

Act 264 Advisory Board Meeting Minutes

Friday, October 27, 2023

9:30-12:00

Looking for information about Act 264? Please go here: <https://ifs.vermont.gov/docs/sit>

Present:

- **State Staff:** Cheryle Wilcox
- **Act 264 Board Members:** Cinn Smith, Alice Maynard, Heather Freeman, Doug Norford, Megean Martin
- **Members of the Public:** Laurie Mulhern, Sandi Yandow (joined at 10:45), Shelby Raymond (joined at 10:45)-student at the University of Vermont who was interested in hearing the discussion today. Not necessarily interested in joining as an official board member.

Regrets: Kris Francoeur-Holman, Matt Wolf

Agenda Item	Discussion Notes	Next Steps	
1. Approve meeting minutes from September meeting	<ul style="list-style-type: none">• Meeting Minutes<ul style="list-style-type: none">○ Alice moved to adopt draft minutes as amended.○ Doug seconded.○ All in favor (Heather, Alice, Doug and Cinn).○ Minutes passed.• Finalized details for Dr. Levine-<ul style="list-style-type: none">○ Determined who would ask which questions.• Future Meeting invites:<ul style="list-style-type: none">○ Would like to invite Laurel and Marianna to a future meeting.<ul style="list-style-type: none">▪ Board would prefer to see if they can come to the January meeting. Would like to have them come for an hour.▪ Will have a couple specific questions and then time for open dialogue.▪ Want to talk about mental health supports in schools, chronic absenteeism, Project AWARE, what is happening for teacher training to work with children.▪ Will finalize questions at Dec. board meeting.	Cheryle will get meeting minutes posted to the Act 264 webpage following this meeting.	
2. Finalize details for meeting with Dr. Levine			
3. Discuss if you would like to invite to future meetings: a. Laurel Omland and Marianna Donnalley to discuss school mental health b. Xusana Davis, Office of Racial Equity			
4. Board Applicant			Cheryle will extend invites to Laurel, Marianna, and Xusana to a future meeting.

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	<ul style="list-style-type: none"> ○ Xusana Davis, Office of Racial Equity <ul style="list-style-type: none"> ▪ Invite for 40 minutes to Feb or March meeting. ▪ Board will refine questions they want to ask Xusana. <p>Additional discussion:</p> <ul style="list-style-type: none"> • December meeting Alice will provide a short update about the DCF working group (33 members) occurring on November 7th. She and Laurie Mulhern will participate. Facilitator, Marc Wennberg, reached out to Laurie and Alice as he wants to talk to all members prior to the large group meeting. • November meeting Cinn won't be able to make the meeting. May be able join late by phone. • System of Care Recommendations are for Calendar year 2024. • Membership applications: <ul style="list-style-type: none"> ○ Need a clear protocol that lays out the process for applying and becoming a member. ○ <i><u>By statute</u>: The State Interagency Team has authority to put forth folks for the Board:</i> ○ <i>(c) The state interagency team shall recommend to the governor a list of potential board members. The governor shall appoint from said list three parents of children or adolescents with a severe emotional disturbance, three advocates from organizations working on behalf of children and adolescents with a severe emotional disturbance, and three professionals in related fields or service providing agencies.</i> ○ <i>(d) All members of the board shall serve for a term of three years, beginning from April 1 of the year of appointment or until their successors are appointed. For the purpose of implementing this section, the governor shall initially appoint one-third of the members to one-year terms, one-third to two-year terms, and one-third to three-year terms. As the initial terms expire, the new appointees shall be appointed</i> 	

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	<p><i>to fill three-year terms.</i></p> <ul style="list-style-type: none"> ○ <i>(e) The board shall elect its own chair from among its membership. The board shall meet annually at the call of the chair, and other meetings may be called by the chair at such times and places as he or she may determine to be necessary.</i> ○ <i>(f) The members of the board who are employees of the state shall receive no additional compensation for their services, but actual and necessary expenses shall be allowed state employees and shall be charged to their departments. The members of the board who are not employees of the state shall receive compensation in accordance with the provisions of section 1010 of Title 32, and such compensation shall be paid for by the agency of human services.</i> ○ The Board has had folks come observe if they are interested. This does mean for folks who are not in paid positions they cannot receive a stipend. How should this be handled? 	
<p>Dr. Levine, Commissioner, Vermont Department of Health</p>	<p>Questions:</p> <ol style="list-style-type: none"> 1. Cinn: These days in the news, we hear very little about Covid and a lot about the rise in drug use deaths. What are your current strategies on both topics to promote prevention (<i>i.e.</i>, of infection, drug use, and drug deaths), especially for children and adolescents? <ol style="list-style-type: none"> a. Covid <ol style="list-style-type: none"> i. we are in a very diff. place regarding covid and what you see in VT is like the rest of the country and “living with covid”. ii. 97% of the population now has antibodies (from the vaccine or from having it). iii. This means it isn’t as dangerous as when it started, but it is still really important to be doing surveillance and understanding what level the virus is at in our community. iv. We still look at community transmission. v. A lot of work doing wastewater surveillance and variant surveillance. 	

