8029 Jennifer Harris, Policy & Planning Manager - (802) 735-6099 Nancy Miller, Child Safety Manager - (802) 241-0883 Marshall Rich, ICWA Coordinator - (802) 760-7434
Cheryle Wilcox – SIT/Interagency Update	Alice asked if there could be a great ideas section of the System of Care report? Heather suggested inviting the Lamoille Restorative Center to this meeting. Truancy was the main point of discussion of the Local Interagency Team (LIT) Connections meeting. Different regions are dealing with truancy and having similar issues with it. Different groups have been meeting. Addison County has been collaborating with the Department of Children and Families (DCF) Family Services and will be meeting with a judge, state's attorney, and the schools. There is also a Chittenden group doing the same type of work. Also, discussion at the Agency of Education (AOE) around truancy. Cheryle reached out to Cara Crebs at Howard Center who is coordinating truancy work in Burlington. How are families going to be supported? How do we have families be partners in this instead of having it be punitive. At yesterday's SIT meeting this year's Local Interagency Team (LIT) Extravaganza was discussed. The following topics were discussed: • Truancy • Trauma resilience and self-care for adults • Reset on how LIT can be helpful to families • Managing conflict and facilitation – This type of training is needed for LIT meetings.

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	What resources can LIT have available at the event for folks to take away with them. Still looking for a venue for the LIT Extravaganza. Cheryle has reached out to Vermont Technical College. Charlie Biss Award will be awarded at the event. Alice suggested having the Act 264 brochure at the event to hand out. Cheryle asked the group for their thoughts and suggestions for the LIT Extravaganza. The Local Interagency Team (LIT) Connections meetings has been working well. Alice encouraged this group and others to attend the meetings. Cheryle will send the Local Interagency Team (LIT) Connections and the State Interagency Team (SIT) meeting minutes to this group. These can be found on the Act 264 web page. The Agency of Education (AOE) Secretary French is stepping down and Deputy Secretary Heather Bouchey will become the Interim Secretary. The individual who works on licensing and recovery (COVID) efforts is also leaving her position at the Agency of Education (AOE). The motel program has been extended through June but in May there are some restrictions coming about. Last week there was an Early Childhood Day at the legislature which happened at the capitol plaza. Vermont was awarded the Preschool Development Grant. The grant was submitted with the help of Building Bright Futures. It is $7.7 million dollars over the next 3 years. Part of that is coming to the Department of Mental Health (DMH) to support the mental health agencies for evidence-based practices. There is a webinar next week regarding this grant. Next month at this meeting, Cheryle would like to talk about revising the interagency agreement between the Agency of Education (AOE) and the Agency of Human Services (AHS) that was done in 2005. Cheryle will email the agreement out to the group and would like their feedback. Child Development Division has a new Deputy Commissioner, Janet Mclaughlin. Chris Case is now going to Child Development Division as the Policy Director. New Systems Director at Child Development Division is Dawn Brouse.
Public Comment	moving from DCF law to DCF policy- may be helpful to talk to Lindsay Barron (DCF Family Services) who writes policy- drafts new language when laws change. Kara plans to attend future meetings and has forwarded flier to Heather, staff at the Lamoille Restorative Center.
Adjournment	Motion to adjourn moved by Ron, Seconded by Laurie. Adjourn at 11:55am.

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

This meeting was not recorded.

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 ☒ Kara Haynes
NCSS Staff and Standing Committee members: ☒Kim McCelellan, Chief Operating Officer ☒Amy Johnson, Director of Parent Child Center ☒ Gillian Ireland, CYFS Standing Committee ☒Danielle Lindley, Children's Director ☒Todd Bauman, Executive Director ☒Lance Metayer, Children's Clinical Program Manager ☐Lisa Whittemore, CYFS Standing Committee

Agenda

- [enter CYFS SPSC portion here]

