

This meeting was not recorded.

7/28/2023

Act 264 Board & Child and Family State Program Standing Committee Minutes

DRAFT

Section 1: Act 264 Board

Present Members: Alice Maynard Cinn Smith, Co-Chair Megan Martin Matt Wolfe, Co-Chair Kristin Holsman-Francoeur
 Heather Freeman Doug Norford

DMH/State Staff: Joanne Crawford Cheryle Wilcox Puja Senning Lauren Welch

Public: Laurie Mulhurn Ron Bos Lun Ward Nial Joe Brusatto

Agenda

- [enter Act 264 portion here]

Agenda Item	Discussion (follow up items in yellow) 4 members needed for a quorum vote
Opening and Act 264 Business	<p>Meeting convened at [time]. Introductions and Review of Agenda occurred.</p> <p>[Content of discussion] This was skipped in favor of jumping into combined business.</p> <p>Motion to [enter content]. Made by [name], seconded [name]. [vote results]. Motion [passes/fails].</p>
[Enter agenda item #2 name]	<p>[Content of discussion]</p> <p>Motion to [enter content]. Made by [name], seconded [name]. [vote results]. Motion [passes/fails].</p>

Minutes respectfully submitted by Joanne Crawford, Administrative Assistant, Child, Adolescent & Family Unit

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Section 2: Act 264 Board and Child and Family State Program Standing Committee

Present Members: Alice Maynard Cinn Smith, Co-Chair Megan Martin Matt Wolfe, Co-Chair Kristin Holsman-Francoeur
 Heather Freeman Doug Norford Laurie Mulhurn Ron Bos Lun Ward Nial Joe Brusatto

DMH/State Staff: Joanne Crawford Cheryle Wilcox Puja Senning Lauren Welch Laurel Omland

Public: [enter here]

Agenda

- [enter shared portion here]

Agenda Item	Discussion (follow up items in yellow)	6 members needed for a quorum vote
Shared Committee Business	<p>Section convened at 9:39 am. No quorum met.</p> <p>Finalize letter to DCF - comments</p> <ul style="list-style-type: none"> • Several edits suggested and implemented • Note: Cheryle shared that Social Equity Caucus met last night to review the Broken Systems report, so C-SPSC's letter and recommendations are very timely. <p>Discussion about request for written responses to leadership questions before meetings</p> <ul style="list-style-type: none"> • Given limited facetime scheduled between committee and leadership, can some questions be answered and shared ahead of time? <ul style="list-style-type: none"> ○ This is possible, but will require additional staff time at DMH • No resolution reached on this topic. Revisit during Cheryle's presentation time? 	
Leadership Updates	<p>Out-of-State Residential Placements <i>Laurel Omland - Child, Adolescent & Family Unit Director</i></p> <ul style="list-style-type: none"> • Puja re-sent the email containing the <i>FY2023 Quarter 3 Regional and State Residential Data</i> report. • Getting number of placements down to zero is not preferrable because kids have may have needs that are better suited to a program out of state. • Agency of Education (AOE) is not included in this report because the report only covers the Agency of Human Services. <ul style="list-style-type: none"> ○ Does AOE produce their own report on this data? Can the C-SPSC get access? ○ From the AOE website under supervision and monitoring: https://education.vermont.gov/student-support/vermont-special-education/general-supervision-and-monitoring-system#sed 	

