

Act 264 Advisory Board Agenda

Friday, September 27, 2024

9:30-12:00

Facilitator: Cinn Smith, Co-Chair

Notetaker: Heather Freeman

Location: Microsoft Teams

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

Regrets: Matt Wolf, Kris Francoeur

State Staff: Cheryle Wilcox, Alicia Hanrahan

Members of the Public: Diane Bugbee, Amy Lincoln Moore, Sandi Yandow

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Agenda Item	Discussion Notes
Introductions and Board Business:	<p>Approve July Meeting Minutes</p> <ul style="list-style-type: none">• Laurie made a motion to approve minutes.• Alice seconded.• No discussion.• Minutes were unanimously approved.
Discuss Parent Representatives and grant for services	<ul style="list-style-type: none">• Grant Process<ul style="list-style-type: none">○ State procurement process-confidentiality and review process○ Feedback from Board about the process—What worked well? Where can we do better?○ What role can this Board play in supporting this work moving forward such as future development of requests for grant applications, overall functioning of parent representation, <i>etc.</i>• Sustainable funding from AHS and AOE—update <p>Feedback that folks are preferring to have in-person parent support. This is being seen on social media. Parents are saying that virtual support is not as helpful and they are being told that there is only virtual support, and not in person. This is not a true statement for Vermont Family Network. Cinn asked to know about this so that she can reach out to families if they have concerns.</p> <p>Cheryle had added this item to the agenda to clear up any lingering misinformation. Laurie requested that Act 264 Board members have a heads up about major developments that occur – rules, policies, anything that may impact Act 264 Board so that Board members can help to support the messaging with the public. Cheryle W. has been doing her best to share such information with the Board within the confines of the state’s procurement process which is designed, in part, to provide confidentiality to grant applicants.</p>

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	<p>Co-Chairs of SIT (Cheryle Wilcox-DMH and Alicia Hanrahan-AOE) sent a memo seeking the following amounts to contribute annually beginning in FY26 towards funding this statutory mandate from each of the SIT member departments:</p> <ul style="list-style-type: none"> • DAIL-Developmental Disabilities Division: \$20,000 • DCF-Family Services Division, \$20,000 and DCF-Child Development Division, \$20,000: Total \$40,000 • VDH-Division of Substance Use, \$20,000 and Family and Child Health, \$20,000: Total \$40,000 • DMH: \$20,000 • DVHA: \$20,000 • Agency of Education: \$30,000 <p>This will create a total commitment of \$170,000 to meet the statutory obligation. These funds will supplement DMH which pays all Act 264 Board stipends and has been paying for parent representation for the past several decades through their budget and the utilization of Mental Health Block Grant funds. DMH will continue to pay the Act 264 Board stipends out of their budget.</p> <p>Q: Structurally, how are we going to determine the difference between Peer Support (which is valuable and highly desired) and Parent Representatives on Local Interagency Teams, the State Interagency Team, the Case Review Committee, and this Board (all of which is required by Act 264)?</p> <p>A: It is separate tracking.</p> <p>Q: Is this funding going to have to be revisited every year?</p> <p>A: This is the way it will be done moving forward. The hope is this won't need to be revisited. As leadership roles change, it is a possibility, but, given the mechanisms are built in now, we hope this will continue with no changes.</p> <p>Q: Could the Act 264 Board get regular updates about what is going on with Parent Representatives?</p> <p>A: Yes. It could be a standing agenda item quarterly about updates with the Parent Representatives.</p> <p>Great. Please send it to us ahead of meeting time.</p>
<p>Laurie Mulhern, Board member ~ Present on Child Protection Registry work undertaken by the Department for Children and Families (DCF) over the past year</p>	<p>Laurie reached out to DCF's Nancy Miller and reports that DCF is currently doing a lot of background work. The focus has been on standardization of reporting on assessments and investigations and what specifically should be recorded on video. They are putting groups together and writing a report for the legislature in November. They started this process at the end of August, so it's only been a month. However, Laurie will be at future meetings; she has future meeting dates of 10/1 and 10/16.</p> <p>Q: Will there be some space in this year's <i>System of Care Plan</i> to give a short summary of all the work DCF (and the legislature) is doing on this topic? It is serious</p>

