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5/2/2024
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 Mulhern ☐ Ron Bos Lun, Chair ☒Sunny Naughton
DMH/State Staff: ☐ Gillian Shapiro ☒ Emily Hawes ☒ Puja Senning ☐ Dana Robson ☐ Eva Dayon
Public: ☒Diane Bugbee ☒ Aaron Kelly ☒Wilda White ☒Mary Butler ☒Karen Carreira ☐Sandy Yandow

Business • Introductions, Identify Timekeeper • Review agenda for June • Meet with CSAC for Designation QnA • Review March minutes • Reschedule July 4th meeting to June 27th? • Update on DCF workgroup on Broken Systems, Broken Promises workgroup – Laurie Mulhern	9:00 – 9:25
Public Comment Period	9:25 – 9:30
DMH Commissioner Emily Hawes offers update on the 2024 Legislative Session	9:30 – 10:00
Review CSAC documents and create questions for CSAC designation QnA session	10:00 – 10:45
Discussion on Coordinated Specialty Care for Early Episode Psychosis - Wilda White	10:45 – 11:00
Close/Meeting Adjournment	11:00

Agenda Item	Discussion (follow up items in yellow) 2 members needed for a quorum vote
Review March Minutes and	- Cinn initiated the vote to pass the March meeting minutes, as is, and all members present passed the vote, with quorum being met.

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review June agenda items
 	
Update on DCF workgroup with Laurie Mulhern
 	
Public Comment Period
	- June agenda includes 1 item – meeting with CSAC for their Designation Question and Answer session
	
	- Laurie Mulhern's update on DCF workgroup
	
	- Committee members met on Nov 7th for an in-person meeting, provided feedback to DCF and other stakeholders, Larry Crist of Vermont Parent Representation Center
	- The concern the SPSC had was about how family members get on the Registry – folks don't know they're on it – then have difficulty getting a job
	- Broke out into various subgroups
	- 3 subgroups continue to meet into January 2024 – discussed raising standard of evidence for folks to get substantiated
	    o Process was different in different DCF county offices
	    o Want to change deadlines – currently folks given 14 days to respond – asked for 30 days instead
	    o Discussed the technology needed to maintain this registry
	    o Want to change – contact person via email instead of mailed paper letter in case someone doesn't have an address
	    o Bill H661 – passed House and Senate – asked them to look at the processes and develop rules – this will take much longer
	        - Looks like they're developing a tiered system – so when substantiated there are different 'levels' that folks can be categorized in – these tiers have not been shared with Laurie/subgroup
	        - Will come up in legislature 2025
	        - Will develop processes for expungement from the list – Laurie's group wanted this as well
	            • At age 18, if child has been listed on the registry – their name will be wiped, as long as no continued issues, their name will be removed
	        - There are still some concerns, per Laurie
	        - If a person asks for a review – department has 60 days to do this, but person only has 20 days notice of this review
	            • There is a provision to allow meetings virtually – but only if VT is in a state of emergency – this could be problematic for some folks

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- Developing a particular unit to handle the administrative piece behind running this registry, requests/queries
o Spoke to Nancy – said there will be continued discussion about this topic
o Laurie will be in touch with the C-SPSC about continued ways to engage with this work
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<tr><td>Meeting with DMH Commissioner Hawes</td><td>
- PRTF – Psychiatric Residential Treatment Facility – language for this program is now embedded in S192 (originally a forensic facility bill), the PRTF is currently set to occur at the Brattleboro Retreat, will provide this higher level of care to youth within Vermont, back from out of state
- Cinn – will this include kids who identify as trans? Has worked with families where kids were sent to Arkansas and Florida, has heard the placements are okay, but Cinn has concerns about unfriendly trans policies in those states
o At treatment delivery levels, have not seen kids treated poorly
o At the PRTF there are no intentions to separate kids out who are trans, and it is an option for all kids, if they had that desire
- Mary – age range for the youth?
o Ages 12 – 17
- Laurie – do you anticipate funds coming back into the state?
o May see increase spending, initially, because increased availability, as community programs mature with enhanced mobile crisis, etc. Emily hopes we will see decrease in costs long term as we're developing in-state programs that are meeting the needs of our kids
- Brattleboro Retreat feels ready to implement program, asap
- Mary – was initially a forensic facility for adults? Criteria for admission?
o Legislation originally was around a forensic facility for adults, and as that bill went through the legislative session, they changed it to this PRTF (which is not a forensic facility).
o 12 – 15 beds, Emily thinks, per last she heard.
o Criteria is medical necessity. Similar to a hospital level of care. Psychiatrist (In collaboration with DMH, DCF, community partners) needs to determine that a person meets that level of care for PRTF. Not as high as in-patient hospital care.
- Mary – suicidal ideation would meet level of care needed for PRTF?
o Not necessarily, is there intent to act on the ideation, are there community programs that can meet the need, voluntary status outside of this facility.
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	- Cinn – when looking at placement for higher level of care for trans kids, will they be safe/comfortable there?
	  ○ Yes, stats for LGBTQIA kids dying by suicide are staggering. Cheryle Wilcox of DMH can articulate more how those decisions are made. I think they assess what treatment is available, if parents can be engaged, if kids feel safe. Emily does have confidence how those assessments are made.
	- Laurie – concern around the stepdown from PRTF or other facilities back into the community. It can be a very difficult transition. Wants this to be as smooth as possible.
	  ○ Emily wholeheartedly agrees. Ideally there is space for families to be involved in these transitions. Require the handoff to be planned/scheduled so it is not a surprise. Given the huge expansion of access via video, (do need internet, but then no need to travel, can be more on-the-cuff scheduling) which has been helpful on the youth level as well.
	- Karen – remind her where is the location of these 12-15 beds?
	  ○ Sure, renovation of Linden Lodge at Brattleboro Retreat and so it will be there.
	- Karen – feels positive with momentum of Brattleboro Retreat (BR) getting back onto it's feet. BR has had it's peaks and valleys over the years. The ability of BR to grow back to where it was and to offer this service is a huge win. Karen is grateful for this development.
	  ○ True that BR has seen peaks and valleys. And have confidence in their ability to provide this level of quality care. Also very excited about this movement forward.
	- Cinn – there are youth who are aging out of residential placements. Having transition age youth come back into the community after this time away can be very tender. Unless parents are filling for guardianship, kids are making their own decisions. That can be rough. How will we help these kids transition back?
	  ○ That is a great question. I wish we as humans have solved, how to support people moving from youth to adulthood, especially folks who have struggled with mental health issues. From our perspective, we work across our system to develop programming to support that transition that hopefully, if the 18 year old isn't signing that release with their parents, then hopefully they have established a good relationship with a service provider, and see the value of continuing with services (we also see folks transitioning out of services and then come back later) (we also know that folks today don't really want to be in CRT, so exploring how to