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	<ul style="list-style-type: none">• DMH recently posted and closed a request for proposals for a psychiatric residential treatment facility (PRTF) in Vermont.• There have been several workforce challenges since Covid that led to closure of therapeutic foster home in Vermont. There have also been policy changes at DCF related to licensing and insurance riders.• DMH has limited data on outcomes following residential treatment. Not all facilities use the CANS tool assess on intake and discharge.<ul style="list-style-type: none">○ Heather shared a recent success story: a student who was re-entering public school was present to advocate for themselves to enter school on their own, without a BI. Self-advocacy is clear indication of skill-building and treatment progress.○ Cinn emphasized the importance of anti-bias training in situations such as above. Alice shared the following book: <u>Thinking, Fast and Slow</u> by Daniel Kahneman (Thinking, Fast and Slow - Wikipedia). <p>SIT Interagency Update <i>Cheryle Wilcox - Interagency Planning Director</i></p> <ul style="list-style-type: none">• LIT Extravaganza on October 11th from 9:30-3:00 at the Waterbury State Office Complex OR virtually• LIT Connections meeting next Wednesday, August 2nd.• Progress has been made on translating CSP documents. There are existing contracts with translators. Starting with Spanish, French, and Nepali.• Starting in September, Act 264 Board meeting will be shared between agencies, rather than held exclusively by DMH Quality team. There was no interest in changing the time.• Upcoming October meeting may benefit from collaboration with SIT committee on System of Care Report. Keep in mind the expectation of meeting with DCF Commissioner Winters and October visit from VDH Commissioner Levine.<ul style="list-style-type: none">○ Board members and members of the public (i.e., C-SPSC members) are welcome to attend the November 30th SIT meeting from 2pm-4pm.• Revisiting question of asking for feedback from leadership in advance of visits to the board.<ul style="list-style-type: none">○ Board will not request written feedback from leadership in advance of meetings. <p>Note: <u>Cheryle will Can we ask Dr. Haley McGowan, DMH Children’s Medical Director,</u> to visit the Act 264 meeting in March 2024?</p> <p>Note: Set aside time early in the September 2023 meeting to finalize SOC priorities?</p>
	<p>Motion to accept June meeting minutes as written and amended. Made by Alice, seconded Matt. All in favor Motion passes.</p> <p>No public comment.</p>

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Minutes respectfully submitted by Lauren Welch, Quality Management Coordinator

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Section 3: Child and Family State Program Standing Committee

Present Members: Cinn Smith, Chair Laurie Mulhurn Ron Bos Lun Joe Brusatto

DMH/State Staff: Joanne Crawford Cheryle Wilcox Puja Senning Eva Dayon

Public: Alice Maynard Megan Martin Matt Wolfe Kristin Holsman-Francoeur Doug Norford Sandi Yandow
 Sunny Naughton (interested in joining C-SPSC)

Agenda

Assign Questions

Schedule future meetings

11:35 – 12:00

BREAK

12 – 12:40

Meet with Jenni Campbell of CMC for Designation QnA

12:40 – 1:50

Debrief and Designation Recommendation of Next Steps

1:50 – 1:55

Close/Meeting Adjournment

1:55 – 2:00

Agenda Item	Discussion (follow up items in yellow) 3 members needed for a quorum vote
Assign Qs And Schedule future meetings	See updated list of questions, below, with answers from CMC, in next section. Edited out a few to shorten the overall list and also assigned questions to C-SPSC members. See chart below for scheduling future meetings.

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	Monday	Tuesday	Wednesday	Thursday	Friday
First of month		Cinn – staff meeting		Morning after 9:00am preferred 1st option: 9-11am chosen to try out	Not good for Laurie
Second of month	Adult Standing Committee				EIP Review Committee (Quarterly)
Third of month		2nd option: 9-11 am		Not good for Cinn - LIT	Mental Health Block Grant Planning Council
Fourth of month					Act 264 Board

Monday not preferred as holidays often fall on Mondays.
 Wednesdays not preferred as Puja doesn't work on Wednesdays.
 First week of the month is preferred so it's close to the Adult SPSC meeting with the agency and therefore information is fresh in their minds.
 Second week and fourth week of month is not preferred as it's same week as Adult SPSC and Act 264 Board so pulls on agency and AHS would potentially be double within same week.

First Thursday of the week was chosen, from 9-11am. Second choice is third Tuesday from 9-11am. Ron will update the committee if First Thursdays will not work with his school schedule.

Motion to [enter content]. Made by [name], seconded [name]. [vote results]. Motion [passes/fails].

