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1/4/2024

Children, Adolescent 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 Sunny Naughton

DMH/State Staff: Gillian Shapiro Megan Shedaker Puja Senning Dana Robson Laurel Omland

Public: Sandra Zeigler of NFI Vermont Jo Berry of NFI Vermont Cara Capparelli of NFI Vermont

Agenda

Business <ul style="list-style-type: none">• Introductions, Identify Timekeeper• Review November meeting minutes• Review Agenda for February<ul style="list-style-type: none">○ Review UCS docs and create questions○ Meet with Sarah Kenney (9:15-10) re: update on 988 Services at NCSS	9:05 – 9:15
<ul style="list-style-type: none">• Meet with NFI for their Designation QnA	9:15 – 10:45
<ul style="list-style-type: none">• Review Designation Options and Vote on NFI Designation	10:45 – 10:55
<ul style="list-style-type: none">• Public Comment	10:55 – 11:00
<ul style="list-style-type: none">• Close/Meeting Adjournment	11:00

Agenda Item	Discussion (follow up items in yellow)	2 members needed for a quorum vote
Review December	<ul style="list-style-type: none">- Notes passed. Cinn offered the vote and all voted in favor.- February agenda was reviewed. Laurie suggested adding an update on the DCF workgroup on the Broken Systems, Broken Promises report.	

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<p>Meeting Draft Minutes</p> <p>Review agenda for February</p> <p>Assign questions to membership</p>	<ul style="list-style-type: none">- Puja assigned NFI designation questions to membership and emailed them out.
<p>NFI Designation QnA</p>	<p><u>Kudos</u></p> <p>Strong community partnerships (WRJ, Brat, DCF, Burton Chill, Lund, Shelburne Police, HC JOBS,</p> <p>Staff appreciation is clear with training, wellness, DEI dedication, wellness, onboarding training (nice specifics on p.8 Site Visit Report)</p> <p>Increased support for DBT House from Burlington (p.9)</p> <p>Grievance culture (p.10)</p> <p><u>Questions from the Site Visit Report</u></p> <ol style="list-style-type: none">1. (Sunny) Can you offer an update on NFI’s staffing challenges? (p.3 compared to NH/ME) Are there opportunities provided by other organizations to help with workforce development and staff retention?<ul style="list-style-type: none">- Cara – like all agencies we’re having staffing challenges. Little bit of improvement in recent months, but still not fantastic. We’re NFI Vermont and also affiliated with other NFI’s in other states along east coast. We’re seeing that they’ve had same challenges but getting a lot more support from state governments, financially. For example, NFI Mass got \$200K grant to support interns. NFI VT is not seeing the same support in Vermont. In Brattleboro area we compete with Massachusetts salaries so have to adjust accordingly, but generally do try to keep salaries consistent across the state.- Opportunities to collaborate with other programs regarding staffing challenges –<ul style="list-style-type: none">o No stone has been unturned. Engaged every recruiting agencies however has not borne much fruit aside from temp traveling nurses. Difficult because they get paid much more money than

