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6/6/2024
Children, Adolescent and Family State Program Standing Committee Minutes **DRAFT**

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 ☒ Eva Dayon
Public: ☒ Rachel Cummings ☒ LuAnn Chiola ☒Aaron Kelly ☒Mary Butler

## Business 	
- Introductions, Identify Timekeeper
- Review agenda for July meeting (rescheduled to June 27th)
  o 9-10am Eva Dayon
  - VBP crosswalk with CCBHC
  - Update on S192 PRTF Update (peer rep for kids)
  - Admin Rule Public Comment Period
- DMH Update on CCBHC – Eva Dayon
- Review May meeting minutes
	9:00 – 9:15

• CSAC QnA for Agency Designation process	9:15 – 10:45
• Discuss and vote on CSAC Designation • Public Comment Period • Vote on Karen Carreira's C-SPSC Membership	10:45 – 11:00
• Adjourn Meeting	11:00

Agenda Item	Discussion (follow up items in yellow) 2 members needed for a quorum vote
Review July agenda and May Minutes	- Committee member Cinn proposed voting on the May meeting minutes, as is, and all committee members voted Aye. - Committee members approved the suggested June 27th meeting agenda items.

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DMH – Update on CCBHC with Eva Dayon	- Eva Dayon said that Vermont State was one of ten states to achieve a CCBHC Demonstration State Grant from SAMSHA. - Eva also mentioned that there is an open Public Comment Period for the Administrative Rule that is happening now.
Meeting with CSAC	<u>UCS members present:</u> Rachel Cummings, Executive Director LuAnn Chiola, Director of Children, Youth and Family Services **Kudos:** ● Monthly newsletter and bi-monthly coffee hour (p.3 Site Visit Report (SVR)) ○ A smart, proactive reaction to a staff concern - wise. ● Positive culture per Non-Supervising Staff (p.5 SVR) ● Honesty in SVR answers, notably re: CANS (pp.6-7, 11) ● ¨Clients are aware of the G & A process and this is a running conversation with Staff in supervision." (p.11 SVR) ● Impressive turnout for Community Partner Organizations for Site Visit (p.15 SVR) ● Culture of co-care and ¨Don't worry alone."(p.22 SVR) **Questions** 1. (RON) Are there any recent innovations at your agency that are going particularly well? - Cheryle Huntley was in LuAnn's position (Director for CYFS) for 24 years and LuAnn was associate director (at CSAC 20 years) so this is a new role for LuAnn. Within the last year made change in structure of CYFS – flattened it. Instead of hiring an Assistant Director, made 8 Team Leaders. That's working really well. (roughly 77 folks working in CYFS) - In terms of clients, a new cooking class with teens, doing this in collaboration with HOPE, another organization. - Parenting Classes (about trauma) - Zero Suicide, a state run initiative - A new Crisis Case Manager, supporting kids in significant crisis to help stabilize for 2 weeks or an additional month, after the crisis. - Reflective Supervision – have done trainings on this and now implementing in CYFS. o Including staff's experiences/feelings/conceptualization into the supervision. - Resilient Communities o Per Cheryle Huntley's scholarship money, created this group o Received another grant to continue this work next year o Not a CSAC run group – independent group

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	o Will eventually self sustain this group o Dave Melnick training CSAC folks on trauma informed/healing/transformation o Supporting staff/leadership/greater community with being trauma informed/trauma healing/trauma transformation o Supporting teachers and schools in being trauma informed o A theme which has evolved post Covid 19, has been how do we support the helpers 2. (CINN) What is the DA's commitment to increasing wages and retaining staff? - Tuition reimbursement - Signing bonuses - Looking at reducing School Based Clinicians hours to increase their pay (********* ACTION – flesh this out) - A lot of success with interns, greater willingness to take on more interns - Over last 4 years, have worked on compensation. Was $14/hour and now is $19/hour - Clinician starting pay is now low to mid $50's K - Co-Care – we're a community and responsible for one another - 2 year mark – if new employees stay more than 2 years, they're more likely to stay long term - Have 1 member who has been with CSAC for 39 years - 84% of budget is Medicaid, so cannot cost shift, so in past years have poured any additional money's from legislature into staff pay - CSAC is a smaller organization, fewer employees, and have offered as many services as other organizations 3. (SUNNY) What do current waitlists look like in CYFS programs? - Waitlist for Family Outreach – 10-12 people (clinicians who go into family's homes, take kids out into the community, many groups - Waitlist for Office Space – 30 people - Amount of time that a person waits depends on acuity - Also have Crisis Services for anyone in acute need 4. (RON) How does the DA work with community partners? Please describe some strong relationships and some that the agency would like to improve. - CSAC prides themselves on their collaboration - Strong relationship with DCF, meet with them regularly - Strong relationship with PCP offices, take kids to doctor's appointments, especially Dr. Crowley - Strong relationships with Mary Johnson Center - LIT Group - Local Schools - CHAT – Community Health Action Team - BBF – organization that works with very young children - Would like to improve relationships with the police