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Meet with CMC, Jenni Campbell	<p>See updated list of questions and answers from CMC's Jenni Campbell, below.</p> <p style="text-align: center;">Children's State Program Standing Committee's Questions and Kudos for Clara Martin Center's Designation Visit</p> <p>Kudos</p> <ul style="list-style-type: none">- Listening to peer voice- Positive agency culture <p>From Agency Review Report</p> <ul style="list-style-type: none">- CCBHC Planning Grant recipient (p. 5)- DEI training (p. 5)- Student Advisory group (p. 5) <p>From Site Visit Report</p> <ul style="list-style-type: none">- Tracking patterns within school over time (p.11)- Domestic violence team described as "most organized...in the area" and "responsive and willing to shift towards centering survivor voices" (p.17) <p><i>(Conversation with Jenni Campbell)</i></p> <p>Questions</p> <p>From Agency Review Report</p> <ol style="list-style-type: none">1. (RON) Can you share more about Emergency Services expanding its crisis response and embedding social workers and Acute Care specialists? (p.15) <ul style="list-style-type: none">- <i>Recruiting for open embedded position with Royalton police barracks. In conversation with Hartford region regarding their need.</i> <p>Please comment on clients' desires for more ES responses into communities and families' homes. (p.15)</p> <ul style="list-style-type: none">- <i>Participation in the statewide Mobile Crisis Response effort. Generally trying to get back into the community, similar to pre-covid levels.</i> <ol style="list-style-type: none">2. (CINN) What is the status of representation from peers? Has it increased? (p.15)
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- *One of most exciting pieces of CCBHC as prior to CCBHC didn't have a peer program. Peer program has grown. For Bradford and Randolph side – both have a hired peer in CYFS programming. Community based/office based support happening from this added peer. Clients have been grateful about the different activities they're able to engage in with their peer support.*

From Site Visit Report

3. (LAURIE) Per the Site Visit Report, “Bradford sees a higher percentage of emergency youth ... may need to offer more training to help community partners/schools/families recognize what CMC defines as a threshold for crisis.” (p. 4)

Could you please expand on this issue and any plans to address it?

Per the Site Visit Report, “Bradford has many fewer students supported than Randolph.” (p. 11)
Could you please clarify if this is because there are fewer students, fewer students with needs, or students with unmet needs?

- *Bradford is more isolated geographically with more limited resources as compared to Randolph (more resource heavy and densely populated). CYFS clients use walk-in more in Bradford than in Randolph area. Bradford sits on the New Hampshire border. Often are screening folks from the New Hampshire area and cannot offer continued care to these folks as they're not covered by VT Medicaid.*
 - *Between geography and other services in the area, explains this difference. Bradford has a smaller team than in Randolph and serves fewer clients. Little Rivers healthcare has been sending clinicians into schools as well, in Bradford area. Bradford area, CMC goes into schools very frequently, whether there are case contracts or not, offering a plenitude of services. It's tougher for families to come into the office, than in the Randolph area.*
4. (RON) 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.11 of the Site Visit Report mentions a few)

This meeting was not recorded.

	<ul style="list-style-type: none">- <i>Strong relationships – Hartford DCF, appreciates working with folks there, regarding truancy, high rates of kids missing school, various different issues. Partner well with Gifford Medical Center. Have monthly meetings around shared pediatrics patients. Little Rivers Healthcare – meet regularly with them. High Horses – partner to do therapeutic horseback riding. Many of the schools in the area, we have strong relationships with. DMH Care Managers rock!</i>- <i>Working on these relationships – Upper Valley Services (UVS). CMC does not offer both Mental Health and Developmental Services – so hard for families as they have to go to 2 different places – CMC and Upper Valley Services. Recently asking UVS to come to a team meeting so they can meet more of the CMC staff. Want to make it as seamless as possible for clients.</i> <p>5. (CINN) Please comment on the dichotomy between zero grievances and CYFS staff being well informed/supported in dealing with client grievances and complaints. (p.13)</p> <ul style="list-style-type: none">- <i>Ensure that first time meetings with clients – notify them of official grievance policy. In the meantime, try to not let it get to that level. If a family is expressing a complaint, ensuring that that’s talked about with the clinician, validating the family, finding a solution – and also offering the path for filing a grievance. Jenni is often handling a lot of these phone calls. (Cinn said even these phone calls should be recorded as complaints. And in her role as family support person, they’re afraid to make a complaint/grievance. Already had to wait so long to get a person/therapist and so families can be scared to lose that. Cinn asked Jenni to keep this in mind and to keep track of complaints. It just can’t be Zero.</i>- <i>Ron mentioned that this is a sticking point for all the DA’s. Encourage them to get this into the reporting system.</i>- <i>Laurie mentioned that even if something is resolved on the spot, it can be considered a grievance and can be recorded.</i> <p>6. (LAURIE) Per the Site Visit Report, CMC does “not get consistent communication when kids in Brattleboro Retreat and NFI are being discharged.” (p. 14)</p> <p>What actions are being taken/considered to address the transition of care process with these organizations?</p>
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- *Anytime that a mutual client who's on Medicaid is at Brattleboro Retreat there are Friday utilization phone calls that CMC is invited to. Get updates on how the youth is doing at BR, medication changes, mental health symptoms, behavior, and projected discharge date. Collaboration is happening but with supervisors and not necessarily direct staff. CMC needs to be more proactive with their phone calls as well. We can reach out better.*