	<p>our staff do. Certainly haven't gotten any entry level staff from there. Part of VCP and all are talking about recruitment.</p> <ul style="list-style-type: none">○ Have to raise salaries as much as we can. Cannot compete with public schools and hospitals. Particularly lose clinicians to hospitals. Are competitive with other community mental health agencies. Folks don't want to work nights and weekends so residential care is difficult to recruit for. Have directors and clinicians cover shifts to prevent staff from burning out. Even if pay them more, people may not want to work residential because of this scheduling.○ Would welcome ideas!○ Laurie used to be scheduler for nursing home. She feels their pain. Asked if they've used bonus programs?○ Use sign on bonuses, but overall people don't stay because of the bonus. They want hourly wage and good scheduling. Other staff feel uncomfortable about new folks getting bonuses whereas they aren't. State offered Covid funding and now that is gone. <p>2. (Cinn) Can you expand on the improved wellness program for staff (p.4)?</p> <ul style="list-style-type: none">- An advantage of joining with NAFI. They offer wellness challenges to all of NFI Vermont. There are apps, different challenges. We partner with BlueCross on these. Recent challenges were pretty competitive and feedback was to make them less so, so have offered more options.- Annual staff retreat. Go to Camp Abenaki. Rescheduled it because of Covid. People just really, really, enjoy it. Time to hangout and play. <p>3. (Ron) Please comment on what residential programs are working well? (Closed Shelburne House and CenterPoint)</p> <ul style="list-style-type: none">- Have the Group Home, Hospital Diversion North and South, Allenbrook, Village House, and DBT House. When Shelburne House closed they were able to reallocate the staff to other programs which was very helpful. Group Home now has 4 kids and has a capacity for 6. Rebuilding all of the programs to capacity now. Even with staffing challenges have enough staff to bring kids in. Have been able to offer pay increases to new and veteran staff. Hospital Diversion North due to staffing had to scale back to 6 days, 5 nights, but now fully functioning at this point. People have been working hard to make that coverage full. Village House had a shift in directorship. Got a wonderful person from Florida. Have had quite a few out-of-state applicants. Were able to house this person at the empty Shelburne House,
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	<p>which really helped her start her job and then buy a home. Grateful for the team effort. Village House is fully staffed. Programs we do have running are running well.</p> <ul style="list-style-type: none">- Total number of kids in residential roughly?- Village House has capacity for 3. Village House has cap for 6. Allenbrook has cap for 7. Hospital Diversion both have 6. DBT is 4.- NOTE – only DBT House and Village House are covered under the Agency Designation process. <p>4. (Laurie) How was the closing of CenterPoint announced to the community? We noticed that the website was still in place. Are there plans to replace this program or is there another resource that the public can be directed to?</p> <ul style="list-style-type: none">- Centerpoint was very unique. Leadership spanned 3 different organizations, NFI, Howard, and Matrix and then had a single director. Someone pivotal in Centerpoint was David Fassler, psychiatrist and owns mental health real estate across the state. Surprised it lasted as long as it did. HR and EHR ran with the rest of the organization. Otherwise, ran pretty independently. In last few years was apparent it wasn't working well. There were big deficits and irreconcilable differences among the organizations. Announcing the closure brought up questions – does it come from the agencies? And the relationships were not strong. Tried to time it well so staff were informed. Was an awful ending. South Burlington school district is working on creating an alternative school there with some of the same services as Centerpoint. It's not fully running yet. Then there was Outpatient Substance Use and Mental Health Therapy. Tried to move and connect clients with other services.- Website now has new information on it regarding where people can go for services.- NFI Vermont does not have control over the Centerpoint name. Mitch Barron who was the director of Centerpoint. He is continuing to use the name Centerpoint. <p>5. (Sunny) What is the status of the DAP and CBS programs, which thrived during the Pandemic? Are therapeutic groups still meeting virtually(p.6)? Is this working well for all ages and for children on the Autism Spectrum (e.g. young children as compared to teenagers, children with Autism or without Autism)?</p> <ul style="list-style-type: none">- DAP and CBS are still going strong. Have been in-person as soon as it was safe to do so. Clearly in-person is best for the kids. Potentially have more parent meetings that are more virtual. Kids are wanting to be present in-person.
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	<ul style="list-style-type: none">- Regarding Autism, most kids under this designation process have this diagnosis. Are working creatively with them. Currently have a gym group, monster truck group, etc.- NFI Vermont is actually not allowed to serve kids only with an Autism diagnosis. Have to have a long term mental health diagnosis. Don't serve generally kids whose primary diagnosis is Autism. <p>6. (Cinn) Can you talk about the nature of the AdoptMent program (p.7)? Has it been successful and could it be replicated at other agencies/SSA's?</p> <ul style="list-style-type: none">- AdoptMent is brand new. This is a big innovation for NFI Vermont. Brain child of the DAP and CBS program. Tracy Carlson, director of AdoptMent is hoping it will spread. Just getting it off the ground. Applied for a grant to help this roll out be more robust. Looking differently at impact of adoption on the kids we serve. Most kids have been in foster care or have been adopted. Specifically, looking at attachment across the board at NFI. AdoptMent also allows adult adoptees who can be mentors for the kids. April Dimwitty has been brought in to do some training – adoption and trauma expert. <p>7. (Ron) Can you talk about NFI's response and/or policy to some children not having a school plan (p.7)? Who is monitoring children not having a school plan?</p> <ul style="list-style-type: none">- When have someone who is applying for residential, we work really hard to immediately start working on the school plan. When school's offer tutoring, etc. that isn't enough for our kids. Kids get bored and is a staffing challenge. We really need a school plan. We have good relationships with our school districts and alternative schools, which has helped to move things along fairly quickly. Not in recent past have we been stuck without a school plan for a kid.- There's currently a lack of placements in alternative schools and AOE is overwhelmed right now. We roll with it. <p>8. (Laurie) Can you offer insight into the police's hesitancy to respond (p.10) and how this relationship is evolving? Is this primarily Burlington PD?</p> <ul style="list-style-type: none">- Yes, primarily Burlington PD. There was a particular incident with a kid few years ago. Kid acted out with property destruction, etc. and BPD said can't do anything unless kid puts his hands on someone. BPD said this is a mental health issue, not criminal justice issue. This was during the Defund the Police campaign. Have had better relationship with police since. BPD responds to Village House and NFI Group Home. Big incident at Village House a year ago – clearly a mental health issue – kid was
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	<p>throwing things, psychotic state, damaging – BPD said we will not go inside and get him – and BPD did talk him down and get him to go to the hospital. Took time afterwards during non-crisis time, to educate and talk to police and explore how they can partner well together.</p> <ul style="list-style-type: none">- One of our staff’s husband is part of BPD which has helped us have access to have conversations with police. For a while we were trying, and this relationship helped us get a foot in the door.- We wait until they really need to call the police. Have worked hard to help staff hone their de-escalation and redirection techniques. We try to get kids out of the building. Has been some time since we’ve had to call the police.- Cinn - once a kid is in a Residential facility, having copies of a Proactive Crisis Plan can be helpful. Tells folks what to do and what not to do, with this kid.- Police need to know what to do and what not to do if we’re at that point. NFI agrees that they need clinicians talking to police about what they are needed for and how they can help.- Program Mental Health First Aid does have a law enforcement version that helps facilitate conversation with law enforcement. Hard to get them to have the time. But does wonders for law enforcement to have that kind of education. That is an opportunity out there if you’re interested.- Absolutely. Howard Center has done this training with BPD and it’s an ongoing relationship. We’re not the ones delivering it, but we’re adjacent. <p>9. (Sunny) Is there any planning for a Village House for girls? And/or a DBT South for boys? (p.11)</p> <ul style="list-style-type: none">- Currently have a young lady at the Village House and that’s gone well. She’s high functioning and has goals. She’s in a relationship with one of the young men there. He had had a girlfriend. This was not intentional. It’s gone well. Twenty year olds. We’re helping them to have a balanced healthy relationship. They are saving money together.- We don’t currently have a plan about a Village House for girls. We currently rent the property we use. Trying to find an additional/different property has been challenging. With the right match with clientele, we consider both young men and women in transition age at this time.- Kudos to Sandra. In the past, would have kicked these kids out. And it’s been going well and working.- In recent times it’s not practical to have single gender housing as we have lots of kids who are trans, gender fluid, etc.- When had Shelburne House had kids who identified gender in different ways.
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- At DBT House had bio girls who presented as males and would be open to bio boy. Clinician there has a specialty in gender non-conforming and trans kids.
- Difficult to staff current residential housing, not looking to start a new program.

