9am to 11- Morning welcome, networking, and ACT 264 Basics

ACT 264

- Data tracking is variable by region/ EHR and other tracking methods. Data may be useful/needed by Federal Partners and funding. Some communities have separate data collection LEA/DCF/LIT/DA and then collate at the end of the year….as we know this is an area for improvement!
- What is the data telling us? Some areas don't track data, fewer CSPs requested, are follow up meetings skewing the data? FSD policy changes around truancy/educational neglect may be impacting numbers.
- LITs need guidance to have consistency around the data…for example how to track initial CSP vs. Follow Up. And what is the definition of a Follow Up.
- CSP process is "self-taught" so there are many variations and staff turnover really impacts how the CSP process is passed on.
- Should the CSP be a Google Doc?

High End System of Care Program Updates

- New and Developing Residential Options: questions around length of stay, total number of new beds throughout the state, how soon will these sites open, ages served?
- Data: concerns about kids w/medical condition w/ VT Medicaid when placed out of state finding providers that accept VT Medicaid is challenging and is this related to our reimbursement rates? Challenging when Private Insurance determines that level of care is no longer needed. Do we have specific data around the difficulty placing gender nonbinary kids and kids with co-occurring substance misuse and increasing violent behavior issues?
- Overall themes: folks were interested in very specific data points, where we place kids out of state, when in state options be available?

Large Group Discussion: System of Care Report

- How do you use the SOC Report?
    - Training and reference tool.
    - I like to see the application of the big picture to smaller regions--what can we do locally towards systemic goals?
    - Strategic planning
    - Some have used the report in Federal grant applications.
    - Share at the LIT for discussion.
- How can the SOC Report be more user friendly?
    - Can we integrate the ACT 264 Board recommendations and the SIT recommendations so there is one set of recommendations?

Wrap Up-report out from breakout groups:

1. **Group A: Facilitation Tips and Tricks**
   - Use a "three lead" model- notes, coordination, and facilitation, real introduction of members that includes what the person is there for and what they might bring to the table
   - Starting with a picture of the child/family to ground the work in a person-centered way
   - The facilitator holding space for everyone's voice and managing the time and moves things forward
   - Using a white board so the family can see in real time and you can take a picture of it for later.
   - Make sure the family receives a copy of the meeting notes.

2. **Group B: Accessing Higher Levels of Care**
   - Free form discussion that covered many topics! private insurance, DIAL eligibility and accessing high level of care, DVHA and paying for care.
   - FAQ to come

3. **Group C: Updating the Interagency Agreement**
   - Thinking about the years since the last update- we acknowledge the progress we have made! We work with our healthcare partners now and they are at table. Also noted the increase from 2005 vs now in number of youth diagnosed with ASD. We noted how the Interagency Agreement was very focused on transitional age youth and now all these years later we have some nice supports for transition age youth. So in updating the Agreement every 5-10 years we have the opportunity to ask- what do we want to focus on? There was a question of what is the process for updating? Some discussion of funding, fed and state level order of funding, and need to tighten up section on disputes and conflict resolution.
   - Process for updating:
     - There are no formal "rules".
     - We gather feedback.
     - Send to Cheryle and Alicia.
     - The dispute/conflict resolution is handled by lawyers. Departments are updating and providing feedback.
     - This is a SIT project.