Act 264 Advisory Board/Children's SPSC Joint Meeting October 22, 2021 Meeting Minutes

	Act 264 Advisory Board Meeting (9:30 AM	– 10:00 AM)		
_	f, Alice Maynard, Heather Freeman, Cinn Smith			
	empson (DMH), Ron Bos-Lun (SPSC), Amy Rose (Voices for VT's Childre	en), Nicole DiStasio (DMH), Ward Nial (SPSC), Katie Smith		
(DMH), Sandi Yandow (VFFCMH), Stephen DeVoe (DMH)				
Agenda Items	Discussion Points	Decisions/Actions		
Convene meeting	Introductions were made by the board and guests.			
Interagency SOC Recommendations	The group worked on their 2021 Interagency System of Care Recommendations.	 Christina to add Act 264 Interagency Liaison discussion to November agenda. 		
DCF Meeting Prep	The group prepped for their meeting with Commissioner Brown and Deputy Commissioner Gray.			
	Joint Act 264 Advisory Board and State Program Standing Commit	tee Meeting (10:00 AM – 12:05 PM)		
Attending: Alice May	nard, Heather Freeman, Ward Nial, Cinn Smith, Ron Bos-Lun, Laurie I	Mulhern		
Guests: Christina Tho	mpson (DMH), Cheryle Wilcox (DMH), Sandi Yandow (VFFCMH), Amy	Rose (Voices for VT's Children), Diane Bugbee (DAIL), Sean		
Brown (DCF), Mirand	a Gray (DCF), Nicole DiStasio (DMH), Stephen DeVoe (DMH), Katie Sn	nith (DMH), Laurel Omland (DMH)		
Agenda Items	Discussion Points	Decisions/Actions		
DCF Commissioner	The group met with DCF Commissioner Sean Brown and Deputy			
Brown and Deputy	Commission on Miranda Cross to discuss the fallowing assections			
2. 5 and Departy	Commissioner Miranda Gray to discuss the following questions.			
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• •	1. Coming out of the other side of the pandemic, what are your top three focus areas? a. Strengthen and stabilize DCF system of care - especially childcare, foster care, and residential. Make the system more resilient to meet the needs of children and families.	• Family First Prevention Services Act (vermont.gov)		

2. What are the innovations that have come out of the pandemic that you would like to maintain going forward? a. How to leverage technology to do our work more efficiently. b. Removing unnecessary program requirements to make services more accessible to families. c. Increases of financial benefits (Reach Up, 3 Squares, Child Tax Credit) to low-income families have improved outcomes for families and children. d. Virtual licensing visits for childcare providers. e. Moved some required childcare provider trainings online and not required in-person. 3. Given the levels of ignorance encountered and discrimination experienced by Native Americans in Vermont which can lead to poor social, educational, health, and mental health outcomes, how could DCF increase the level of cultural competence within their staff? a. DCF is recommitted to anti-racism and cultural competence in how Vermont works with families. We have created workgroups to promote equity throughout all six divisions at DCF, and also meet as a larger group. These work groups look DCF will provide updates to the boards on at service delivery and policy to make sure they are culturally progress made through workgroups and trainings. competent, inclusive, and accessible. We are also putting out staff trainings to address areas that need work. 4. When might we expect to see a searchable item for Act 264 and Coordinated Service Plans (CSP) on DCF's website? What kind of training are DCF workers receiving around CSPs? a. Recently secured funding to replace the child welfare Rutland Mental Health Service (RMHS) has a CSP database module – will be able to utilize some of this training on 11/1 at 3:30pm held online. Open to funding to improve the DCF website. Will get this up on the all. Cinn will email meeting information to the website. group. b. Currently, no training on CSPs, but we will focus on building capacity in this area.