7. (RON) Please comment on the DBT group. Is this an ongoing group? (p.15)

- *DBT with youth is a tough model to do because it is harder to do the full program as it requires phone coaching, after hours response, parent coaching. When CYFS offers family DBT, its usually a modified version. Try to offer consistent group programming in Fall and Spring during school. May be less intensive as full model. Trying to follow-up with some of the parenting skills. Various groups in summer. Then try to add mindfulness and distress tolerance into all of our CYFS programming. DBT programming happens, in full, with Adults at CMC.*
- *Sue Swindel at WCMHS offers an intensive 8-day DBT training.*

Both Reports - Psychiatry & Medication Management

8. (CINN) Per page 17 of the Site Visit Report, Community Partners expressed a need for greater access to child psychiatry services.

Per page 9 of the Agency Review Report, 55% of staff respondents rated medication management services negatively.

What psychiatry and medication management services are available today and what's needed to meet the need? Is CMC utilizing the Child Psychiatry Access Program to help with the medication needs of the community?

- *For more than 5 years contracted with WCMHS for child psychiatry. This person vacated 2 years ago. Went 1 year w/o child psychiatry. Any older adolescents, age 17+, got transferred to adult psychiatry and younger kids went to primary care. Reached out to local DA's, schools, to see if we could add child psychiatry again. Thankfully last summer CSAC interviewed Brittany Crowley and hired her on. We're contracting with CSAC and now have Dr. Crowley with CMC, via telehealth, with client at CMC. All*

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medication appointments can happen from clients' home. Have her for 4, 6-hour days per month, with CSAC, which is currently meeting the need. Are booking out a couple of months, which is less full than previously. So, current need is being met.

- *Child Psychiatry Access Program – were referring clinicians to this line, in case they needed support, especially during the one year we were missing a contract w/ a psychiatrist.*

General DA Questions

9. (LAURIE) What do current waitlists look like in CYFS and AMH programs?

- *Current waitlists for CYFS are about 40-45 kids, between Randolph and Bradford. Just started offering intakes again this week as clinicians are having more availability. When fully staffed can meet needs better. For longest time, had no waitlist in CYFS.*
- *Applied for Same Day Access program by MTM Services, and got 1 of these 30 spots through National Council and SAMSHA. Starts next week with a gap analysis.*

10. (CINN) Who is facilitating the LPSC?

- *Christie Everett*

11. (RON) Are there any recent innovations at your agency that are going particularly well?

- *Transition age youth. Prior to covid had a very active Transition Age Youth and Adventure Based Programming and trying to reinvigorate this. Had taken kids out backpacking, repelling, snowboarding, on Saturdays. Culminated into a week long canoe trip in the summer, contracted with Green Mountain Guides.*
- *Therapeutic Horse Back Riding with High Horses.*
- *Took small group of adolescents from Bradford to Pride and it was very successful.*

Motion to [enter content]. Made by [name], seconded [name]. [vote results]. Motion [passes/fails].

Meeting ended at [enter time].

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Discussion on Designation Options and Closing Meeting	Committee Members discussed the fact that there is no gross or minor issues present in CMC's designation QnA or DMH reports. Committee members voted unanimously to go for Designation with No Deficiencies. Motion to adjourn meeting. Made by Cinn, seconded Ron. Passes. Meeting ended at 2pm.
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Minutes respectfully submitted by Puja Senning, Quality and Program Participant Specialist

[screenshot any presentations shared and add to end of minutes]