Agenda Item	**Discussion** (follow up items in yellow) **3 members needed for a quorum vote**
CYFS SPSC Committee Business	Begin 11:55. Question prioritization for NCSS. Break at 12:03. 12:35pm Introductions were made. **Kudos shared with agency:** 1. NCSS was forward thinking in embedding MH practitioners in law enforcement and a social worker in every primary care office ahead of state funding (Site Visit Report, p. 4) 2. A philosophy of ¨Culture by design as opposed to by default¨ (Site Visit Report, p. 6) 3. Kudos for non-supervising staff feeling like supervisors hear them and that they have an open door for conversation and checking in (Site Visit Report, p. 10) 4. From HireAbility VT - The staff are great collaborators, offer responsive communication, and help us to serve our communities, all despite staffing shortages. (Site Visit Report, p. 11) 5. Supportive employment programs utilize innovative thinking and offer a strengths-based approach with person centered planning. (Site Visit Report, p. 11)

This meeting was not recorded.

Questions Discussed with NCSS

1. The third bullet point mentions a strong workforce in reference to a collaborative relationship with NW Medical Center. Please explain how this is happening and if you are doing anything unusual there to explain this positive exception to what we typically hear about workforce issues (Site Visit Report, p.3)

   NCSS: We do have a good relationship with Northwest Medical Center. Survey data from community members drives 'care circle' in the region between partner health orgs. Parent Child Center is now doing rounds at the hospital for families that have newly given birth to discuss what regional resources exist- there is no threshold of acuity to access this services. Embedded with obstetrics practice and in frequent communication/collaboration.

2. In reference to the waiting list triage, please tell us about your walk-in clinic (Site Visit Report, p. 5)

   NCSS: Started with Children's assessment team- open time slots for walk-in assessments. Rapid access clinician also often has same day or week access. Ask about acuity and current experience. Families are scheduled within one to two weeks for assessment then referred for services.

3. The waitlist is getting better. Please tell us more. (Site Visit Report, p.9)

   NCSS: Family assessment team is providing full assessment for everyone under 21 years old. Which frontloads information gathering before referral to a program so families get routed to the right program. Can also provice case management or other services if they need to wait for identified service needs. Streamlining waitlist through internal referral meeting.

4. Please explain how your management of housing is going (as both landlord and service provider) (Site Visit Report, p. 5)

   NCSS: Try to avoid being both landlord and service provider. NCSS was required to own a transitional living apartment through a recent grant that led to a positive outcome for a youth. One challenge is the limited housing resources that exist in the state- people may not have somewhere to go even after they reach the end of the expected 'transitional housing' timeline. Working with Champlain Housing Trust for these situations. Spectrum moved into the NCSS region recently, which has been a positive support to the region. Housing is critical for health. NCSS is looking to bring back a staff position specific to housing to support clients and the community.

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	5. Tell us more about current efforts around Voices Against Violence and the statement that you need someone who works around the intersection of MH and housing. Any progress there? (Site Visit Report, p. 11) NCSS: We are participating in a Healing Together partnership using the 'Branch Model' – if someone is referred for a need related to Domestic Violence, there is no waitlist- they will get services same day. The ability to make internal referrals also helps engagement. Embedded social workers with law enforcement likely also support connection to services. There are two clinicians embedded with local police departments- a model for the state. 6. Only one grievance and one appeal - any progress on collecting or encouraging fuller reporting? (Agency Review Report, p. 5) NCSS: Constant training issue – to help staff identify and report grievances and appeals. Know that team leads do well in supporting clients when they have concerns. NCSS will continue to work on this. Especially communicating to staff that feedback is a gift, it will not reflect poorly on staff. 7. Has the agency addressed the statement in staff surveys that onboarding did not meet their needs? One third of newly hired CYFS staff and one half of newly hired CYFS supervisors rated the quality of their onboarding negatively. (Agency Review Report, p. 8-9) NCSS: Morale struggled during Covid-19, so the agency is surveying staff more often to try and turn the curve on morale. CYFS Director meets with all new hires ~45 days after hire to learn what's going well and what could be better. The agency named some of the changes made as a result including frequency of training, resource lists. 8. Only seven community partner stakeholders in the survey, a small sample, it seems. It appears that there was dissatisfaction with crisis services as well as the accessibility of family and group therapy. Please comment on this. (Agency Review Report, p. 9) NCSS: We have increased the availability of groups – and sharing the currently accessible list with intake staff. There are both open and closed groups- open being those that accept new enrollment all the time. Transportation can be a barrier to groups so the timing is afterschool ~4pm-6pm. Working to partner with schools in local communities to hold groups at school buildings, leading to less driving for families. NCSS is being intentional about onboarding families and encouraging participation in groups. Sometimes the group itself can resolve the service need for a family. Parent Child Assessment did a needs assessment and learned new moms want a virtual option for navigating early motherhood. This runs on a six-week session and have had very high participation. Peers in the group have