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	support folks outside of a label, "CRT for life," so that it doesn't feel like a burden, but a help). We are always trying to figure out how to serve folks well. And we also know that this is a group of folks who can be really challenging and who want to make their own decisions. - What is timeline for getting PRTF up and running? ACTION – Puja has emailed Cheryle and she responded that if the Governor passes the Vermont state budget next week, then the contract for PRTF is set to go live on July 1st, meaning BR can start to hire and prepare for kiddos arriving in Fall, 2024. If the Governor does not pass the budget next week, the legislature will go into Special Session in June and see if they can override the Governor's veto.
Review CSAC Documents and Create Question	- Sunny has had a colleague who has not been able to get a response from CSAC regarding getting started with a client. Puja will email out information on Grievance and Appeals information. (ACTION) - Sunny has been grateful to be on this committee as they find it accessible and easy to get information. Sunny also appreciates Cinn's ability to bring up topics that she wants to have addressed. - Cinn – drawing from her experiences in Local Interagency Team meetings, families are independent in Vermont and don't ask for help until desperate. And then, at that moment, to not get help can be disparaging. - Mary – there's a general malaise in customer service in the NEK. It is so critically important in the field of mental health, which is on the border of life and death so frequently. If we are not responsive, we are failing. - (ACTION – add customer service question to the general list – Puja has done this.)
Discussion on Early Episode Psychosis with Wilda White	- Coordinated Specialty Care (CSC) for Early Episode Psychosis (EEP) – an approach was developed outside of the US and utilized for decades. It came to the US in 2008 when a large scale research study proved that this approach was more effective than the current standard treatment for EEP. The federal government now requires CSC for EEP. - Wilda is writing and will distribute report that details the EEP approach. - Next step is that Wilda will engage with Vermonters to ask "what would you like your Vermont EEP approach to look like?" And other phases that will include MOU for offering this care, and other future phases.

	- Wilda put out a survey a few months ago and would love folks' responses – questions are around families availability and thoughts around how to engage with families on stakeholder meetings process -- when to hold stakeholder meetings, how to hold them, are people comfortable with Zoom, etc.
	- Wilda has experience working with adults, but not specifically with families.
	- Karen would like to know why their voices are important. There is stigma regarding EEP and so there may be hesitancy/curiosity as to why someone is asking about this.
	- Karen – How do you find these families to respond to the survey?
	    o Wilda asked these organizations to distribute the survey – National Alliance on Mental Health (NAMI), Vermont Family Network (VFN), the Vermont Federation of Families for Children's Mental Health, and Soteria House. Separate survey requests went out to child psychologists, doctors offices, and to folks with direct lived experiences.
	- Karen – Having this exchange with Wilda, with someone asking these really hard questions, and knowing that this information will be utilized, is helpful. Maybe in-person is a place to put some energy.
	    o Wilda appreciates that a lot. Has put the current responses thus far (14-16 so far), into the report, even in quotes, because cannot tell someone else's story for them.
	    o Critical aspect is family support/family engagement. Wilda has looked at other states' programs who have had good family engagement and tried to look at best practices which have supported that family engagement.
	    o The reason Wilda wanted to use mixed methods for gathering peoples' information/input is to give people a variety of options on how to offer of themselves.
	    o DMH appreciated Wilda's work with Peer Certification in that people felt heard. Wilda feels that she 'is just a conduit.'
	- Karen – Your method, your intent, purpose, comes through. And is impacting my desire to fill out the survey and share with you. My experience talking to people about my daughter's experience has been varied, so I appreciate you, Wilda.
	- Mary – Is the federal government giving funding for Coordinated Specialty Care (CSC) for EEP in VT?
	    o The federal government requires Vermont to use 10 percent of its mental health block grant on evidence-based, first-episode psychosis treatment. Vermont has used the mandatory mental health block grant set-aside for Collaborative Network/Open Dialogue. Federal administrators told Vermont that Open Dialogue is not an evidence-based treatment for early episode psychosis. Because Vermont has a relatively small population, its mental health block

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- Aaron – What is the other state that requires insurance to pay for CSC for EEP?
    o Illinois
- Laurie – Maybe you could do a little video with your survey link because it offers that personal message?
    o I will do that. Thank you for all of these ideas.
- (ACTION) Puja has emailed out the survey link to members/prospective members.</td></tr>
<tr><td>11:00 Meeting Adjournment</td><td>- Meeting adjourned at 11:11.</td></tr>
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