Act 264 Advisory Board Meeting Minutes

Friday, November 15, 2024
9:30-12:00
Facilitators: Cinn Smith, Co-Chair
Notetakers: Heather Freeman and Alice Maynard

Board members present: Cheryl Huntley, Alice Maynard, Megean Martin, Heather Freeman, Laurie Mulhern, Doug Norford
State Staff: Cheryle Wilcox, Laura Flint
Members of the Public: Sandi Yandow, Amy Lincoln Moore
Regrets: Matt Wolf, Kris Francoeur-Holsman

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

Agenda Item	Discussion Notes	Next Steps
Introductions and Board Business: ● Approve October meeting minutes ● Update from DVHA on unwinding of Medicaid	**Approve October Meeting Minutes** ● Alice made a motion to approve minutes. ● Meagan seconded. ● No discussion. ● Six members unanimously approved. ● One member abstained. Update from DVHA on unwinding of Medicaid: *Of the enrollees who lost Medicaid at some point during the unwinding period, less than 2% (~6200) were under 20 years old. The reasons for these disenrollments followed the same breakdown as the general population with about half being administrative in nature (nonresponse to renewal), 33% for other reasons like moving out of Vermont, and 15% for confirmed lack of eligibility. DVHA notes that several system changes were implemented during the unwinding period to mitigate coverage loss among children, including enhanced automatic renewals and continuous eligibility for children.*	Doug will reach out to VT Care Partners. The Board can build this discussion in next month's agenda, maybe 30 minutes. Come up with a list of questions for whoever we get for this discussion. Send questions that you may have to Cheryle for the December meeting.
Discuss CCBHC implementation in Vermont ~ Laura Flint, DMH, Director of CCBHC Planning Grant	Discuss CCBHC Implementation in Vermont Laura Flint (Dept. of Mental Health) provided an overview of Vermont's implementation of the federal CCBHC program. The federal name is the Certified Community Behavioral Health Clinic. Vermont is one of several states in which advocates asked to delete the term "Behavioral Health" and will use the name Certified Community Based Integrated Health Center. Federal level - Certified Community Behavioral Health Clinic Vermont level - Certified Community-Based Integrated Health Center	Please see attached Powerpoint that was shared by Laura Flint.

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	This federal act intends to protect access to mental health services at the community level . The goal of the program is to promote new guidelines which enable states to provide comprehensive, coordinated mental health and substance use care which is trauma-informed, recovery-oriented, and is intended to: 1. establish standards in 6 key areas; 2. expand access to integrated, quality services, including 24/7 crisis services; 3. provide person and family-driven care; 4. use evidence-based practices with trained staff and fidelity assessments; and 5. ensure the financial underpinnings actually support the cost of services. The program has six requirements. 1. Care coordination which assures seamless transitions across all aspects of the health care system, especially for veterans, children in state custody, and people in marginalized populations. 2. Services are available and accessible. This means that everyone can access services wherever they live, including on evenings and weekends. 3. Staff will be trained and culturally responsive. 4. The organizational authority and governance structure must include a Board that has a minimum of 51% people with lived experience or a family member. 5. Quality and other reporting which will include a needs assessment and a Quality Improvement Plan. 6. The scope of services must include 9 core services: a. crisis, b. outpatient mental health and substance use, c. person and family-centered treatment plan, d. community-based mental health for veterans, e. peer, family, and counselor services, f. targeted case management, g. outpatient primary care screening and monitoring, h. psychiatric rehabilitation support, and i. screening, diagnostic, and risk assessment services. Vermont currently has 5 Designated Agencies in the local grant phase: ➢ Clara Martin Center, ➢ Health Care and Rehabilitation Services, ➢ Howard Center, ➢ Northeast Kingdom Human Services, and	

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	➢ Rutland Mental Health Services. VT applied to become a Demonstration State and was awarded that status on June 4, 2024. The anticipated benefits of a successful program include: 1. integrated care, 2. culturally responsive staff and services, 3. person and family-centered care, 4. community collaborative coordination, 5. reduced barriers to care (*e.g.*, services for people in rural areas, no wait list), 6. increased access to primary care, 7. enhanced quality of care, and 8. a well-trained workforce. One of the more challenging aspects of the program for Vermont will be operationalizing a prospective payment structure with a daily rate. The program requires that mental health and substance use services be integrated. This used to be almost impossible under Medicaid. However, new Medicaid codes have been developed, VT mental health and substance use staff have been working on this, and VT Health Access is also working on new billing codes. Alice noted that several of the program's requirements may be impossible for Vermont to achieve, especially in the short term. For example, staffing shortages at Designated Agencies as well as primary care and dental practices have been ongoing and may be beyond the ability of one group to solve. What happens if a state fails to meet the program's requirements? Laura noted that the federal expectation is that there will be 100% compliance with requirements given that is what they are paying recipients to achieve. However, there is also the understanding that some issues are extensive and interrelated so lack of immediate success in some areas may be tempered by demonstration of due diligence. Cheryl H. suggested that we need some space and time for creative thinking, especially about the gaps in the children's world that will help us to bend important curves. Children are not adults. While adults may live primarily as individuals, children live in multiple systems, so we cannot expect to be successful focusing on one child at a time. We need to be more pro-active in our thinking together.	

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Discuss Act 29 Information Testimony to House Ed Act 29: School Safety and Security | Agency of Education	Heather shared the updates from the northern part of the state. Megean shared that RNESU and Slate Valley have behavioral threat assessment processes. Act 29 can be easily absorbed by the roles currently in the SU, so no new roles need to be added. Teams run through the assessment and then put a one pager in file that says that it happened and to get more information, contact the Director of Student Services. Concern from a Board member about the inequities around the SU resources and not being available to all schools/districts within that area.	
Finalize System of Care Recommendations *Development and support of* Vermont's Strategic Plan for Suicide Prevention. *Support of this plan may be considered as part of our recommendations.*	Draft recommendations are looking pretty good. Recommendations to edit: Group A, 1, e: Remove agency coordination to and replace with "Capitalize on existing resources" to promote staff training through The Collaborative for Advancing Social and Emotional Learning: https://casel.org/and trauma-responsive practices. Group B, 1: write out CCBHC's Group B, 2, b: add "and report out." The basic problem is that there are multiple agencies that need to be involved. There will be an administrative burden on one organization to gather and enter the more detailed and useful data. The number of meetings per year doesn't really tell the Act 264 Board much information. We need more demographics and possibly outcomes. Need engagement around this as an issue. Could have each LIT team have this conversation locally. It could also be brought up at LIT Connections. Joint recommendations this year for SIT and Act 264 which is great. Could they be out and more visible, not just in the *System of Care Plan*? Could it get into the hands of legislators? Could it go directly to the Agency Secretaries, Commissioners, and Governor/Lt. Governor? *Strategic Plan for Suicide Prevention:* mentalhealth.vermont.gov/sites/mentalhealth/files/documents/Strategic_Plan_for_Suicide_Prevention_2024-2029.pdf	Cheryle will contact Nick Nichols from the Vermont Department of Health to see if he can visit the Board in December to speak to the *Strategic Plan for Suicide Prevention*.