This meeting was not recorded.

	formed offshoot support groups such as walking groups. Safety is an increasing concern in the community-especially entering people's homes. Would like to increase community outreach. Could go in pairs, with a clinician and a peer. The desire is to divert people from needing to go to the emergency Department. 9. Please comment on how you are strengthening peer support models. Specifically, I wonder about your thoughts on certification of peer workers, which meets with resistance among some peers. (Agency Review Report, p. 27, Key Objectives and Initiatives - bottom three bullet points) NCSS: Partnership in the community – peer support worker with the Federation and one with Family Network. They are able to attend treatment team meetings. Have gotten positive feedback from families. HCRS, CSAC, NCSS have a combined standing committee every other month. This partnership has been beneficial. NCSS identified some member of the Abenaki community to be cultural liaisons for Abenaki families by Abenaki families in perinatal period. Doing culture-specific play groups and care items. Youth-driven workgroup that was sustained through Covid-19 pandemic. Certification of peer workers could and should be driven by peers. Two peer workers in the adult division exist – this is an area NCSS is actively working to develop. 10. Please tell us about the SOAR Therapeutic School and your triumph in continuing in-person services throughout the pandemic (Site Visit Report, p.3) NCSS: The team took populations of youth attended and cohosted them with a staggered schedule. Younger kids came earlier and left earlier, older kids came a bit later. Staff would drive their own vehicles to pick up youth and stay in compliance with pandemic regulations. Each student got 4.5 hours of academic instruction, the rest occurred in the community or offsite. Successful graduation in the parking lot. This is grades K-12, which has existed since ~1999. 11. In your list of practices to promote retention and mitigate burnout, you mention how leadership is involved in many ways, including lending a hand with restraints. Please tell us more about this. (Site Visit Report, p. 5) NCSS: There are some newer staff- some escalations occur in the lobby. Leadership team in CYFS developed a protocol for escalations in the lobby. Installing a crisis button in the lobby to call internally for support. Employee leadership group created – with members nominated by fellow staff, to communicate with management. Celebrating staff longevity. Door decorating contest to show descriptions to team's work. Send out meeting minutes from management team. There is a 360 process for manager evaluations. Staff awards have been implemented. Still also do town halls and leadership attends team meetings.

This meeting was not recorded.

	12. Community partnerships are critical. What is NCSS' collaboration with DCF like? Other community partners? NCSS: Strategic goal for next few years is to restrengthen partnerships. Due to high turnover in local DCF office and in NCSS- both agencies in crisis mode during the pandemic and still recovering. 7Need to refocus on this relationship. Strong relationship with local health department and home health agency- reformed perinatal team in region to streamline access and communication. Great relationships with local schools- local superintendent active in legislature- fighting for DA support. Schools know NCSS is there for both youth and adults which is an opportunity to support teachers and other support staff. Danielle is the right contact at NCSS to receive names of children or families interested in joining the local standing committee. NCSS notes that prevention work is critically important and harder to attain funding for. NCSS appreciates the CYFS State Program Standing Committee for their work in advocating for prevention. The agency thanks Lisa and Gillian for attending. Additional Kudos: - NCSS as an agency is receptive to feedback - Intentional work with Abenaki population in the region - Appreciate the upstream perspective of the agency - Depth of peer to peer work in CYFS program **Motion** to Redesignate without deficiencies (assuming DMH confirm two pieces are resolved). Made by Ron, seconded Cinn. . Motion passes. Meet with the agency in the future at 12:45 on, to allow 12:00-12:30 break and also 12:30-12:45 committee prep time. Meeting adjourned at 1:52pm.

