

Act 264 Advisory Board Meeting Minutes

Friday, July 26, 2024

9:30-12:00

Board Members Present: Cinn Smith, Matt Wolf, Alice Maynard, Doug Norford, Laurie Mulhern, Cheryl Huntley, Heather Freeman

Regrets: Meghan Martin

State Staff: Beth Sausville to begin meeting and left

Members of the Public: Amy Lincoln-Moore, Sandi Yandow

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Agenda	Discussion Notes	Next Steps
<p>1. Approve June meeting minutes.</p> <p>2. Determine questions for Dr. Levine and</p> <p>3. Heather Willis-Doxie for July meeting.</p>	<p>1. May meeting minutes:</p> <ul style="list-style-type: none">a. June draft minutes, courtesy of Matt Wolf, were accepted with Alice’s edits.b. Alice moved to pass.c. Cinn seconded.d. No discussion.e. All others unanimously approved. <p>2. Discussion with Dr. Levine:</p> <ul style="list-style-type: none">1. <i>What do you see as your top three focus areas for 2025?</i><ul style="list-style-type: none">a. Climate Change—includes heat, flooding, respiratory issues and mental health impacts of climatic events such as flooding. 1.3 FTE’s devoted to this area.b. Substance Use—focus on residential treatment system--- currently utilized less and by most challenged population. Need to build support system for longer duration supports/services. Collaboration with DMH and DOC. SUD issues are endemic to homelessness, mental health, and perception of public safety.c. Respiratory viruses---flu, Covid and Avian flu.d. Refine state health assessment---VDH is the lead and this includes all state sectors and geographic regions.2. <i>What do you believe is the top accomplishment of VDH during this past year?</i><p>Stopping the transmission of a positive measles case in VT, one of the most contagious diseases on the planet. There was no transmission to any Vermonter from that case.</p>3. <i>The media have been reporting an uptick in Covid cases, hospitalizations, and deaths, especially in congregate settings. Do</i>	

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	<p><i>you have any comments about this or news about potential new vaccines.</i></p> <p>It is real that Covid continues to exist, although it is more difficult to measure cases. Wastewater monitoring and urgent care visits suggest an uptick in cases this summer, but less dramatic than previously. Lately there have been about 2 deaths per month. The current variants of the virus seem less virulent and immunity is more robust. Outbreaks in long term care settings continue, but management tactics are now known. There will likely be a new vaccine in September/October. <i>Are we making any progress in the substance abuse arena, especially with children and adolescents in (a) prevention and (b) treatment?</i></p> <p>The <i>Substance Use Scorecard</i> has useful data. VT is seeing some hopeful indicators: Binge drinking and previous 30 day use of cannabis is down in youth; prescription drug misuse is down. The opiate death rate is down about 5% and plateauing. 95% of opiate deaths are associated with fentanyl.</p> <p><i>Youth Risk Behavior Survey (YRBS)</i> data indicates increases in youth having an adult they can trust and involvement in extracurricular activities.</p> <p>The Prevention Coalition has three million dollars to address prevention in all 4 sectors of the state. Funding from opiate settlement to help with school substance abuse prevention (SAP) services. He sees the move to Certified Community-Based Integrated Health Centers (CCBHC) will help with integration of MH, SUD and physical health.</p> <p><i>4. What do you see as the major pros and cons of your department's move from Burlington to Waterbury?</i></p> <p>Staff has arrived at acceptance of the move and finding the space allows staff to see each other more and collaborate more easily with other AHS Departments. Cons include drive time increases for many staff to commute to work and more challenges in collaboration with previous Burlington based partners such as the Medical Examiner and UVM Medical Center.</p> <p>The new design of the VDH website is quite attractive. However, we are no longer able to find any references to the legal entitlement to a Coordinated Services Plan for children and adolescents with a</p>	