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	<p>work, they have devoted a lot of thought and energy to improving the situation, and Vermonters should become aware of it.</p> <p>A: Yes.</p> <p>The Mental Health Block Grant Council is planning to meet with the Mental Health State Program Standing Committees for adults and for children. This Council is going to be a little more proactive. They are always open to increasing family voice.</p>
<p>Additional Discussion Topics</p>	<ul style="list-style-type: none"> • Local Interagency Team surveys—Review results There was a lot of repetition by teams, so several trends were observed. These trends seemed to break down into two major areas: <ul style="list-style-type: none"> A. Direct services for children and families <ul style="list-style-type: none"> 1. truancy 2. housing 3. services for youth who struggle with aggressive/violent behaviors B. Administrative issues <ul style="list-style-type: none"> 1. finding a standard way to track Coordinated Services Plans (CSPs) and follow-up CSPs 2. staffing shortages 3. issues serving children and adolescents who are dually diagnosed with mental health and developmental disabilities 4. lack of clarity and motivation by (usually new) staff in various agencies around CSPs and LITs <p><u>Direct Service:</u></p> <p><i>Truancy</i> – A large number of students are not attending school</p> <ul style="list-style-type: none"> • AOE has been working on potential legislation around chronic absenteeism. In particular, how do we change the statute that is currently in place and create new policies and procedures around this as well as the definition of types of absences. AOE shared this work with DCF as DCF has some concerns around this issue as well and wants to take more time with it. Consistency is another reason for the legislation as each Supervisory Union (SU) does things differently. • Laurie shared a personal scenario around the disconnect between the “policy” and “procedures” of the school around unexcused or excused absences for being absent. These issues put a lot of additional and unnecessary stress on the families of students with disabilities. • Heather shared that there has been a change of language from “truancy” (punitive) to “chronic absenteeism” (more supportive and data based). <p><i>Higher level of care needed when students are aggressive.</i></p> <ul style="list-style-type: none"> • Frequently families and professionals go to CSP/LIT to access a higher level of care, without first working on a CSP. • There are some services available in Vermont for this population. For example, Intensive Family Based Services (IFBS) can be quite helpful, especially if accessed early.

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	<ul style="list-style-type: none"> • Sometimes families might not want to access IFBS, as it involves professionals interacting within the family’s home and may ask parents as well as children to change their perspective and behavior. • There is a need to connect the dots earlier. • Some of the resources in Rutland County and other regions are hard to access due to staffing shortages. • Heather shared an example of the high costs that Supervisory Unions (SUs) or School Districts (SDs) are spending for a very low number of students. She wonders what it would look like to invest that money within the SU or SD in collaboration with the local mental health agency to reduce the number of students who are sent out for aggressive or violent behaviors. • The discussion of students eloping is a difficult one for both the student and the staff. • How do we look at the number of Case Review Committee (CRC) referrals over the last 5 years and see how we can do things differently? <p>Board recommendations may need to be around: school engagement, Intensive Family Based Services, and housing for families and staff.</p> <p><u>Administrative Issues:</u></p> <ol style="list-style-type: none"> 1. need for a unified way to track CSPs, 2. staffing shortages, 3. dual diagnosis issue with mental health and developmental services. 4. lack of clarity and motivation by (usually new) staff in various agencies around CSPs and LITs <p>More leadership at the state level would be useful for promoting desirability of CSPs and the training that is associated with it.</p> <p><i>Services & Funding for children with dual diagnoses of MH and DD</i></p> <ul style="list-style-type: none"> • There has been a lot of discussion across DAIL and DMH around the higher level of care and the different funding streams as well as the need for a lead (for the parent’s appeal). • Nevertheless, it remains an issue for all regions except the two which tried the Integrated Family Services initiative: Addison and Franklin/Grand Isle. More children are served more seamlessly, but DMH could not afford to expand the initiative statewide. • Perhaps we have a “Good news/Bad news” item in the <i>System of Care Plan</i> on this. <p>Because time is getting short, Alice will send out a draft of potential recommendations based on today’s discussion and the members of the Board will provide feedback by 10/15 to review before the October 25 meeting.</p> <ul style="list-style-type: none"> • Change in Medicaid enrollment--<i>Unwinding of Medicaid</i>

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	<p>There has been an increase in the number of children and adolescents no longer Medicaid eligible. Does Economic Services see this decline in eligibility? It has very significant implications on the system's ability to serve children and adolescents. Cheryle is aware of this trend and she will reach out to DIVA to get more information from them.</p> <ul style="list-style-type: none"> • <i>Ways to increase a consistent, efficient, and accurate method of tracking Coordinated Services Plan data.</i> Schools (for students on IEPs, but not on 504 Plans) can track CSPs in their Special Education software but that does not necessarily have the date of the CSP, the actual document, or if it's a follow up CSP. It is not clear at the state level what specifically each Designated Agency tracks in their Electronic Health Record (EHR) data about CSPs. • <i>Development and support of Vermont's Strategic Plan for Suicide Prevention.</i> <ul style="list-style-type: none"> ○ Support of this plan may be considered as part of our recommendations. Move this topic to next month. <p>LIT Extravaganza—</p> <ul style="list-style-type: none"> • What are we looking for in tracking follow up CSPs? What is the definition? The Board might need to do a placeholder recommendation for the <i>System of Care Report</i>.
Public Comment	None