

**LIT Connections**  
February 22, 2024

*I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgement; and when they derive sustenance and strength from the relationship. ~ Brene Brown*



**Present:** Amy Lincoln Moore, Heather Wilson, Maria White, Alicia Hanrahan, Alice Maynard, Kheya Ganguly, Cheryle Wilcox, Beth Sausville, Donna Sherlaw, Krista Barbagallo, Jessica Coleman, Crystal Bennett, Marlene Wein, Olivia Gaudreau, Laurie Mulhern, Sandi Yandow, Cheryl Huntley, Cinn Smith

**Topics:**

Alicia Hanrahan, Agency of Education– There's a new Interim Deputy Secretary at AOE, Ann Bordonaro; she started a week ago Sunday and she's keeping her current role in addition to this.

Heather Wilson, NCSS– Recently testified in the budget hearing regarding a Medicaid rate increase for designated specialized service agencies. Also going to have a shift in LIT coordinator role, sharing with the local team now. Heather stepped in as the interim coordinator while position was vacant and the position has been filled. It's going to be a familiar face people know.

Cheryle Wilcox, DMH - Interagency group across DMH, DAIL, DVHA or Department of Vermont health access or Medicaid folks and DCF Family Services that have been working on a psychiatric residential treatment facility for Vermont. We've never had this level of care in Vermont for our youth that need that level, they typically go out of state, sometimes very far away. Working with the Brattleboro Retreat, as the apparently successful bidder when we put out a request for proposals. Last week a group of eight staff across those departments traveled down to the Retreat; there have been a number of meetings with the Retreat to talk about scope of services. This program would be 15 beds. The Retreat already has a building they can use, so folks toured the building talked about kind of what staffing would look like. Still a lot of moving parts related to the funding which we are working on as an agency. Because we've never had this in Vermont it means we have to get approval from federal partners at the

Centers for Medicare and Medicaid Services (CMS) so we can use Medicaid funds. Working through the contract and those policy pieces and funding; cautiously optimistic we can get this open this calendar year. It's been an amazing amount of work and collaboration across our departments. All departments would be able to directly refer, with the exception of AOE; referrals would go through the Case Review Committee process. Alicia clarified the AOE/LEA role in this process in terms of referrals. Alicia also states that it depends on the level of treatment needed. Cheryle states that there can also be co-occurring needs for youth.

Beth Sausville, Family Services - an update on a couple of fronts regarding our overall system of care; to tie into the PRTF conversation; some of you may have heard testimony in the legislature around the standing up of a temporary secure treatment facility for youth which will be in Middlesex. The building has been retrofitted, the construction piece is done; we are working on the contracting piece for the programming and hoping that that will be ready to open sometime around the end of March, which will meet a particular need in our system. DCF is also working on creating a 2-bed crisis stabilization program, in Windham County. Working with architects and engineers around meeting the needs of that space and having it be a ligature free environment that's treatment oriented that would meet the needs of higher end child or youth in need of that. A Request for Proposals will go out for construction bids and will get construction underway. We are also working to develop an RFP to go out for the programming end of the programming. DCF has been relying on staff which has been very challenging to staff individual kids and youth in these alternative staffing locations as well as hospitals etc. police stations over the last couple of years. DCF has been engaging in a Special response Team model developed from the Department of Corrections, it's staff across the agency that we're teeing up through a robust curriculum of trainings which includes trauma informed care and mental health because these folks are not oriented necessarily to the Family Services division and working with children and youth in the same way that our staff are.

Also QRTP or qualified residential treatment program, a part of the Family First legislation, DCF will be moving forward with taking this on as model as a best practice model and going to be launching a work group to take a look at some of those pieces as a way to create a little bit more kind of uniformity of expectations in our residential network as a way to as a way to measure and support congregate care and those that need it in VT.

Cheryl Huntley, Act 264 Board Member - Have a local resiliency project in Addison County; 30 people showed up and there was a lot of discussion about the importance of relationship and system of care and getting back to a very basic kind of conversations about relationships. Been doing monthly connection lunches having time for people to be in the same place and have some lunch together and some structured questions to get to know each other.

Alice Maynard, Act 264 Board Member-Second's that when you consider how many vacancies have been filled and the core is a feeling about knowing someone and how many times during the pandemic did I say well we're so much better off due to technology BUT there is something to be said about mtg a person. But professionals are able to know what each other looks like and the incredible time saver!

Heather Wilson, NCSS - several years ago there was a group of people from NCSS who would meet with the community partners' leadership for some systems work, personal sharing, and times when some might be frustrated but recognizing the loss of some of those connections too.

But to the extent that the stress on all of our systems has frayed.

Jessica Coleman, NFI/Howard Center--had Chittenden LIT yesterday and had a process conversation about how folks work together and how they deal with the stresses on all of our agencies and still work together and come to the LIT table to problem solve.

Cheryle shared a draft of the System of Care report and some highlights. Want to figure out how to collect CSP data better going forward.