

# State Interagency Team Meeting Minutes

Thursday, May 23, 2024

2:00-3:30

**Location:** Microsoft Teams

**Facilitator:** Beth Sausville

**Notetaker:** Cheryle Wilcox and Deb Forrett

1. Invest in retention and recruitment efforts to address workforce challenges to be able to provide necessary and quality services to children and families.
2. Advocate for parity with private insurance for children and youth enrolled in commercial insurance plans, so they can access the appropriate residential level of care needed.
3. Support alternative housing options that support families by encouraging more affordable/diverse/mixed socioeconomic/multigenerational living options.
4. Increase supports in the community for children and youth, and ensure we have a higher level of care in Vermont for children with complex needs (such as co-occurring, developmental disabilities, medical issues) to decrease the number of children sent out of state for treatment.

**Present:** Cheryle Wilcox (until 2:30), Deb Forrett, Beth Sausville, Ken Hammond, Dana Robson, Sandi Yandow, Laurel Omland, Amy Lincoln Moore, Danielle Bragg, Maria White, Renee Weeks, Kheya Ganguly, Alicia Hanrahan

**Regrets:** Karen Price

| Agenda Items  | Discussion Notes  | Next Steps |
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| <p><b>Reviewing updates from last month any major updates we all need to know about related to our System of Care</b><br/><i>(staffing changes, new programming, policy changes, fiscal, workforce challenges and planning, legislative outcomes)</i></p> | <p><b>Cheryle Wilcox, DMH:</b></p> <ul style="list-style-type: none"><li>• Psychiatric Residential Treatment Facility contract is being worked on now that the legislature provided fiscal support and created an exception to the current moratorium on independent schools so they can apply to have one at the PRTF.</li></ul> <p><b>Deb Forrett, CSHN:</b></p> <ul style="list-style-type: none"><li>• Fully staffed-hired someone on Health systems side and care consultation.</li><li>• Have a lot of exciting projects they are engaged in: one important one is they are working with a family engagement specialist to create a family partnership project for families with lived experience to act in an advisory capacity to CSHN. They have had a large response from interested family members.<ul style="list-style-type: none"><li>○ Question was raised about process and selection since they had such a robust response. They reached out to family members who receive services such as high-tech nursing, personal care, etc. by letter to ask for their help informing their work. Heard from families by text, email, phone</li></ul></li></ul> |            |

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|              | <p>whatever worked for them. CSHN is compensating people for their time. Deb is happy to share more details with anyone interested in how they successfully recruited.</p> <p><b>Renee Weeks, AHS Field Director:</b></p> <ul style="list-style-type: none"> <li>• Team based care update-there is a vendor, Camden Coalition, is working with AHS to work with Field Directors and Blueprint Managers in each region to have learning collaboratives to work with community providers to look at how we do team-based care in communities.</li> <li>• Education committee will be putting together 4 self-paced trainings on team-based care.</li> </ul> <p><b>Alicia Hanrahan, Agency of Education:</b></p> <ul style="list-style-type: none"> <li>• New Interim Secretary of Education, Zoie Saunders. She is spending her first 100 days doing a listening tour to inform a strategic plan.</li> </ul> <p><b>Laurel Omland, DMH:</b></p> <ul style="list-style-type: none"> <li>• Disordered Eating work occurring—short term funds from a grant. Dr. Haley McGowan at DMH has secured expert trainers to do training in the fall with Mental Health clinicians to do training on disordered eating. Laurel will send flyers out when they are ready. There will also be trainings for primary care staff.</li> </ul> <p><b>Beth Sausville, Family Services:</b></p> <ul style="list-style-type: none"> <li>• Just wrapped up federal Child and Family Services Reviews in three district offices—intensive week; and then the information will inform a Program Improvement Plan. <ul style="list-style-type: none"> <li>○ Struggle to get families at the table for the reviews which is a necessary component.</li> </ul> </li> <li>• Gillie Hopkins, FSD, Permanency Planning Manager has resigned—she is going to DMH as a Care Manager! FSD is recruiting for this role.</li> <li>• New bill passed about access to records. Some changes to the registry review unit.</li> <li>• Just successfully put through first amendment to five year prevention plan.</li> </ul> |            |