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

This meeting was not recorded.

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

This meeting was not recorded.

Introduction

Chris Allen, LICSW

-Things I like: riding my bike in the rain, camping under the stars, skiing Steins!

-Director of Suicide Prevention at VT DMH

-Vermont Psychiatric Care Hospital Social Worker in Berlin

-volunteered for many years with American Foundation for Suicide Prevention

This meeting was not recorded.

Why 988?

988

Suicide is a preventable public health problem.

In 2020, there were 160 visits per 100,000 residents to Vermont Hospitals for intentional self-harm

In 2021, there were 142 suicide deaths among Vermont residents, setting a record high

In 2021, suicide was the 9th leading cause of death in the state

*Includes most recent available data from

This meeting was not recorded.

The history of 988: Building on the Existing National Suicide Prevention Lifeline

988

November 2018
NCSS signs as Vermont's First National Suicide Prevention Lifeline Center

February 2021
Vermont Receives 988 Planning Grant and Builds 988 Planning Coalition

June 2021
NKHS begins answering calls as Vermont's Second Lifeline Center

July 2022
988 dialing code launched along with chat and text
July 16, 2022

This meeting was not recorded.

How is 988 Different than 911?

988

988 was established to improve access to crisis services in a way that meets our country's growing suicide and mental health related crisis care needs.

988 will provide easier access to the Lifeline network and related crisis resources, which are distinct from 911, where the focus is on dispatching Emergency Medical Services, fire and police as needed.

This meeting was not recorded.

How is 988 different than local crisis lines? 988

988 is widely advertised for anyone, anywhere at anytime to call.

Local crisis lines are mostly known by those served at a local Designated Agency (DA).

The difference is that when you are calling the local DA, you are known to that agency and can continue to work on your treatment plans/goals.

This meeting was not recorded.

988 Crisis Counselors

988

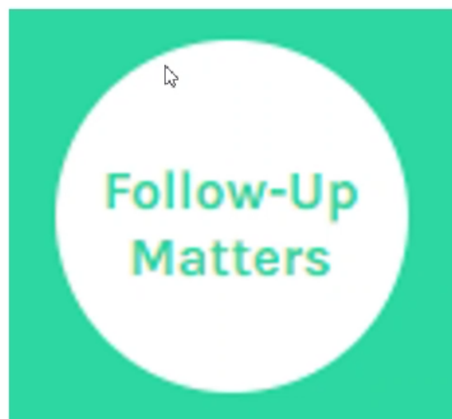
Lifeline counselors receive extensive training and are ready to listen and support callers through their distress while providing coping skills and resources for continued support after the call.

- 988 callers can provide help with:
  - Suicidal crisis
  - Substance use issues
  - Mental health crisis
  - Emotional distress
  - Those worried about a loved one who may need crisis support

This meeting was not recorded.

Follow up

988



Using best practices, all callers are screened for imminent risk.

100% of all callers that confirm suicidal ideation, either current or in the last 24 hours will be asked to consent for a follow up call.

When a caller consents to a follow up, the lifeline center will reach out to the caller within 24-72 hours.

This meeting was not recorded.

