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12/7/2023

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 Laurel Omland

Public: Brett Yates of Vermont Psychiatric Survivors Karen Carreira (interested in joining C-SPSC, 2nd C-SPSC meeting)

Agenda

Business <ul style="list-style-type: none">• Introductions, Identify Timekeeper• Review November meeting minutes• Review Agenda for January<ul style="list-style-type: none">○ Meet with NFI for Designation QnA	9:05 – 9:15
<ul style="list-style-type: none">• Review NFI documents and create questions	9:15 – 10:00
<ul style="list-style-type: none">• Laurel Omland/Dana Robson – general update on CYFS System of Care and IHCBS funding in CYFS	10:00 – 10:55
<ul style="list-style-type: none">• Public Comment	10:55 – 11
<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 November Meeting Draft Minutes	<ul style="list-style-type: none">- Notes passed. Cinn offered the vote.- January agenda just has meeting with NFI	

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<p>Review agenda for January</p>	
<p>Creation of Questions for NFI Designation QnA</p>	<p>Kudos</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 HUse from Burlington (p.9)</p> <p>Grievance culture (p.10)</p> <p>From Site Visit Report</p> <ol style="list-style-type: none"> 1. Can you offer an update on NFI’s staffing challenges? (p.3 compared to NH/ME) <p>Can you expand on the improved wellness program for staff (p.4)?</p> <ol style="list-style-type: none"> 2. Are there opportunities provided by other organizations to help with workforce development and staff retention? <p>5. Please comment on what residential programs are working well? (Closed Shelburne House and CenterPoint)</p> <p>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> <p>7. 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> <p>8. 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> <p>9. 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>

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<p>10. 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> <p>12. Progress/plans for Village House for girls? DBT South for boys? (p.11)</p> <p>13. Describe Allenbrook Program (p.12)</p> <p>14. Progress on DCF employee’s housing one night a week with NFI? where? (p.13)</p> <p>15. Comment/progress on Brat’s medical provider clunkiness. (p.14) NFI doesn’t have its own prescriber, does it?</p> <p>from Agency Review Report</p> <p>1. Mean length of stay for Shelburne and Village Houses? (p.5) But are they closed now?</p> <p>2. Zero grievances? (p.6)</p> <p>3. Agency Documentation (pp.10-11) 4.23 bylaws 4.10 Personnel practices 4.11 Training 4.15 Grievances and Appeals</p> <p>from Agency Redesignation Report</p> <p>1.</p> <p>GENERAL QUESTIONS</p> <p>1. What is the DA’s commitment to increasing wages and retaining staff?</p> <p>2. What do current waitlists look like in CYFS programs?</p> <p>3. How is the DA’s relationship with DCF?</p> <p>4. 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>5. How do you communicate agency data and outcomes to staff and the LPSC, and how do you incorporate their feedback?</p> <p>6. Who is responsible for quality improvement/quality assurance at the agency? How does the agency communicate QI initiatives and outcomes?</p>

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	<p>7. How does your agency build community and morale within the agency while working remotely?</p> <p>8. Are there things your agency is doing differently due to COVID that will continue?</p> <p>9. Are there any recent innovations at your agency that are going particularly well?</p> <ul style="list-style-type: none">- ACTION – Puja will wordsmith these questions, send them to the Committee Members and Committee Members will comment/edit by EOD Thursday, December 14- ACTION – Puja will send Gillian updated chart review data point list
Laurel Omland presentation on System of Care and IHCBS Funding	<ul style="list-style-type: none">- Dana Robson and care managers work with DCF, Agency of Ed, local teams on the higher end system flow.- Laurel posted this link to data she discussed in the presentation: https://mentalhealth.vermont.gov/sites/mentalhealth/files/documents/FY23_State_Regional_Report_Q4.pdf- Intensive Home Community Based Services – will continue to offer these services but move them to other funding sources – so they will not fall under IHCBS authority<ul style="list-style-type: none">o This means will not have to ensure Conflict Free Case Management (which would require standing up a separate organization to do this case management, and families would be communicating with multiple organizations)o We’re still concerned about the principles ofo Have to get CMS’ approval for this change – so far have not shut it downo Will still have a prior approval process for any ‘out of home’ services – like therapeutic foster care, staff ____ and respiteo Looking at how respite can be funded outside of Medicaid<ul style="list-style-type: none">▪ Lost many respite providers during Covido Majority of IHCBS programming is more intensive plan of community wraparound, skills work, etc. – all already state planned services and don’t need IHCBS authority

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	<ul style="list-style-type: none"> ○ Starting January 2024 (to March 2025), all DA’s and SSA’s will send an application for new kiddos and DMH will determine if the child meets medical necessity for IHCBS services ○ CMS will dissolve IHCBS in April 2025 - Cinn: if family appeals one of the closure decisions? - Yes, if someone is already receiving the service and decision is made that they’re no longer eligible, and they appeal it within the window, then they will continue to receive services until the appeal is resolved. - Karen: The waiting process while these decisions are made can be painful for families.. - Yes, Medicaid has timelines that we have to comply by (14 days). We feel that urgency also. Once we have a complete packet of materials we can send it out – sometimes packets are incomplete and we can ask Medicaid for additional 14 days to make a decision. During this time, the kiddo can still be receiving services. It’s just the added/change to services that cannot be made until the decision has happened. - New DMH staff person, August Weems, is working with Dana to finalize eligibility forms and guidelines to DA’s and SSA’s about this change. - ACTION – Laurel/Puja will send out the ppt presentation -
Public Comment	<ul style="list-style-type: none"> - There was no public comment.
11:00 Meeting Adjournment	<ul style="list-style-type: none"> - Meeting adjourned at 11:01