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	<ul style="list-style-type: none"> vi. Public health messaging: get vaccinated, prevent the spread of germs, if you test positive seek treatment if eligible and it is highly effective. vii. CDC states only 1 in 6 (17%) get the vaccine; VT last year was able to double the percent of folks getting vaccinated. viii. Vaccines are still hard to get due to what is available. Hopefully by Nov. there will be more vaccines. <p>b. Opioid:</p> <ul style="list-style-type: none"> i. A lot of strategies to prevent overdoses. There is a rise; we made a dent in 2019 when the numbers went down; the pandemic hit and those numbers went up due to use and fentanyl. ii. There is an Opioid Settlement advisory committee that is able to spend funds. iii. They are working on harm reduction, more Naloxone being distributed in a lot of different ways-vending machines, being mailed to folks, test strips for xylazine and fentanyl, syringe programs, telehealth appts for wound treatment, community drug testing (only in Brattleboro currently as a pilot). iv. Incentives and positive reinforcement for lack of use for stimulant drug use. v. Improving access to treatment such as hubs and methadone treatment. Distance can be challenging, eg. If you live in Addison you have to go to Rutland or Burlington. They are implementing smaller hubs and in correctional facilities. vi. Outreach workers being expanded to go to where people are at. vii. Children and adolescents—want to prevent them from ever starting nicotine. Have nurse home visiting programs for new parents. Embedded staff in pediatricians offices where the family specialist can connect families to services. Regional Prevention coalitions that engage in prevention framework that addresses all substance use youth may fall prey to. Student Assistance Professionals in schools. The state is providing \$3M for prevention programs and hopefully will expand to all geographic areas of Vt. Afterschool programming so youth are active and engaged in services and not using. 	

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	<p>2. Doug: We wish to acknowledge the special outreach you did to BIPOC communities during the pandemic.</p> <ul style="list-style-type: none"> a. What specific strategies worked well? <ul style="list-style-type: none"> i. It is about health equity and everyone having the same opportunity to be healthy. ii. At the beginning of the pandemic, we didn't have good data about race and ethnicity, gender, etc. we had to accept responsibility for that and an element of cultural humility. This was correctable but not quickly correctable. iii. We used our community partner network and have continued to develop those. We have boosted those up further. iv. The data showed people of color were more apt to be ill and be hospitalized. v. VT did well with not having severe high death rates. vi. Created trusted sites for testing and vaccination. vii. Enhanced communications and interpreting information. b. Have you been able to share this information with other state departments and agencies? <ul style="list-style-type: none"> i. Yes, through established channels and novel channels. ii. Expanded social media presence. iii. Communicate more across state agencies. c. How could you increase the level of cultural competence with your staff and encourage/foster it for the broader field of health care providers in Vermont? <ul style="list-style-type: none"> i. They have an office of Health Equity Integration. Had a State Health improvement plan before the pandemic – it is all built on health equity. ii. Health equity is embedded in all depts. of the Health Dept. iii. Were granted \$28M in funding through CDC for community grants, workforce development. This grant goes through May 2025. Concerned then there will be funding cuts to areas such as these. Will be working to maintain as much of the work as possible even if there are cuts. <p>3. Alice: Could you update your department's website description of:</p> <ul style="list-style-type: none"> a. Act 264 Advisory Board's mission beyond the current listing of children with SED to include any child or adolescent with a 	