988 by the Numbers

988

	October	November	December	January
Calls/Chats/Texts Received*	720/3/1	614/23/14	605/5/2	958/58/38
Calls/Chats/Texts Answered	605/2/0	465/3/3	503/3/2	793/30/11
Calls/Chats/Texts Answer Rate	84%/67%/0%	76%/13%/21 %	83%/60%/100%	83%/52%/29%

Quarterly Data (October-December 2022)	Results
Contacts offered a follow-up	284
Contacts agreeing to a receive a follow-up	53
Contacts where emergency rescue was needed due to imminent risk	21
Contacts where imminent risk was reduced during the contact	709

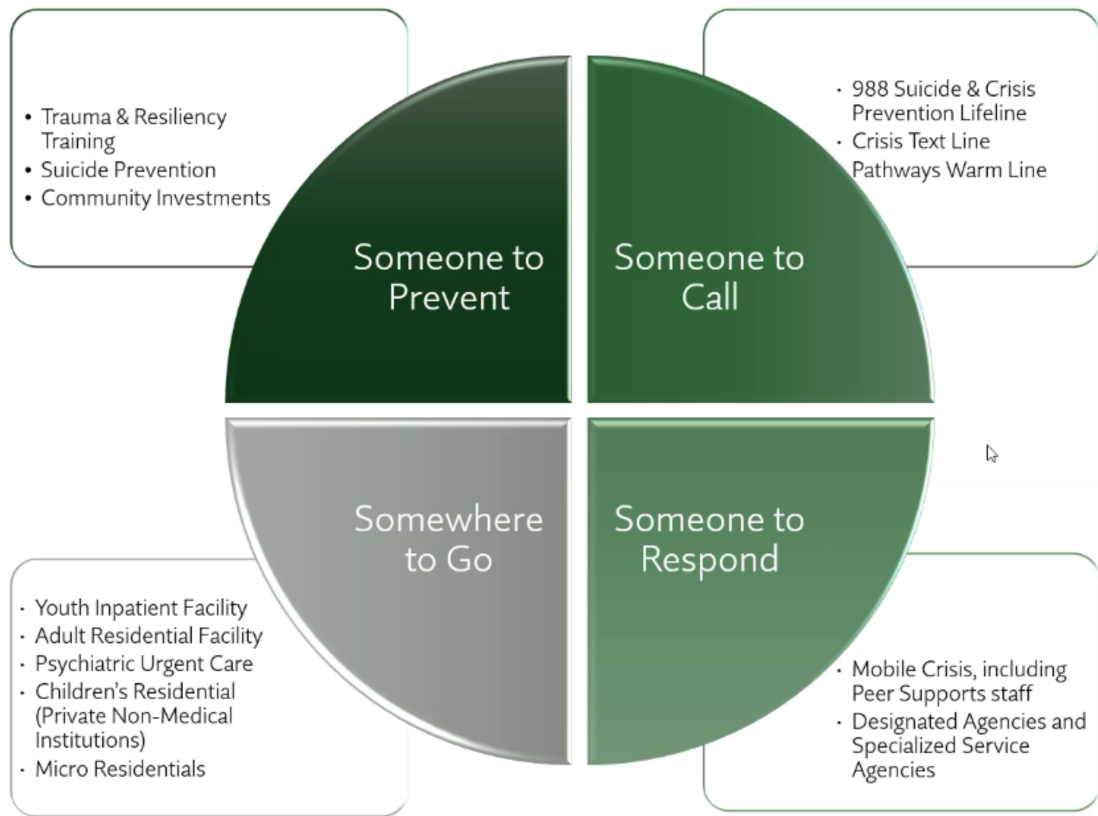
This meeting was not recorded.

How to reach me?

- Christopher.M.Allen@vermont.gov
- (802) 760-9208

This meeting was not recorded.

Attachment B: Alison Krompf Presentation:



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Someone to Call - 988 Vision

988

988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress, thoughts of suicide, mental health or substance use crisis, or any other kind of emotion distress.

People can call or text 988 or chat at 988lifeline.org for themselves or if they are worried about a loved one.

The long-term vision for 988 is to build a robust crisis care response system across the country that links callers to community-based providers who can deliver a full range of crisis care services.

This meeting was not recorded.

