Act 264 Advisory Board/Children's SPSC Joint Meeting September 24, 2021 Meeting Minutes

	Act 264 Advisory Board Meeting (9:30 – 10:00)		
Attending: Matt Wolf, Alice Maynard, Doug Norford, Kris Holsman-Francoeur, Heather Freeman, Teresa Sunderland Guests: Joanne Crawford (DMH), Christina Thompson (DMH), Cheryle Wilcox (DMH), Sandi Yandow (VFFCMH), Amy Rose (Voices for VT's Children), Laurie Mulhern (Children's SPSC)			
Agenda Items	Discussion Points	Decisions/Actions	
Vote to allow public comment during meeting	The group voted to allow public comment throughout the meeting.		
Discuss 2022 SOC Recommendations	The group looked at the 2021 Interagency System of Care Recommendations to begin forming their 2022 Recommendations. The group will continue working on recommendations at their October meeting.		
	Joint Act 264 Advisory Board and State Program Standing Committee Meeti	ing (10:00 – 12:10)	
Guests: Joanne Craw	ılhern, Alice Maynard, Doug Norford, Kris Holsman-Francoeur, Heather Freeman, V ford (DMH) Christina Thompson (DMH), Cheryle Wilcox (DMH), Sandi Yandow (VFF , Kelly Dougherty (ADAP)		
Agenda Items	Discussion Points	Decisions/Actions	
ADAP Deputy Commissioner Meeting Prep	The group discussed the structure of their meeting with Deputy Commissioner Kelly Dougherty.		
Review July Meeting Minutes	Alice moved to accept the July meeting minutes as written; Laurie seconded the motion. All in favor and the motion passed.		
Finalize questions for AHS Secretary Mike Smith	The group worked on the questions for their meeting with Agency of Human Services (AHS) Secretary Mike Smith.	 Christina will send the draft questions out to everyone. The group will finish working on the questions via email. 	
	The group would like Laurel Omland, the Director of the Department of Mental Health (DMH) Children's Unit to attend an upcoming meeting to update them on the Success Beyond Six program.	Christina will coordinate with Laurel to get on the October agenda.	

IFS Update: Cheryle Wilcox and Diane Bugbee	 VACANCIES ACROSS DA/SSA NETWORK OF PROVIDERS 1. As of February 2021: Systemwide the staff vacancy rate is 15%. a. Developmental Disability Services: 190 b. Mental Health Services: 519 c. Substance Use Disorder Services: 29 	
	d. Other: 42 e. Total Vacancies: 780	
	2. As of August 2021: Systemwide staff vacancy rate is 31%	
	(DS ~ 45%, MH ~ 27%, Other (<i>e.g.</i> , substance use treatment) ~ 15%) a. Total Vacancies: 850	
	Department of Mental Health	
	 Dr. Rettew's last day is October 4th. He is leaving for a position as a Children's Mental Health Director in Oregon. He has acted as Children's 	
	Medical Director with DMH through a UVM contract. DMH is looking into coverage.	
	• Kiah Palumbo, Children's Care Manager, will be leaving DMH for OneCare	
	 Vermont in early October. Dana will be posting for that position. Mobile Response and Stabilization Services (MRSS) update – one team of clinician and case manager hired and slowly on ramping. Finding housing in Rutland is challenging for prospective job candidates. 	
	 Update on accessing appropriate levels of care for youth with eating disorders. Interagency meeting held with families, DMH, DVHA, and UVMMC. Families who have experienced challenges and gaps in the levels of care and 	
	access to treatment shared their stories. The next step will be to pull together state department conversation. It was very impactful to hear the experiences of families.	
	The DMH Policy Director returns November 1.	
	 There is a community meeting next week to focus on children in emergency departments. 	
	 Kheya asked to join Act 1 group and to be a reader of education materials using a trauma lens. 	
	Kheya will visit the social Equity caucus in legislature.	
	• She will visit the pupil weighting task force regarding factors related to trauma and resilience.	