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	<p>disability. We have heard that your recent website update may have caused some items to be dropped. When might we expect to see this problem rectified? The links are present on newly designed VDH Website.</p> <p>5. <i>The concept of the Blueprint for Health is commendable. We are wondering what is being done to coordinate with mental health in 3 specific areas.</i></p> <ul style="list-style-type: none"> a. <i>Is there an attempt to create a parallel system of care to mental health's system of care (as opposed to a joint system of care) by hiring mental health clinicians in health clinics?</i> b. <i>What efforts at coordination are being made with school health clinics?</i> c. <i>What efforts at coordination are being made around prevention of mental health problems as a public health issue versus treatment? The issue is much broader than suicide prevention.</i> <p>Blueprint is a stand- alone agency and not structurally under VDH. The Blueprint has just expanded to enhance capacity to screen for mental health and substance use in primary care offices. Examples of Blueprint Programs include the Hubs (SUD treatment), DULCE (Developmental Understanding and Legal Collaboration for Everyone) (imbedded family specialists), and the Women's Health Initiative.</p> <p>Agree that although the suicide prevention work has been a success story with VDH and DMH, mental health remains a broader public health issue. Hopeful with new Mobile Crisis capacity and the Public Safety Enhancement Team to increase collaborations.</p> <p>Equity work has been helpful in understanding who is healthy and who is not. The <i>Mental Health Integration Report</i> also has recommendations including expansion of adult psychiatric capacity such as with the successful CPAP program for child psychiatry consults for primary care.</p> <p>Discussion of gun violence deaths with youth and high anxiety reported in youth.</p> <p>3. Questions for Heather Willis-Doxie: Began with a brief description of who we are as a Board and Heather shared her extensive experience in Florida and personal experience</p>	

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	<p>as an adoptive parent. Sees Vermont as a trailblazer for inclusion of youth with disabilities.</p> <ol style="list-style-type: none"> 1. <i>What do you see as the top three areas of needed focus for AOE in 2025?</i> <ol style="list-style-type: none"> a. <i>Improving literacy outcomes for all youth (reading and math scores are currently low)</i> b. <i>Increase opportunities for college and career readiness.</i> c. <i>Social/emotional well-being with a focus on chronic absenteeism.</i> <p>These are the focus for AOE as a whole to be done collaboratively with an effort to knock down silos. Heather has a focus for the Special Education Team to look at the continuum of supports for children with the most significant needs and to look at inclusive practices and other ways to offer supports. Plans to look at the 73 million dollars currently spent for students with the most intensive needs and explore developing regionally based collaborative supports with this same funding as an alternative. Staffing and cost of living remain a challenge.</p> <ol style="list-style-type: none"> 2. <i>What do you see as the top accomplishment of AOE in this past year?</i> <p>Renewed energy at AOE to break down silos and have greater collaboration.</p> <p>Discussion of the “Special Education Hotline” and flyers clarifying dispute resolution processes. Heather will look into this more. Discussion of CSP process which will be area of learning for Heather. Discussion of inclusion of primary care in teaming.</p> <ol style="list-style-type: none"> 3. <i>Does a family have a right to move their child to a different school? If so, what are the guidelines around this issue?</i> 4. <i>Re meeting the high end needs of students: There has been a shift away from 1:1 supports. What has the shift been to in its place?</i> <p>4. SOC 2025 Recommendations (with additions)</p> <ol style="list-style-type: none"> a. A potential 2025 recommendation from the board to SIT is: Who and/or what team is responsible for the care and feeding, and reporting, of the local system of care for children and families? b. Do we ask the DMH’s State Program Standing Committee for Children and Families to tell us what they see as the three biggest issues facing our interagency system of care? c. Is there a DCF related family group we can ask? 	

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	<ul style="list-style-type: none"> d. We are interested in getting more diverse perspectives (not just MH) on how the interagency system of care is doing. e. Look at results from LIT Survey f. Inclusion of medical system in CSP process? g. CCBHC role in the future h. Trauma Informed Systems work i. Regional Collaboratives as mentioned by AOE. j. Parent Representative funding from all state agencies. <p>5. No meeting in August.</p> <p>6. Public Comment offered but no discussion.</p> <p>6. Notetaking at future meetings</p> <ul style="list-style-type: none"> a. Share among folks at the meetings. b. One hour at a time for notetaker. c. Determine what is important to capture. d. A bit more than just decisions for notes made for referencing afterwards. 	
<p>Annual LIT Survey Planning and Discussion</p>	<p>Discussed questions from last month. Timeline:</p> <ul style="list-style-type: none"> 1. Send out to LIT Coordinators. 2. Return surveys by September 6, 2024 (so it can be included in the LIT Extravaganza). 	