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	o Have had gun violence tragedies in Addison County o Navigating questions of "When do we go out on crisis? when does the police go out on crisis?" o Use of Force legislation has caused a lot of confusion/weariness as to who comes in o Rachel has met with local chiefs and state lieutenant a few times a year o Cinn added that Morning Fox had said that he sees police embedded with Vermont mental health system as working really well currently o Rachel agrees that it is working really well o In the past had police officer present for truancy meetings and that had been really successful 5. (CINN) What is the policy regarding customer service or client engagement? Are there policies that ensure that providers respond to clients within a specific timeframe? - If anyone asks for records, we have to respond within a certain timeframe - Similarly, if someone has a grievance, we response within a certain timeframe - Informally, we try to have an Open Door policy if clients have any questions, do get some calls from folks, try to be as prompt as possible, and respond to the call as soon as it comes in 6. (SUNNY) p.4 Please explain and give a few examples of how ¨CSAC does change well, with intentionality, not just fast. (RBL - to clarify - I believe you entirely and would benefit from a few positive stories - thank you) - LuAnn remembers when Cheryle asked, "can we be a trauma informed organization?" a few years ago – and we have been moving in this direction ever since and we're not fully there yet. - Change is hard and we do it respectfully, intentionally, and try to get peoples' input. - CSAC is very non-hierarchical and that can mean that we can do some things slowly. - Per Dave Melnick, establishing a trauma informed culture – takes time and is a squiggly path. - CYFS is really nimble, responsive. LuAnn is constantly working with her team on how do we do better, good customer service, meet the needs of the community 7. (RON) pp. 6-7 Please tell us how CSAC is processing staff concerns and practice with the CANS. - LuAnn has a staff that is very outspoken about the CANS. - Administrative burdens are real and contribute to staff attrition - Often clinicians get trained/supervised at community mental health agency and then move into private practice where there's less administrative burden and higher pay. - Is honest and open with her staff that there are things that they're required to do that staff may not think are valuable and may be out of our control. - Asks questions like – what can we get out of it that is clinical and useful? Do we need more training in this? How do we get the full picture? Why do other people think it's important? 8. (CINN) p.11 Please tell us more about CSAC's embracing of Co-care. - The term came from trainings with Dave Melnick on Reflective Supervision.

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	- Concept is that as a culture/agency/community, that self-care isn't enough.
	- Self care implies that the responsibility is on the individual. Burden is on the individual. Why is it that if I do yoga and go for a run, I'm still feeling burned out?
	- Co-Care implies that care is a systems level responsibility. We are all here for each other, from a community perspective.
	- How can we be more intentional about co-care?
	  o CYFS Co-Care Committee – had a Co-Care event in the fall. Brought people together and discussed the concept, had fun activities, what can we do more.
	  o Now the committee is looking at incorporating Co-Care initiatives throughout the year. Want to keep the concept real and alive.
	- A big part of this is having fun! Laughing together and enjoying each other.
	
	9. (SUNNY) p.11 Please tell a specific positive story about a client's desire for changing providers.
	
	- Had a client's parent who felt communication with case manager wasn't going smoothly.
	- First step, LuAnn is chatting with this parent – what's working? What's not working? (Clinician was struggling with personal stuff and taking a lot of time off.)
	- Then invited parent to join with her in speaking to clinician – she didn't want to do this.
	- Unfortunately, had to put them on the waiting list until they had someone else available. They agreed to continue working together until a new case manager was available.
	- New clinician was more responsive and that worked out much better.
	
	10. (RON) p. 19 Sad to see that no youth/family were present for the Clients and Family gathering. Do you have any new thoughts about how to include family voice?
	
	- LuAnn says she's taking responsibility for this – she was supposed to invite more CYFS folks to this meeting and will do better outreach next time.
	
	11. (CINN) Are there language support services for folks who do not speak English with fluency? What is the process for making people aware of and connecting people with language support services, such as staff who speak different languages?
	- One of their clinicians speaks Spanish. CYFS currently doesn't have connection to folks in the migrant population. Open Door has translators and LuAnn has reached out to them and asked for help with translation services.
	- CSAC does have access to translaters.
	- LuAnn is also talking with
	- **(ACTION *** Puja will follow up with CSAC regarding language access services, especially migrant workers' kids)**
	
	12. (SUNNY) How is CSAC's Parent Advisory Council collaborating with 2 other Designated Agencies' LPSCs. What are the strengths and weaknesses of this model? Who is lead on this Council if someone wanted to be involved?

