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10/5/2023
Act 264 Board & Child 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
DMH/State Staff: ☐ Joanne Crawford ☐ Cheryle Wilcox ☒ Puja Senning ☐ Eva Dayon ☒ Steve DeVoe
Public: ☐Sandi Yandow ☒Sunny Naughton (interested in joining C-SPSC)

Agenda

• Introductions, Identify Timekeeper	9:00 – 9:05

Business
• Review September meeting minutes
• Review Agenda for November
  ○ Update to Administrative Rule
  ○
	9:05 – 9:15

Designation Question and Answer session with Howard Center representatives: • Bob Bick, CEO • Kelly DeForge, Board Vice President • Beth Holden, Chief Client Services Officer • Charlotte McCorkel, Senior Director of Client Services • Matt MacNeil, Director of Evaluation • Anne Paradiso, Director of School-Based Services • Liz Mitchell, Director of Home and Community-Based Services • Michelle Fane, Clinical Director of Outpatient Services	9:15 – 10:45
• Review Designation Options and Vote on Howard Center Designation	10:45 – 10:50

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• Public Comment • Informal interview with Sunny Naughton • Executive Session to vote on Sunny's membership	10:50 – 10:55
• Close/Meeting Adjournment	10:55 – 11:00

Agenda Item	Discussion (follow up items in yellow) 2 members needed for a quorum vote
Review September Meeting Draft Minutes	- All committee members voted in favor of passing notes, as is. Quorum was reached and vote passed.
Designation QnA with Howard Center	- Group started with general introductions of names, pronouns, and titles. - Bob Bick was not able to make the meeting. - Committee members read off the kudos and then took turns reading each question. HC representatives answered. - The following are the kudos and the questions/answer notes – 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> • 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)

<u>Questions</u>

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)
   - Crisis struggling to fill leadership positions. 4 vacancies currently. In First Call Chittenden County, Crisis Stabilization, Mobile Response. Jarrett House staffing has been difficult. The Sub pool is limited. Recruitment has been intentional and has included college tours, and coffee shop recruiting.

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)
   - HC is lead on a project in partnership with UVMMC, Pathways, and Community Medical Center to create a mental health urgent care program, not on hospital campus, to receive stabilization, services

and follow up care. The hope is to open June, 2024. The dream version is coverage 24-7 and the current plan is coverage from M-F, 9-5. It will support ages 18+.

- Family Crisis Response team would support CYFS population. Currently we have 2 leaders and we're trying to hire outreach workers. We want to hire parent advocate as well. We currently run it, but it is not fully staffed so do not have a date for a grand opening. Coverage is until 8pm. The goal is to meet CYFS folks in the community, park, home, etc. It will take a lot of public relations/education work to change messaging around what to do in case of emergency. CYFS takes longer to get full assessments clinicians need to talk to multiple people.

3. How long are CYFS program waitlists? (Sunny)
    - The 2 longest waitlists are CYFS Outpatient (100 or so) and the ARCH program (200+, these folks are also getting services elsewhere). We do check in periodically with folks on the waitlist and leadership helps with this. This helps to get folks into Emergency Services, if necessary, if they need it, while on the waiting list. We do not offer after school or camps, while they're waiting. We do provide alternative resources – website, etc. – and folks want to wait for CYFS Outpatient. In home services have a waiting list of about 10 or so. When we hit the 30 mark we try different strategies. Jarrett House often has vacancies. It is a 6-day program now, M-Sat, and has had lower referrals since Covid. At Park Street referrals are down.
    - With School based services when word gets out that we don't have full staff, the schools will not send referrals. So, it takes a minute to let folks know we have room, again, and for them to start referring again.

