

Act 264 Advisory Board Meeting Minutes

Friday, October 25, 2024

9:30-12:00

Facilitators: Cinn Smith, Co-Chair

Notetaker: Heather Freeman

Board members present: Cheryl Huntley, Alice Maynard, Megean Martin (joined at 10:00), Heather Freeman, Laurie Mulhern, Alice Maynard

Regrets: Matt Wolf, Kris Francoeur-Holsman, Doug Norford

State Interagency Team Members: Cheryle Wilcox, Alicia Hanrahan, Debra Forrett, Kheya Ganguly, Amy Lincoln-Moore, Olivia Gaudreau, Tony Folland, Sandy Yandow, Diana Bugbee, Melanie Feddersen, Maria White

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<https://ifs.vermont.gov/docs/sit>

Agenda Item	Discussion Notes	Next Steps
<p>Introductions and Board Business:</p> <ul style="list-style-type: none"> Approve September Meeting Minutes Update from DVHA on unwinding of Medicaid 	<p>Approve September Meeting Minutes</p> <ul style="list-style-type: none"> Alice made a motion to approve minutes Laurie seconded No discussion All other unanimously approved <p>Update from DVHA on unwinding of Medicaid Information from Danielle Bragg: received a response from Healthcare Eligibility and Enrollment. They are currently reviewing the data but are not able to provide any information or a response yet. They are hoping to have a response soon.</p> <p>I asked them to loop back around when they do have a response so that I can communicate this to you.</p>	<p>Cheryle will let you all know when she has a response about the Medicaid unwinding.</p>
<p>Discussion of Annual System of Care Recommendations with State Interagency Team Members</p>	<ul style="list-style-type: none"> Alice put together a draft of the 2025 recommendations. The recommendations are concise. Discussion of the threshold of 30% of elapsed time in school. AOE is working with DCF around legislation regarding chronic absenteeism. The DA, DMH, and Dept of Health-Substance Use Division and ?? has been working on CCBHC – Certified Community Based Integrated Health Centers. One of the things this does is ask the community to do a needs assessment and asks the essential question is what does it mean to provide greater access to care for kids? It means early intervention and sees the system of care as a resource for families. Cheryl H. sees this framework to help create the needs assessment. This is a model that is based on cost, serves individuals regardless of insurance or age. Need to think about the diverse needs of community members and look at the qualitative and qualitative data to inform the services. Substance use 	<p>Please see attached draft System of Care Recommendations</p>

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	<p>treatment for youth is another area of weakness and CCBHC needs to focus on this.</p> <ul style="list-style-type: none"> • Might want to include in our recommendations that we work closely with CCBHC – it might be more appropriate that the Board recommends exploring building capacity rather than specific programs like CCBHC or Intensive Family Based Services (IFBS). • Need consistent definition and application of absent codes. Cut and pasted an example process below to address chronic absenteeism. • Housing: <u>AHS Ffield Sservices Ddirector</u> stated that the number of beds <u>for individuals without housing</u> in Rutland County went from 90 to 20. How do we expect students to be present and engaged in school if they don't know where they are going to be laying the <u>irfe</u> head at night?; • Draft a recommendation in Group B that focuses on the CCBHC. • Question about whether data could be collected regarding the tracking of attendance and demographics for students in special education. 12/1 child count might be the only place to get that data, but it will be based on least restrictive environment (placements like residential or separate school). • Concerns about calling about IFBS in our recommendations as in Vermont it is linked to a funding stream. Remove the term “aggressive”. Focus on intensive home-based and crisis services. Suggestion to use “significant emotional dysregulation”. • Heather mentioned Act 29: – School Safety (https://legislature.vermont.gov/Documents/2024/Docs/ACTS/ACT029/ACT029%20As%20Enacted.pdf) Legislation that went into effect July 1, 2024 which includes a mandate for teams to have “behavioral threat assessment” teams in each school/supervisory union. • Cheryle will put together a draft of the recommendations for the Board and SIT to review in November. • Cheryle will invite <u>Lori Vadakin, Director of Mental Health and Health Care at DMH someone</u> to talk next month about CCBHC <u>implementation</u>. 	
<p>Additional Discussion Topics:</p> <ul style="list-style-type: none"> • Ways to increase a consistent, efficient, and accurate method of tracking Coordinated Services Plan data. • Development and 	<p>Public Comment</p> <ul style="list-style-type: none"> • Having it at the end of the meeting doesn't truly allow voice to be heard • Suggestion for it to be taken during the discussion, and another suggestion to put it at the beginning of the meeting. • The Board will move public comment to 5 minutes at the beginning and 5 minutes at the end <p>Ways to increase a consistent, efficient, and accurate method of tracking Coordinated Services Plan data.</p> <ul style="list-style-type: none"> • Defining CSP and CSP review • AOE – has a tracking system (online form) that could potentially be used. • Concern about the timing and training of staff to use the online reporting form. 	