988 Service Utilization by Vermonters

KPIs for Calls in VT													
	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
Routed	361	400	324	421	427	758	671	562	720	614	605	958	1,131

Launch of 3-digit dialing code (988)

This meeting was not recorded.

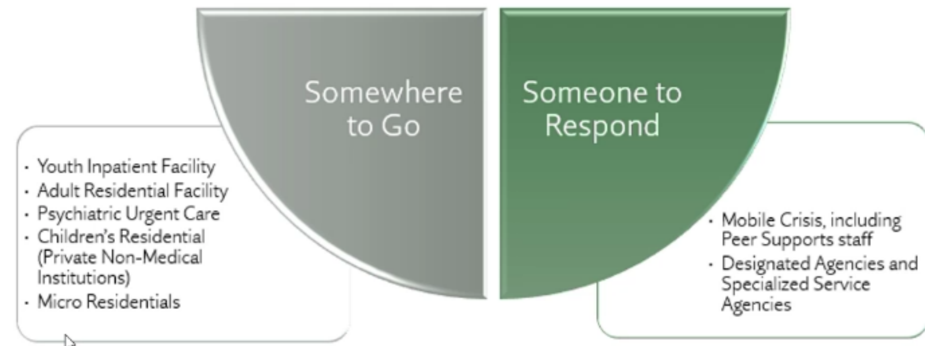
Someone to Respond & Somewhere to Go

Dept of Mental Health put out Request for Proposals for the following in 2022:

Mobile Crisis Response – Statewide, 24/7 *–one statewide contract in development*

Alternatives to Emergency Departments (urgent care/crisis programs) *–seven contracts in development*

Adolescent Inpatient Psychiatry – *feasibility study*



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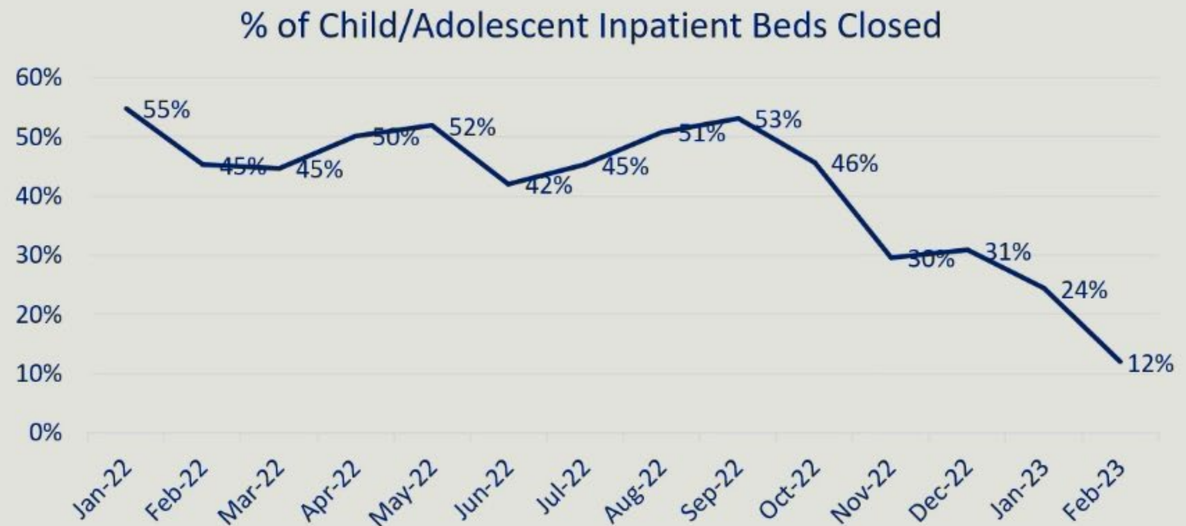
Somewhere to Go - Inpatient Bed Closures: Child/Adolescent

All inpatient psychiatry child and youth capacity is currently at the Brattleboro Retreat.



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Vermont Suicide Data