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|  | <p><b>Maria White, Child Development Division:</b></p> <ul style="list-style-type: none"> <li>• Have a new Children’s Integrated Services Parents as Teachers (PAT) program manager (Heather Wilson from NCSS) for the VDH Family and Child Health position. CIS Parents as Teachers (PAT) is up and running from birth-age 5 for school readiness and family connectivity and ASQ assessments and screenings and so much more. This evidence-based CIS sustained Home visiting program is running in every region except Hartford and Orange County. (hopefully this region will join soon).</li> </ul> <p><b>Dana Robson, DMH:</b></p> <ul style="list-style-type: none"> <li>• Challenges with children with private insurance— DMH has prepared a “tip sheet” for guidance for families to access services. Hoping to have finalized by the next SIT.</li> </ul> <p><b>Sandi Yandow, VFFCMH:</b></p> <ul style="list-style-type: none"> <li>• Amy, Cinn Smith and Sandi went to WA for a SAMHSA children’s mental health event. Sandi attended an event for youth to talk about youth peer support happening across the nation. Great speaker from NAMI Next Generation.</li> </ul> |            |
| <p><b>Quick reminder about joint meeting with the Act 264 Board in October</b></p> | <p>Mark your calendars—SIT and the Act 264 Board have a joint meeting in October. This means the regular Oct. 24<sup>th</sup> SIT meeting is not occurring -- you have been invited to the Friday, Oct. 25<sup>th</sup> Act 264 Board meeting which is from 9:30-12:00.</p>   |            |
| <p><b>System of Care Report Discussion</b></p>                                     | <p>Save the Date for LIT Extravaganza 9/18/24</p> <p><b>System Of Care Report Discussion:</b><br/> Looking at data and the story behind the data.<br/> CSP – Have we been able to develop a strategy for the CSP tracking? There has been concern that not all CSP’s are being captured. A data system would really help determine what is happening in each region/catchment area otherwise the data is hard to find meaningful.<br/> -Is there a role for the DA’s in this work- data /collection/tracking? CSP are “hand counted” by the DA- not captured in the electronic health record so it is not a perfect system. CSPs have increased and there are many people from the DA that attend also... The DS side of the DA or an SSA are sometimes the ones leading the CSP so mental health may not be the lead at the CSP.</p>   |            |

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|              | <p>-There are conversations and questions from the legislature regarding CSP's so it seems to be getting noticed.</p> <p>-What data from the CSP is actually going to be helpful? Demographic info? Diagnosis? Categories of Need for CSP? What is the baseline data currently collected and where does that data live?</p> <p>-How do we as a state capture the data to capture a fuller picture?</p> <p>-Updating the MOU- Interagency Agreement( which is currently happening) could be a way to clarify expectations for what is captured?</p> <p>-What would it take for SIT team to gather a subgroup to look at CSP and make some changes/upgrades and pilot an attempt to make a change?</p> <p>-Are we only collecting aggregated data- no identifying data- that makes things easier in terms of privacy.</p> <p>***We do need to watch that we do not lose the nuance of the individual- not all Category of Person ( people of color, transgender youth, etc) are the same and can be lumped together because of a shared demographic characteristic. We lump people together and yet people of color or transgender youth, etc are at the same time often underrepresented in the data!!!</p> <p>-Some funding will likely be needed to be able to collect truly meaningful data that reflect the accurate story of the CSP.</p> <p>-There is no one identified in each region that tracks the CSP's being done, or collecting CSP data in each region. <b>Maybe that is the first step.</b></p> <p>Most are reported to the LIT Coordinator but not all.</p> <p>-Should we pull together a small group to begin looking at this and Moving some of our ideas forward?</p> <p>-CSP are often done on paper and not electronically so that is an added layer of challenge for tracking and data collection. Maybe we can ask that all CSP's be completed electronically?</p> <p>-We may need quality improvement people/data people/HIE Health Care Information Exchange folks to help us frame this and assist us in capturing the data we actually need and want.</p> <p>-Renee Weeks to speak with Kristen from HIE for some feedback/suggestions.</p> <p>Subgroup Volunteers: Small group meeting to be scheduled by Beth<br/> Alicia H<br/> Kheya G<br/> Some rep from DA's to be determined by Melanie<br/> Some rep from DCF to be determined Beth<br/> Some rep from MH to be determined by Dana</p> |            |

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|                     | The more we can measure and report out on- the more change we can affect. |                   |