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)
    - One thing that is challenging is not having information sometimes on the referrals. Kids may be in custody and have to have DCF sign off and get some history – which can take more than a week, which slows down the process.
    - Have a process with DCF that if we're having difficulty with acquiring information we should go to a supervisor. DCF is also challenged with new staff and vacancies, requirements to be at court, and this can also delay home visits. Sometimes HC gets pulled into a DCF kind of role, because DCF cannot

	always be present. We are a voluntary service, not mandated, and sometimes kids/families may resent HC because they see us as a reporting agency. - We communicate with Lund, Spectrum, other local agencies, and they help support with these processes and keep children safe and engaged. 5. Are there any recent innovations at your agency that are going particularly well? (Cinn) - Perinatal support services – early childhood program offers trainings in trauma around childbirth. This is a culmination of 5 years of work. They received a STAMP grant to help people experiencing Perinatal Mood and Anxiety Disorders. They have staff that is trained in EMDR specializing in Perinatal trauma. (Laurie, Committee member, recognized this as a wonderful modality for this population.) This program started 1.5 years ago. To date it has had 61 referrals with 43 people becoming clients. They are working with 8-9 sources of referrals. The OB-Gyn clinic their biggest referral source. Empty Arms also refers heavily to them. This speaks to preventative and early-stage intervention work. We are very excited about this. We find we get about 50% of clients from Medicaid and 50% from commercial insurance, so we have broad access. - BCBS program – we're about 3 years in offering in-home services, which is not typical for private insurances to cover. Goal is to keep kids out of emergency department and meet needs before needing higher levels of care. Provide a mix of family counseling, preventative, interventions at school, wrapping them with what they need. Provide 3 tiers of wrapping depending on how many hours/week we offer services. Trying to expand the age group so we can work with younger kids, as well. Currently work with kids ages 4+ and would like to cover 3+. - Howard Center's conference was attended internationally. 6. Please tell us about the following programs: ARCH, Baird School, EFT services, Westview, and Treatment Court. (Laurie) - ARCH – non-categorical funding services for Children and Families for kids with developmental disability, and may have a MH diagnosis as well. This is for in-home care coordination, case management, etc. - Baird School – new building in early 2000. Provides education to kids w/ emotional behavior disabilities. Small classroom model, until grade K-8. 1:1 for students who need intensive services. Also have a behavioral analyst. Licensed, independent school. Runs year round. Most students struggle with self regulation, physical escalation. Most kids have backgrounds in trauma. Help students to gain

awareness of emotions and coping skills so can learn with ease and get them into less restrictive environments. Academic and social-emotional focused curriculum. Use physical intervention, which are necessary. Therapeutic crisis intervention, which can include seclusion and restraint. Started using a new model in last 2 years (Ukeru- Ukerusystems.com) in which use pads by the staff to protect themselves, with a verbal de-escalation. Prides itself on comfort vs. control. Have seen steady decline in physical interventions.

- EFT – Enhanced Family Treatment program. Waiver program for highest needs kids with goal of avoiding hospitalization/residential or are stepping down from this high level. Use of pager system. Family is wrapped pretty tightly, and clinician can respond/deescalate situation. Like this program, we have a BCBS partnered program.
- Westview Program – for adults through the Community Support Program. Clubhouse model – place for folks to go for meals, social support, run by peers. In downtown Burlington.
- Treatment Court – 2 federal and 4 state run treatment courts. The question we're addressing is are drug/alcohol/mental health treatments helpful – or do they need to be in jail. The newest addition to these programs is Family Court. Usually a criminal/DCF/and mental health/substance use component. And support folks through the process and get them services depending on their need. The judicial system supports these programs instead of having people in jail. Incentives people to work through their healing as opposed to being in jail.

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)
   - We start with early notification to our clients about what the GnA process is and then encourage staff to have open conversations about how treatment is going for the client, along the way. Grievances can cover the span of clients' experiences. We try to catch things early before they get to the point of grievance. Often it is one key conversation that can resolve the issue and then the client will not want to file a grievance. We tell our staff that mistakes are normal and you're human, that admitting and correcting things as early as possible can help resolve issues. We have a well-organized compliance officer who helps guide us through the process and this helps clients feel heard and valued. We took feedback and changed policy from an experience with a client recently in which parents were upset that a clinician and teenager went into the home before the parent was home.