	 LGBTQI+ organizations in the state will meet with Kheya to discuss suicide prevention and bullying. Kheya will conduct a resilience training in the Pennington community which 	
	Kheya will conduct a resilience training in the Bennington community which	
	will offer four slots for community partners. These will be open sessions and	
	will go over the Resilience Messaging Project.	
	Child Development Division:	
	 Backlog in background checks for caregivers they are working to whittle down the numbers. 	
	• Special accommodations grant – there will be three rounds of applications.	
	The first round will end tomorrow. The second in November. ARPA funds will	
	contribute. Info is posted on website.	
	Dept of Disabilities, Aging and Independent LivingDevelopmental Disabilities Division:	
	 Clare McFadden and Amy Roth are retiring at the end of November. 	
	Clare is acting as Interim Director until her retirement. Recruitment efforts	
	are under way for both Director and Assistant Director, Amy's position.	
	 Jessica Bernard has moved into the position of Director of Payment Reform, 	
	Clare's former position. Jessica's former position, Senior Compliance Auditor	
	and Program Consultant, will be under recruitment.	
	• The Francis Foundation is closing. Placements for nineteen people need to be	
	identified and good progress is being made.	
	Federal Medical Assistance Percentages proposals are being drafted in the	
	Department and need to go to AHS by tomorrow.	
	• QM team still doing reviews, mostly remote; there have been outbreaks	
	within the population we serve.	
	• After 25 years of service, Diane Bugbee will be retiring shortly after the new	
	year. SIT will need a new co-chair. Please consider becoming the next co-chair	
	of SIT!	
	AHS FIELD DIRECTORS:	
	 Working with Economic Services Division around length of stay in hotels. This 	
	has been put on pause for the next thirty days.	
	 Working on understanding who are in the hotels and finding the folks who 	
	need more services and should perhaps be in long-term residential programs.	
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	Warming shelters are a focus.	
	In hotels now - 357 kids, 1051 adults	
	• Last 20 CSPs have been for children who were adopted, are in foster care, or	
	dissolved adoptions.	
	Agency of Education:	
	AOE is facing similar staffing issues as others.	
	• Abigail Rockwell Program at Brattleboro Retreat no longer has a school, so it	
	is now being treated as a group home by DMH and DCF and will provide	
	virtual individualized education programming for students through the	
	Vermont Virtual Learning Cooperative. Special Education directors will be	
	involved to provide the special education services.	
	• There has been an Increase in home school requests but not seeing as high an	
	increase as last year.	
	Family Services Division:	
	• Expanding Vermont Kin as Parents support – cross site kinship navigation;	
	implementing a model that could become evidence based that would be IV-E	
	reimbursable.	
	• Diligent recruitment – have been tracking website visits and inquiries around	
	foster care. Have had four inquiries. 18% of inquirers go on to become	
	caregivers.	
	• Feeling impact of COVID in congregate care, kin placements, and foster care.	
	Kinship placements may be more at risk due to ages of caregivers and	
	vulnerabilities around COVID.	
	• Congregate care is struggling badly. Another program has reduced capacity; it	
	is challenging to maintain programs. This creates a higher demand on foster	
	homes which are hard to come by. Challenging for all.	
	Department of Vermont Health Access:	
	• No new commissioner yet. Deputies stepping in to fill the roles.	
	• Dr. Strenio will be moving to become the medical director for the Department	
	of Corrections.	
ADAP Deputy	1. Coming out of the other side of the pandemic, what are your top three focus	Links shared by Deputy Commissioner
Commissioner –	areas?	Dougherty:
Kelly Dougherty		

	 The pandemic is still a main focus. Rebuilding relationships and culture within VDH. Embracing telework. Support structure and work style. During the pandemic people put off primary care visits and there may be increased health issues. Substance use increase during pandemic. Looking at Chronic Disease and its precursors. Overdose death crisis2020 tremendous increase in overdoses and 2021 still has high numbers. Substance Use – increase in alcohol use and commercial cannabis market. Vermont has increased youth cannabis use. How can we help? Need to learn how to manage COVID since it is here to stay. Integrate COVID care within regular healthcare system. 	 Symptoms of Depression, Anxiety, Post- Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, March–April 2021 Substance Use, Emotional Distress, Health, and Well-Being among Vermont
	 would like to maintain going forward? Reimbursement for teleservices, particularly in substance use services. Increased treatment for opioid treatment, take home and delivery of methadone. VT Help Link – launched call center and web service. Information and services referral for substance use and expanded call center to mental health care providers. Support for the Vermont Department of Health (VDH) staff. Set up supports for the staff regarding burn out and stress, and will continue to support telework. 	
3	 In order to respond to this question, please read pages 23-36 of the Native American Communities Focus Groups – Abenaki Community in Vermont report created for the Division of Alcohol and Drug Abuse Programs. a. 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 could ADAP increase the level of cultural competence within their staff and encourage it for the broader field of health care providers in Vermont? 	

	b. Acknowledging the special outreach done to BIPOC communities during
	the pandemic, which elements of this approach were effective? How will
	this new knowledge affect and/or change ADAP's approach to health
	promotion and treatment strategies going forward?
	3a: Making connections with various communities with information and
	clinics. Will receive a grant from CDC for health equity. Money will go to
	community groups. Will have leads in the department with a focus on a
	population. ADAP is now working toward relationship building with
	Indigenous population. Look at trainings, communication, and strategies
	regarding outreach.
	 3b: Supporting cultural brokers program and have increased their funding.
	 Collaboration with cultural brokers around vaccines.
	 Community partners holding clinics.
4.	Due to the length of time it takes to compile and publish results, what are the
	most important data points regarding youth and substance misuse coming
	out of 2021?
	a. When can we expect to see the 2021 Changes in Substance Misuse,
	Emotional Distress, Health, and Wellbeing Among Vermont's Youth
	Adults During First Two Months of the COVID-19 Emergency Report?
	b. When can we expect to see the 2021 Vermont Youth Risk Behavior
	Survey (YRBS) Results?
	4a: Youth substance use is increasing and there is a steady decrease in
	youth who believe the use of cannabis is harmful.
	Nicotine and vaping among youth is a concern.
	 VT has high use of alcohol, most people seeking treatment have an
	alcohol disorder. There will continue to be screenings at primary care.
	• 4b: Spring 2022
5.	What do you believe are your strongest and weakest points in ADAP's
	approach to prevention and treatment of substance misuse in adolescents?
	 Highly skilled adolescent providers in Vermont, but not statewide.

	 No funding to increase specialty services. Regional Prevention Partnerships, but not statewide. School prevention funding, but not statewide. Workforce shortages With retail cannabis market, hopefully a percentage of tax will be put toward prevention. 		
Children's State Program Standing Committee (12:10 – 12:30)			
Agenda Items	Discussion Points		Decision/Actions
Review AMH SPSC suggested guidance	The group reviewed the Draft Expectation of Local Program Standing Committees. The document was created by the Adult State Program Standing Committee.	•	The group will review again at the
to Local Program	The document was created by the Addit State Program Standing Committee.		October meeting when there are more members present.
Standing			
Committees			
	Meeting adjourned at 12:35.		