- 5. Has DCF seen an increase or decrease in children going into state custody and foster care placements during the pandemic? To what factors do you attribute this? Have you been able to recruit and retain sufficient numbers of foster care families to meet the need?
 - a. Call intakes and caseloads for the Family Services Division (FSD) have decreased attribute this to many referrals come in through schools and childcare providers. Now that schools are back fulltime, intake numbers are bouncing back to usual levels expect to see caseloads back to usual as well.
 - b. DCF continues to try to recruit and retain foster care placements, but it has been particularly challenging during the pandemic. DCF receives about 50 inquiries a month to become a foster family, but many are not eligible or the right fit.
 - c. There are a lot of children in VT that are in residential systems of care in and out of state; we want to work towards keeping kids in the community with biological families and therapeutic foster care placements. We want to create more high level foster care placements instead of using residential placements.
- 6. Has any progress been made on the recommendation to create a state database across AHS and AOE to track all in-state and out-of-state residential placements?
 - a. There is not a statewide database. This information is currently accounted for manually through a statewide case review process. We currently have an outdated system not capable of doing this. We will use \$2 million and be matched by federal funds to create a new childcare and child welfare module. There is no funding currently available for this recommendation, but we are laying the foundation for this in the future.
 - Childcare is working with AOE to create a unique identifier for children across agencies to track children's needs as they age.

	 7. How can Act 264/SPSC collaborate with DCF? Do you have any interagency system of care recommendations you would like to see? c. Would like to use data systems to track and improve outcomes. d. Focus on prevention to keep children and families out of crisis and making sure prevention services are available. e. Work on gathering and storing information in an interagency capacity. 	
IFS Update: Cheryle Wilcox	 Cheryle emailed SIT's feedback on the LIT survey. Brattleboro Retreat had a recent COVID outbreak. CEO mandated vaccination for all staff; 35 staff have left due to refusal to be vaccinated. There has been a significant decrease in beds available due to COVID and staff capacity. Rutland Mobile Response – Focus is on outreach to families before a crisis occurs- will respond if call is not a crisis to try to prevent a crisis from occurring and decrease children in the emergency department. Also moving away from involving unnecessary law enforcement. The grant requires RMHS coordination with law enforcement and emergency departments and encourage use of 988 instead of 911 when there is a mental health crisis. This is meant to be proactive prevention. One team in Rutland is up and running for daytime hours and hoping to expand to 10pm. A manager was hired from out of state but has backed out because he couldn't find housing in Vermont. Alex Raeburn – new DMH communications staff will be working on marketing for Mobile Crisis. Diane Bugbee is retiring at the end of January as the Children's Services Specialist at DAIL. They have received permission to temporarily double hire, so Diane will be able to train the incumbent. Jeff Nunemaker was hired as the new Assistant Director of Developmental Services Division at DAIL. Jeff previously worked on the Quality Management team at DAIL. 	Invite Alex Raeburn to the February Act 264/SPSC meeting.
Success Beyond Six:	Laurel shared a PowerPoint presentation outlining updates to	Christina to email slides
Laurel Omland	Success Beyond Six. There is a pause on implementing a new	

D. C. C. Harde	payment structure right now because of different challenges facing schools and agencies. See attached slides.	
Review September Meeting Minutes	The group decided to hold off on reviewing the September meeting minutes until November.	
Break		
	Children's State Program Standing Committee (12	:15 PM – 1:40 PM)
Attending: Ward Nia	, Cinn Smith, Ron Bos-Lun	
Guests: Christina Tho	mpson (DMH), Cheryle Wilcox (DMH), Joanne Crawford (DMH), Kathy	y Hentcy (DMH), Sandi Yandow (VFFCMH)
Agenda Items	Discussion Points	Decision/Actions
Vision 2030	Kathy provided a status update on Vision 2030, which is DMH's 10-year plan for an integrated and holistic system of care. See attached slides.	Presentation attached.
Review AMH SPSC suggested guidance to Local Program Standing Committees	 The group reviewed the draft Expectations of Local Program Standing Committees (LPSC) document created by the Adult SPSC. The group agreed this document should be shared with LPSCs at designated agencies. The DMH Children's SPSC is recruiting. 	 Christina will report back to the Adult SPSC that the Children's SPSC is comfortable with this document being shared publicly. Christina will email a recruitment flier to share.
	Meeting adjourned at 1:22 PM	