

Act 264 Advisory Board Meeting Minutes

DRAFT

Friday, March 22, 2024

9:30-12:00

Location: Microsoft Teams

Board Members Present: Cinn Smith, Heather Freeman, Laurie Mulhern, Alice Maynard, Cheryl Huntley, Doug Norford

Regrets: Kris Holsman-Francoeur, Megean Martin, Matt Wolf

State Staff: Cheryle Wilcox

Members of the Public: Sandi Yandow (joined at 9:45), Amy Lincoln Moore (joined at 10:45)

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

Yellow highlight indicates next step or follow up

| Agenda Items | Discussion Notes |
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| 1. Approve February meeting minutes. | 1. Meeting Minutes a. Heather made a motion to accept as edited by Alice. b. Alice made a second. c. All in favor. d. Minutes approved. |
| 2. Any follow up on data tracking of CSPs from discussion last month? | 2. CSP Tracking update a. Discussed at <u>C</u> children's Directors' <u>meeting</u> and encouraged DA staff to work with IT staff to look at a consistent way to track. b. Cheryl <u>Huntley</u> - wrote up a proposal for how to do it through electronic health records. Discussed at <u>B</u> illing <u>M</u> anagers' <u>meeting</u> . c. Heather shared that at this month's LIT this was discussed as well. Spoke with school staff about how to possibly track through their system. d. Could it be attached to the 504 or IEP? Yes, <u>although</u> this is challenging for many reasons. e. Doug shared he thinks having the DA hold the tracking is most appropriate since the DA has to be present at all CSPs. For youth that are not clients of the DA, there is a way to have limited detail but to still count those CSPs in the system. f. We also need to be thoughtful about how we use the data. <u>—We</u> will continue to publish this in the annual <u>System of Care R</u> eport and look at the data. |
| 3. Update from Cheryle Wilcox regarding reach out to Mourning Fox as discussed last month | 3. Mourning Fox is scheduled for May 24 th from 10:00-10:45 |

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| | <p>4. <i>Operating Guidelines</i>: Alice, Heather and Laurie will have a draft of these to review at the April meeting.</p> <p>5. AHS leadership updates:</p> <ul style="list-style-type: none"> a. DMH Deputy Commissioner Alison Krompf will be leaving. Her last day is April 30th. Hiring for a new Deputy is in process. Should have an update next month. b. New DAIL Commissioner, Dr. Julie Bowen, will begin April 22nd Read announcement here. c. Today a new Agency of Education Secretary will be announced at Governor Scott's Press Conference. <p>6. System of Care plans</p> <ul style="list-style-type: none"> a. Submitted by DAs has been delayed this year due to multiple factors. Doug will forward the decision which came from DAIL and DMH Commissioners. <i>Discuss more in April.</i> b. This Board would like to be involved in discussions about the next iteration of the plans. Important to think of all components of the system of care—DMH, DAIL, education, early childhood, etc. <p>7. Updated the team on the Psychiatric Residential Treatment Facility. <i>Will attach slides from last week's testimony and memo from yesterday's follow up testimony.</i> Governor's budget recommend had \$3.6M ask to stand up the PRTF. Now being considered in House Appropriations. House Health Care did recommend last week to fund this initiative. AHS team is working together on the contract for the PRTF and oversight will be through DAIL Survey and Certification team and overseen by the Centers for Medicare and Medicaid Services (CMS).</p> <p>8. Discussed interconnected systems of support and what Vermont is doing in this area: More information can be found here: https://www.midwestpbis2.org/mh-integration</p> <p><i>The Interconnected Systems Framework (ISF) is a structure and process to integrate Positive Behavioral Interventions and Supports and School Mental Health within school systems. The goal is to blend resources, training, systems, data, and practices in order to improve outcomes for all children and youth. There is an emphasis on prevention, early identification, and intervention of the social, emotional, and behavior needs of students. Family and community partner involvement is critical to this framework. This page has a variety of resources, training materials, tools, and recorded webinars.</i></p> |
| Meeting with Laurel Omland, Dr. Haley | <p>1. Laurel: Update on conflict-free case management work.</p> <ul style="list-style-type: none"> a. DMH is in a maintenance of effort phase with CMS where we can't make any changes to our structures until March 2025. |