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<p>support of Vermont's <i>Strategic Plan for Suicide Prevention</i>. Support of this plan may be considered as part of our recommendations.</p> <ul style="list-style-type: none"> • Visiting LITs next year? 	<ul style="list-style-type: none"> • Idea about incorporating it into CCBHC <u>cost template so a staff member can be focused on this and the Designated Agency can get paid for the position</u>. • Need to keep in mind confidentiality. • Schools can use special education software, but not all kids are on IEPs. Also, no clear timeline of when those CSP occurred, if they are review, etc. • Mental Health can track through Electronic Medical Health Records (EMHR), just relies on staff capacity to do it. • Why do we want this information? What data do we want to collect and what do we want to use it for? • Children with CSPs tend to be the ones that are bubbling up. • Goal might be to encourage more CSPs because it works. Using CSPs as early intervention before they bubble. Want to be in more of a proactive way. • If the Board came up with an annual mini report for LITs with 3-4 data points that could drive regional discussion. <p>Development and support of Vermont's <i>Strategic Plan for Suicide Prevention</i>. Support of this plan may be considered as part of our recommendations.</p> <ul style="list-style-type: none"> • Did not have time to discuss<u>discuss</u>. Move to next month. <p>Visiting LITs next year?</p> <ul style="list-style-type: none"> • The Board members are willing to virtually visit <u>half of the other</u> LITs next year. 	
Public Comment	No public comment.	

Absence Event	School Response
<p>If for any reason, a student has missed a minimum of 10% of elapsed school days, and school staff believe the absences are impacting the student's academic and/or social emotional learning</p> <p>or</p> <p>For any reason, a student has missed 20% of elapsed school days</p>	<p>Could be one or more of the following:</p> <ul style="list-style-type: none"> ---School staff will reach out to the parent/guardian by phone and by letter to advise them of available support including team meetings, CSP meetings, and Lamoille Valley School Engagement Program (LVSEP), and parent's/guardian's legal obligation to ensure their children attend school. ---School staff will consult with the LVSEP regarding the student's absences. ---School will make a referral to LVSEP when there is an apparent need for extra support to re-engage the student. ---The school will inform the parent/guardian of the referral to LVSEP by phone and document that call.
<p>If a student 12 years old and under has been absent 20 or more days without a legal excuse* <u>and</u> the parent/guardian has not meaningfully engaged with services to address the chronic absences.</p> <p>*A legally excused absence per VT compulsory education law (Title 16, Chpt. 25) is an absence caused by a medical or mental health condition that prevents the students from attending school.</p>	<ul style="list-style-type: none"> ---The school will make another documented attempt to communicate with the parent, offering them available support, and advising them of the school's obligation to report educational neglect to DCF. ---School will make a report of educational neglect to the Department for Children and Families. 1-800-649-5285 <p>This report will include: the date the student was referred to LVSEP, dates of attempts to contact parents and how (phone, text, letter), what services (team meetings, CSP etc.) were offered and when.</p>

<p>If a student aged 6 to 16 has missed 20 or more days without a legal excuse*</p> <p>*a legally excused absence per VT compulsory education law (Title 16, Chpt. 25) is an absence caused by a medical or mental health condition that prevents the student from attending</p>	<p>---The school, LVSEP and the Lamoille County State's Attorney will collaborate to decide whether a truancy petition is appropriate.</p> <p>---Taken into consideration in making this determination: Actions taken by the school, LVSEP and level of parent's engagement with services; the student's age and attitude towards school attendance for example whether the student is of age to refuse to attend despite the parent's best efforts.</p>
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