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9/7/2023

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

FINAL

## State Program Standing Committee for Children, Adolescent and Family Mental Health

**Present Members:**  Cinn Smith, Chair  Laurie Mulhurn  Ron Bos Lun, Chair

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

**Public:**  Sandi Yandow  Sunny Naughton (interested in joining C-SPSC)

### Agenda

<ul style="list-style-type: none"><li>• Introductions, Identify Timekeeper</li></ul>	9:00 – 9:10
<ul style="list-style-type: none"><li>• Review July meeting minutes</li><li>• Review Agenda for August<ul style="list-style-type: none"><li>○ Meeting with Howard Center</li></ul></li></ul>	9:10 – 9:20
<ul style="list-style-type: none"><li>• Review Howard Center documents and create Questions</li><li>• Assign Questions</li></ul>	9:20 – 10:30
<ul style="list-style-type: none"><li>• Meeting with Christopher Allen, Director of Suicide Prevention</li></ul>	10:30 – 10:45
<ul style="list-style-type: none"><li>• Public Comment</li></ul>	10:45 – 10:55
<ul style="list-style-type: none"><li>• Close/Meeting Adjournment</li></ul>	10:55 – 11:00

Agenda Item	Discussion (follow up items in yellow)	2 members needed for a quorum vote
<b>Review Howard Center documents and create/assign questions</b> 9:00 – 10:15am	Howard Center Designation Question and Answer Session with the State Program Standing Committee on Children, Adolescent and Family Mental Health 10-5-2023 <u>Kudos</u>	

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- HC CYFS is effective at coordinating high end care between Howard Center and Northeastern Family Institute. DMH notices the intentional incorporation of social workers from primary care offices into mental health meetings for these youth and families (p. 8, Agency Review Report).
- The ARCH program serves kids with Developmental Services who are not eligible for Developmental Services waivers through the mental health children’s division. This creative program is a model for other Designated Agencies (p. 8, Agency Review Report).
- Howard Center’s Early Childhood Program is also a model for the network. This past year HC brought in a national speaker on trauma-informed-pre- and post-natal care and hosted a free day-long statewide conference where over 500 people registered. This program has been impacted by staffing challenges seen statewide (p. 8, Agency Review Report).
- Howard Center had a contract with Blue Cross and Blue Shield Health around providing Community Based Services for children with private insurance. Additionally, Howard Center has sat on a work group exploring how private insurance may be used for kids to access residential treatment (p. 8, Agency Review Report).
- HC CYFS offers more than 11 different Evidence Based Practices (p. 8, Agency Review Report).
- Board of Directors is robust and strong (p. 3, Site Visit Report).
- Hybrid work is nuanced and informed, e.g. teenagers may prefer virtual services while younger children do better with in-person (p.14, Site Visit Report).
- Many strong community partnerships (p. 16, Site Visit Report)

Questions

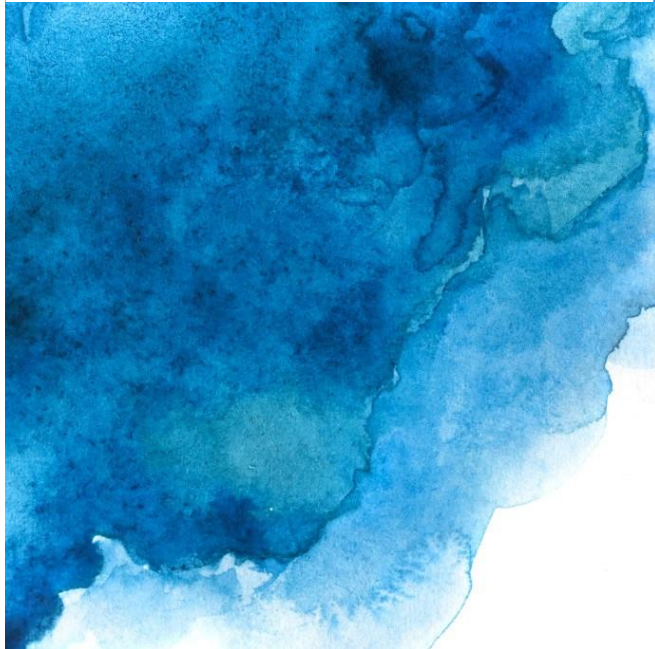
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	<ol style="list-style-type: none"><li>1. What CYFS programs are facing the most critical staffing issues? How is staffing in Emergency Services and specifically, in the Mobile Crisis Team? (Cinn)</li><li>2. Please describe progress on the work with UVM Medical Center on creating a diversion program to reduce Emergency Department usage (p. 18, Site Visit Report). (Laurie)</li><li>3. How long are CYFS program waitlists? (Sunny)</li><li>4. What, specifically, is challenging about HC's relationship with DCF (p. 16, Site Visit Report)? Are there other community partner relationships that are challenging? And, relationships that are strong? (Ron)</li><li>5. Are there any recent innovations at your agency that are going particularly well? (Cinn)</li><li>6. Please tell us about the following programs: ARCH, Baird School, EFT services, Westview, and Treatment Court. (Laurie)</li><li>7. Has there been an increase in filing of grievances given your agency's commitment to addressing the low number of grievances appeals that are reported (p. 6, Site Visit Report)? How do you help a family overcome the fear of retaliation at filing a grievance? (Sunny)</li><li>8. Page 11 of the Site Visit Report cites supervisors' recognition of needed improvements in transition age youths' abilities to access housing, jobs, colleges, drivers licenses, and CSP programming. Can you discuss progress in these areas? (Ron)</li><li>9. Some families express frustration with telemed prescriptions without followup visits (p. 19, Site Visit Report). How much of a pattern is this? (Cinn)</li><li>10. Page 19 of the Site Visit Report cites families' frustrations with First Call and the police. Is this a pattern? Burlington Police Department is not mentioned in the list of departments that Howard Center lauds on page 16 of the Site Visit Report. What are the strengths and weaknesses in Howard Center's relationship with the Burlington PD? Do you have embedded social workers in the Burlington PD? (Laurie)</li></ol>
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	<p>11. Please tell us about Ukeru (p. 8, Agency Review Report). (Sunny)</p>
<p><b>Review July Meeting Minutes</b></p> <p><b>Set October Agenda</b></p> <p><b>10:15 – 10:20am</b></p>	<ul style="list-style-type: none"><li>- Motion to pass July Meeting Minutes from Draft form to Final – made by Ron B.L.<ul style="list-style-type: none"><li>o Seconded by Cinn S.</li><li>o All voted Yes</li></ul></li><li>- Committee discussed inviting H.C. to October meeting for a duration of 90 minutes</li></ul>
<p><b>Public Comment</b></p> <p><b>10:20-10:25</b></p>	<ul style="list-style-type: none"><li>- Sunny Naughton was present from the public for the entire meeting.</li><li>- No new members of the public present.</li></ul>
<p><b>10:30 – 10:45</b></p> <p><b>Christopher Allen, Director of Suicide Prevention</b></p>	<ul style="list-style-type: none"><li>- Chris Allen presented a power point on the effort to create a statewide Suicide Prevention Strategic Plan.</li><li>- This strategic plan is evolving and Chris will rejoin the C-SPSC whence he has a concrete draft and will ask members for their insights at that time.</li><li>- To be involved, please contact Chris Allen at Allen, Christopher <a href="mailto:Christopher.M.Allen@vermont.gov">Christopher.M.Allen@vermont.gov</a> and/or see the Vermont Suicide Prevention website – <a href="https://vtspc.org/">https://vtspc.org/</a></li><li>- Laurie expressed that suicide is an issue for Bennington County and was concerned about the southern part of the state not having access to equal resources as other parts of the state. Chris responded that the endeavor recognizes that equity to resources is highly important in this work.</li><li>- Ron shared that one of his former high school advisees died by suicide just a week prior and that he was heartened to hear of work being done in this area.</li></ul>