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| <p>McGowan and Marianna Donnelly, Department of Mental Health</p> | <ul style="list-style-type: none"> b. Between now and March, we have enhanced funds for a broader scope of services to reinvest in the system. c. We need to come into alignment with rules CMS passed in 2014. We've made rule adjustments along the way, the one we have left is conflict free case management. d. Conflict free case management affects all home and community-based services through DMH and DAIL. e. DMH is making immediate changes now to come into compliance with CMS. DMH has taken back to the state the eligibility of youth who receive intensive home and community-based services. This was delegated to DAs in 2019 when payment reform started. August Weeks was hired at DMH to oversee this work for both adults and youth. Training has happened for DAs about this and with NFI. f. There is a new brief application/form that DA/SSAs need to fill out and have to submit the score from the Child and Adolescent Needs (CANS) and Strengths Assessment. g. Intensive home and community-based services (IHCBS) are only available through Designated Agencies and NFI. h. This change doesn't impact the DA case rates; this is still covered by the case rate. The change is the state having a role in eligibility determination. i. For IHCBS, there is an annual eligibility determination that needs to happen. j. In March 2025, IHCBS as a program (which is how CMS sees it) will end. Services WILL NOT. For Out-of-home treatment services like (e.g., therapeutic foster care) that will be moved to a different funding stream. <p>2. Who do we need to build relationships with across systems? There is value in knowing each other, so we can engage in creative thinking with each other. One of the consequences of Covid is fragmentation and not being with people in person. Getting to know each other IS PART of the job.</p> <ul style="list-style-type: none"> a. <u>New Secretary of Education</u> (announced on March 22nd) will be important to build a relationship with. She starts April 15th b. <u>New DAIL Commissioner</u> who starts on April 22nd will also be important partner. c. Noted how helpful and great it is to have the Dept. of Health here in Waterbury now to see folks in person. d. More connections to be made in local communities. e. American Academy of Pediatrics Vermont is going to do a road show to connect with local communities, and they have invited DAs. <p>3. Laurel: Where do things stand with the School-Based Mental Health reform group?</p> |

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| | <p>a. The last two quarterly meetings have been canceled due to scheduling conflicts. There have also been challenges in meetings due to the increased workload with the interim Secretary of Education and what she has been holding for the past year. There are two areas where reform work is about to get underway:</p> <ul style="list-style-type: none"> i. Success Beyond Six and case rate—started in 2011 in Addison and almost all other DAs in 2012. Needs updating and evolution. Looking at working with Medicaid policy and DAs to do some updated structuring for school-based clinician case rate. Looking to also add something like the CANS for a value-based payment. ii. State is getting some technical assistance to discuss how to best utilize Medicaid funds that flow through local education agencies. There will be a workgroup that the Dept. of Vermont Health Access (DVHA) Medicaid Policy will be pulling together. DMH will be there to see how this may impact Success Beyond Six. iii. Board member commented wondering if, with so many school budgets not passing, if there will be an impact on the number of school-based clinicians working in schools. iv. Does DMH have any relationship with the Federally Qualified Health Centers (FQHCs)? <ul style="list-style-type: none"> 1- DMH had the CHILD Grant which involved partnership with FQHCs. DMH has worked with Springfield, Franklin-Grand Isle and Derby FQHCs. There are relationships with local FQHCs and Designated Agencies. v. There is a Social Emotional Wellness group being supported by AOE to bring partners together to discuss needs; 2- Marianna and Laurel are invited to this. Are The group is meeting monthly. 1 and last month discussed the Model School Protocol with Suicide Prevention Director, Chris Allen. <p>4. Update on last cohort of Project Advancing Wellness and Resiliency in Education (AWARE) and what is happening with the new group. 2</p> <ul style="list-style-type: none"> a. DMH is the awardee, partnering with the Agency of Education (AOE). (F In the first round, AOE was the awardee and DMH was the partner). b. A lot of lessons learned in the first round that are being applied to this round. c. 6 They are getting underway now with this second round of funds. d. The focus will be in 3 LEAs: 2- Southwest and United Counseling Services (Bennington), Caledonia Central with Northeast Kingdom Human Services (NKHS), and Barre Unified Union with Washington County Mental Health. e. UVM BEST team will be providing technical assistance to the teams to assess data and, refineing goals. |