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	- Strengths are that it allows for more folks to participate. If we're struggling to get a team of folks within each small community, this broadened it. Helps with thinking through what topics folks want to talk about. - Diane Bugby facilitates the meetings. She'll get people to lead topics on the issues the group has identified. - Additionally, CSAC's LPSC meets on it's own and has their own CYFS LPSC. - LuAnn is in the process of rebuilding this CSAC centric LPSC. Asking, 'how do we engage folks and really have their voice heard?" - Rachel thinks LuAnn has done an amazing job reviving the CYFS LPSC. - Have 2 board members on the CYFS LPSC. 13. (RON) p.3 Please describe future plans with respect to the Trauma Transformation Group and Trauma Informed Training. - Had a class that went through a 5 month training with Dave Melnick. Staff had to apply and get accepted to this training and ensure a long term commitment to the agency. - Next step is forming the Catalyst Group – they're the change agents, keeping this work moving forward. Have a lead of this group and also works with Dave, who will help establish this. - Leadership Team is also engaged with Catalyst Group. - Goal is that it is a staff engaged, staff lead effort. 14. (CINN) p.6 Please tell us more about the Resiliency Project. - Brainchild of Cheryle Huntley. The concept is to build community and connection, as well as leadership development. There's an inter-agency steering committee. Have been doing 2 things so far – 1) community connection lunches – any person from service providing agency within Addison County can come – have a conversation while having lunch. These have been hit-or-miss as folks may not have time. 2) Have Dave Melnick back for Reflective Supervision training with folks in this group (1-2 persons from each organization) - CSAC CYFS have been trained in Trauma Transformation and have offered training to other organizations in Addison County. - Bringing Ken Epstein back this summer to talk about transformation on a systems level, instead of an individual or organizational level. 15. (SUNNY) p.15 Please tell us more about the current performance and accessibility of the E-Team. - E-Team is crisis services for adults. ACCESS is for children's crisis services. - ACCESS is for youth and families. It runs from 9-5, M-F. E-Team will kick in for after those hours. So there is 24-7 coverage for kids and families. - Can be reached via 988 Mobile Crisis Line or directly call into CSAC. - Mobile Crisis is a 2-person model. - If a family wants Mobile Crisis at location in the community, and if CSAC crisis has the staff, then will make it happen. Otherwise, when receive a crisis call, CSAC crisis clinician will speak to the person and determine what does the family need – does the family want to come in? Do we need to create a safety plan for

	suicidal ideation or harm? Do we need to connect to additional services, as needed? Do we need to discuss the situation and talk about potential suggestions just on the phone? We will write up notes on the call and send to the person. If acuity is very high, will bump them up in our priority list. If someone is not immediately available, ACCESS staff will hold them until someone is available. 16. (RON) p.16 Please tell us more about Interlude. - An adult related crisis diversion program. 17. (CINN) p.17 Please tell us more about the Parent Advisory Council and their January open mic. - An adult related program. 18. (SUNNY) p.19 Please tell us more about Hill House. - Another adult program.
Designation Options Discussion And Public Comment	- Puja said that areas that CSAC is currently working on Corrective Action Plan to fulfill Administrative Rule o CRT Chart Review o ADA Accessibility – 2 buildings under Corrective Action Plan to become fully compliant with ADA o CSAC is acquiring a Medical Director, and is working to have an Interim Medical Director to fulfill responsibilities in the meantime - Cinn said that Parent Reps for Coordinated Services Plan meet in Addison County and usually, if they have a problem - Aaron reflected that he heard CSAC was stressed for money and staffing. There was no clear answer on wait times, just on prioritizing acuity. Concerned about the "hot potato" regarding who responds with crisis situations – regarding either police or the agency. - Sunny shared that anytime they hear a professional opinion, that, in this setting that we're in right now is not as good as in-person, when we live in a hybrid world, and also about developing future

	leaders, seems not in-touch with how the current/future leaders work and will want to work/access work. Not to discredit research on in-person medical services. - Cinn agreed that hybrid meetings are needed for her to be present in meetings and appreciates Teams, etc. - Laurie was concerned about the difference between Major and Minor Deficiencies in the voting. Does think CRT Chart Review is Minor, however, not having a Medical Director is Major. - Mary recognized the challenge of recruiting a Medical Director with limited funding and that they do have an Interim Medical Director. - Cinn said that per the definitions of Major Deficiencies, doesn't think CSAC qualifies. - Ron recommended Minor Deficiencies and following up with details of their concerns in the letter to the DMH Commissioner. Ron initiated the vote and all present were in favor. - Cinn initiated the vote on Karen Carreira joining the C-SPSC as a full member. All present were in favor. - Puja will email out the Designation Option definitions. (DONE)
11:00 Meeting Adjournment	- Meeting adjourned at 11:00