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# Welcome!

Chris Allen, LICSW

## State Strategic Plan for Suicide Prevention

+ [Act 56 language](#): create a strategic plan for suicide prevention, training, education, and postvention

-additional asks to develop model protocols for schools and health care settings



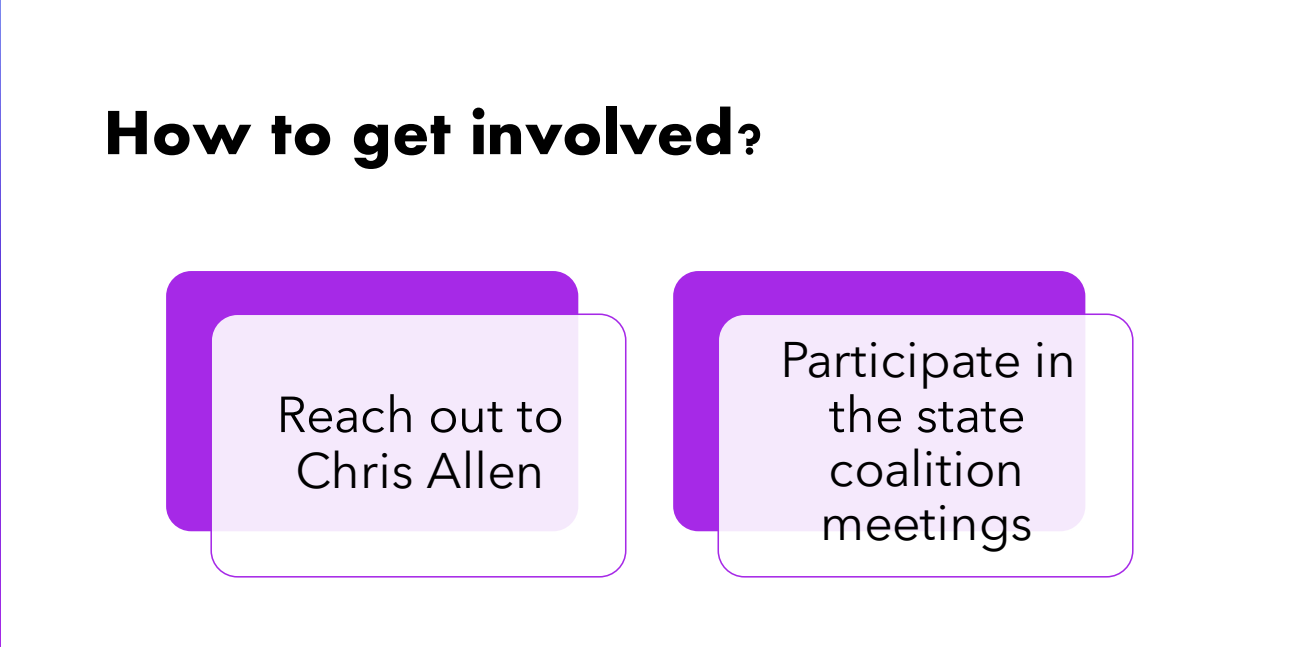
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## Purpose of a Strategic Plan

- + provides focus, direction, and structure
- + better workload management and protection from external demands
- + easier decision-making, more consensus
- + enables more proactivity and less reactivity
- + increases engagement and productivity



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	 <p><b>How to get involved?</b></p> <p>Reach out to Chris Allen</p> <p>Participate in the state coalition meetings</p>
<p><b>10:55</b> <b>Motion to adjourn meeting</b></p>	<p>- All voted in favor.</p>