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| | <ul style="list-style-type: none"> f. WMajor goals include working to implement universal screening and being consistent across the LEA. H as well as having a clear referral process to the Designated Agency. g. Outright VT will come in to help LEAs and DAs to look at their data for LGBTQIA students. h. Up for Learning will come to work on elevating student voice and look at results of the Youth Risk Behavior Survey (YRBS) and school climate surveys. i. The Center for Health and Learning will come in to work on suicide prevention and training. <p>5. What work are you aware of to support transgender youth?</p> <ul style="list-style-type: none"> a. This has been woven into Project AWARE. b. Dana Robson is overseeing a grant with Outright VT to support Gender Sexuality Alliances in schools. Laurel offered to get more information from Dana. Outright is also providing training to school staff about how to best support youth who are LGBTQ. c. There are funds that were funneled to UVM Medical Center to support transgender services. d. There are trainings for medical providers, nurses, and staff to educate about on issues that are important to know about for LGBTQ youth. e. Dartmouth also has a transgender health program for gender affirming care available to Vermonters who live closer to them. f. https://outrightvt.org/parents-caregivers-families Halfway down the page there is information about a Trans parent group and other resources. <p>6. Dr. McGowan shared information about work happening right now for youth with disordered eating.</p> <ul style="list-style-type: none"> a. https://www.berealusa.org/ b. https://www.nationaleatingdisorders.org/ c. Eating Disorder education guidelines are on page 44 of this report https://legislature.vermont.gov/assets/Legislative-Reports/2024_DMH_Death-By-Suicide_School-Model-Protocol.pdf <p>7. Dr. McGowan:</p> <ul style="list-style-type: none"> a. Update on what you are seeing happening with children/youth waiting in Emergency Depts? <ul style="list-style-type: none"> i. The good news is that it is much better than it was. It does vary day to day and week to week, but there are fewer kids showing up in the ED and for shorter periods of time. ii. Seeing incredible complexity and youth who have needs across mental health, developmental disabilities, and often DCF custody as well. |

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| | <ul style="list-style-type: none"> iii. They are doing A LOT of care coordination for youth and their families. b. Did the ED learn <u>from</u> or shift practices over the last three years with the number of children waiting in EDs? <ul style="list-style-type: none"> i. Yes! AThey added psychiatry to what is offered in Emergency Depts. ii. HThey now have a welcome packet <u>which includes</u>, what to expect, <u>are</u> working on discharge plans to keep youth out of a higher level of care and to reduce recidivism so youth don't have to return. iii. DThey did trauma responsive care training for staff last year. Did this with 11 of the 14 Emergency Depts. EIt was extremely well-received. iv. DThey are doing another round of trainings to provide it to more staff. v. Activity kits have been put together for youth and children waiting in Emergency Depts. with toys <u>and</u> information. c. What would your biggest wish for change be for children with mental health needs within the health care system? <ul style="list-style-type: none"> i. C Flesh out the continuum of care. wWe are missing the middle in Vermont. Such as For example, we need <u>ing</u> more intensive outpatient services. ii. Hoping They hope that mobile crisis will help keep youth completely out of the Emergency Depts. |
| Public Comment | No comment. |