Questions from the Agency Review Report

10. (Cinn) Can you please comment on NFI having zero recorded grievances? (p.6)

- We absolutely have ppl complain all the time. When we hear a complaint. Have a complaints and grievance officer – would you like to meet with them? Or meet with the supervisor of the person you’ve have issues with? Sometimes say yes or no. Then have a meeting and gather information after the meeting – here’s what we’re able to do/not do, write it all up, ppl see it. If it falls under the designation programs, I offer to file it, if they’d like. Also tell them, throughout the process, you can also file a grievance independently at any time. If we’ve had complaints, we put it in their chart. This is helpful in case client ever wants to see it. Allows for easy transfer of knowledge to new staff/treatment team members.
- Because we’re an SSA and not a DA. There is more going on for client/families. We’re in good communication with clients and families about their trauma. More often than not want to engage with us in person/talk to us, and don’t want to put it in as an official grievance.

General Questions

11. (Ron) What do current waitlists look like in CYFS programs?

- Don’t really have a waitlist because of the way we’re structured. For these particular programs – under the SSA designation process – referrals come from DCF and DMH. Meet monthly with these departments and so have full knowledge and well in touch about potential clients, new clients, etc. Caveat is in our community-based programs (CBS and DAP), availability is dependent upon staffing – sometimes people need to wait a little bit. Constant conversation in this case, and partners are aware.

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	<p>12. (Laurie) 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.</p> <p>13. (Sunny) Are there any recent innovations at your agency that are going particularly well?</p> <ul style="list-style-type: none"> - We're still doing what we do, which over the past few years, is miraculous that we are. NFI serves a particular purpose and we will not diverge from our mission. We love to innovate but we cannot do that currently. - Sometimes being innovative is continuing to do what you're doing. - Trying to do more of what we're doing, well, knowing that new things are a challenge currently. Like taking a girl at the Village House. Like following staff passion, which lead to the AdoptMent program. Doing family work differently, at DBT House, there's a really skilled clinician who is able to do this. Getting our Group Homes as fully utilized as we can. Supervisors of Residence Programs are working nights and weekends. Sandra had dinner at clients' homes this past holiday season. That is different at group homes recently, spending more time in clients' homes. A lot of our children don't have families or families are far away. Trying to be as creative and family centric, and in the home. <p>14. (Cinn) How does NFI involve family voice in their work?</p> <ul style="list-style-type: none"> - People come to NFI after a long road of services and many families are fed up with mental health at that point. We take wrap around seriously. Family voice is integral with this, nothing without us about us. In fact, we took heat from DMH few years ago because they felt we weren't moving family onwards quick enough. And, family was not ready yet.
Public Comment	<ul style="list-style-type: none"> - There was no public comment.
Vote on Designation Options	<ul style="list-style-type: none"> - Ron proposed a vote on "Designation with minor deficiencies" to recognize NFI's outstanding Corrective Action Plan for their chart review. - Committee members voted unanimously in agreement with this choice.
11:00 Meeting Adjournment	<ul style="list-style-type: none"> - Meeting adjourned at 11:01

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