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	- Do you only count all the issues or just the ones that go up to a higher level? Cinn is told by DMH that even a phone call should be counted. - HC: We are a large agency. Complaints over the phone are not considered a grievance. - DMH: Grievance is a formal process. When a Medicaid beneficiary makes a grievance it goes into the GnA warehouse. If it's 3rd party insurance or if the individual is uninsured, HC has their own processing of GnA. If secondary insurance is Medicaid – DMH would record this. And it's not always clear. Even via a phone call, a client can choose to file a grievance. - Also, it may be a complaint, and not a formal grievance. - ACTION item –DMH to offer clarity to the Committee regarding definitions of grievance, appeals, and complaints. Will follow up with Danny Delong of DAIL on this issue. 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) - Once a person is 18, they can qualify as a CRT client. The struggle is that the current launching period for youth is older than 18, whereas in the 1960's when these program age ranges were established the launching period was at a younger age. While a current 18-year-old may qualify for CRT, it may not be the best place for them, as in they may not need that intensive level of care/medication for the duration of their lives. We recognize we have gap between intensive services of JOBS and life long services of CRT. JOBS does cover housing, employment, education, help acquiring a drivers license, and family work. It helps families with the launching process and meets clients where they are. We try to encourage family relationships to stay intact. We also work with Champlain Housing Authority. Additionally, we work closely with Spectrum and some of our staff are paid through Spectrum. We work with HireAbility regarding sustainable, long-term employment/careers. And, we work with the Community College of Vermont. 9. Some families express frustration with telemed prescriptions without follow up visits (p. 19, Site Visit Report). How much of a pattern is this? (Cinn) - (skipped)

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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)
    - Do not have SW embedded social workers in the Burlington PD. Burlington PD use Community Support Liaisons to work with people in crises. The Use of Force Policy has dramatically shifted relationship with the BPD which makes it stressful. When working with folks having MH crisis/use of substances/violent situations when staff and client are at a risk of harm. Based on Use of Force policy that police are taking a hands-off approach. The belief is that Howard Center is the expert at mental health crises – 95% of time this is true – and 5%, when it is violent, it can be beyond our scope. It makes us have to take difficult decisions as to who we accept into our programs. We have had to refuse people into Jarrett House and residences based on this.
    - Do not want to throw BPD under the bus. The situation in Burlington is difficult and BPD are working hard. It started about 3 years ago with Defund the Police. People are using openly on Church Street and downtown Burlington. Telling BPD not to interfere with peoples' highs.
    - South Burlington Police is very different than Burlington.
    - Transition Age House in Essex is very supportive and collaborative.
    - New Podcast called 802 Vermont. Shout out to Burlington firefighters who have supported Howard Center when BPD has not been able to help us.
    - Sometimes youth need an authority figure and when staff have been working with youth for some time, their sense of authority may not work in the same way. Firefighters have helped with this. Sometimes don't need the actual use of force, just the presence.
    - Community Outreach Team and Street Outreach Teams have regular contact with people in the community who are on the streets.

11. Please tell us about Ukeru (p. 8, Agency Review Report). (Sunny)

Anything else you'd like to share?

- Board member – have a child introduced to HC at 6 years old and is now a thriving adult. Child was a student at Baird School and had a residential placement in the community. We experienced, early on, an embedded social worker in the Police Department, and our child deescalated immediately, with the HC

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	clinician, from a crisis state. Appreciates all the many programs that HC offers.
Designation Vote	- All committee members voted to pass HC for "Designation, no deficiencies."
Vote on Sunny Naughton	- Members felt comfortable, having viewed Sunny's resume, and having sat with Sunny in multiple C-SPSC meetings, to vote unanimously for their acceptance as a Committee Member.
10:55 Motion to adjourn meeting	- Meeting adjourned.