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	<p>disability cited under state or federal special education law; and</p> <ul style="list-style-type: none"> b. use a more specific AHS link (<i>e.g.</i>, to the Coordinated Services Plan). <ul style="list-style-type: none"> i. This has been taken care of but it may not be operational yet. ii. Brought up that 988 is not right on the home page for VDH. Could this be elevated to be more visible. Dr. Levine will raise this with his team. <p>4. Megean: What are your top three focus areas for 2024?</p> <ul style="list-style-type: none"> a. Data modernization, infrastructure, work force, health of work force, and health equity needs to be strong focus. Ensuring all health equity in all policies. b. Substance Use Disorder and adverse mental health and suicide. Integration with other depts at Agency of Human Services. c. Climate change and its impacts. Our emergency operations has been put in place 4 times in the past year-pandemic, high winds, flooding, monkeypox, cold snaps out of season, hottest temperatures and heat alerts. <p>5. Heather: Are there innovations that have emerged from the pandemic that you would like to maintain going forward? If so, what are they?</p> <ul style="list-style-type: none"> a. Health equity work and the importance of that can never leave public health. b. Surgeon general came out with the report about combatting misinformation. We have a lot of ways to do that through communication and that is now a full-time, year-round job. c. How to successfully enter and exit an emergency response. d. Respecting our workforce who have often been redeployed for emergency work. <p>6. Alice: What would you rank as the top accomplishment of your agency/department during the last year?</p> <ul style="list-style-type: none"> a. Exiting the pandemic in a way that is safe and protected and can help people navigate life. Looking at physical and mental health. <p>PCB testing in Vt schools-we are the only state doing it and we are finding things and dealing with them. The schools will be healthier in the end. Most are able to get funds to mitigate and remediate. We have only had to close one school-Burlington High School.</p>	

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<p>Discuss system of care report and recommendations with SIT</p> <p>Review survey results from LIT Coordinators</p>	<p>SIT Members who joined this portion of the joint meeting: Sandi Yandow, Deb Forrett, Amy Lincoln Moore, Karen Price, Laurel Omland, Dana Robson, Alicia Hanrahan, Beth Sausville, Janelle Germaine</p> <p>Alice collated all LIT survey results (9 of 12 responded). What stood out as themes across all LITs:</p> <ul style="list-style-type: none"> • Lack of resources, staffing. There is respite money but no providers. • Need for MH clinicians, foster care. • Long wait lists, needing to go out of state for placements. • Chronic absenteeism <p>Top issues identified by SIT and Act 264 Board Members for possible recommendations:</p> <ol style="list-style-type: none"> a. Staffing crisis—if we don't have staff who are trained and don't have housing nothing can happen. Need staff at all levels of care. b. Housing: Highly support local and state efforts to increase housing for everyone in VT. families who are homeless. Forge strongly in this direction. c. Respite is agency defined and LIT teams say finding providers is challenging. When respite is family defined it is about a planned break. Being more intentional about how we define respite-is it something an agency delivers or is it respite families can access for planned breaks. There are many pockets of respite funds available that are under used. DMH has been talking to agencies about challenges with respite funds. What is the best structure for respite funds? What are all of the fund sources? Different methods for funds based on where it is coming from. Children's Personal Care is not considered respite—it is based on the child's need for supports in activities of daily living. During covid, parents were clear that being able to access the Personal Care funds for themselves was very helpful. Medicaid will pay family members for personal care now. d. Mental health challenges and the use of substances at earlier ages for youth. e. Insurance issues: Providers who don't accept Medicaid or other private insurances. Disparity of what is covered by insurance. The complexity of accessing private insurance for higher levels of care and what that means for families—it is overwhelming. We need to know how to work together with private insurance and hold private insurance accountable. There is nothing in parity law for children with a 	

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	<p>developmental disability to access a higher level of care-only for Mental Health and Substance Use. Need to relook at summer study and the recommendations.</p> <ul style="list-style-type: none"> f. Therapeutic Foster care-Covid had a big impact on that and licensing of homes. Is that still the model we want to pursue or is there something else we can do in the community to prevent youth from going into residential care. g. More consistency with how LITs function: <ul style="list-style-type: none"> a. Create more consistency with data collection from LITs and how they support families if they are referred to LIT. Nothing about us, without us. b. Prepare and empower families in the CSP process. Any family who wants a CSP should have one. c. Collect data on how many CSPs happen with a parent rep there? h. How we work to recruit, train, and support parent reps. <p>How do we help workforce understand how to work with youth with mental health and developmental disabilities?</p>	
<p>Public Comment 11:55-12:00</p>	<p>No public comment.</p> <p>Rutland is doing a CSP training—here is the information from Krista Barbagallo, Rutland LIT Coordinator if you want to sign up:</p> <p><i>Hi Everyone,</i></p> <p><i>We are having a training on Coordinated Service Plans (CSP) and Local Interagency Team (LIT) meetings. This training is for new staff in your schools/programs and/or old staff that want/need a refresher. The training is Thursday Nov. 9th 8:30-10:30am. It will be hybrid model - in person and virtual. We will be meeting in person at Rutland Mental Health 78 S. Main St. Carriage House (formerly Wellness Center).</i></p> <p><i>Please pass this information onto your staff. Please have them RSVP to me with their name, agency and if they plan to attend in person or virtually. Then will send a calendar invite. They can email me at kbarbagallo@rmhscn.org.</i></p> <p><i>Have a great day!</i></p> <p>Look for glimmers that bring you joy-thank you for the reminder, Cinn.</p>	