**Meeting:** Greater Lowell Advisory Board Meeting

**Date:** October 24, 2023

**Time:** 12:00 p.m.

**Attendees:** Dan O’Connor, Maura Fitzpatrick, Garrett Casey, Maricia Verma, Jean Marc Tchazou, Gianna Sandelli,

Adriana Giraldo, RJ Lawson

**Guests:** Gerard Frater, Rebecca Spinale

**Absent:** Jaime Dillon, Scott Wallace

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| **Topic** | **Discussion** | **Assignment/Task** | **Point Person** | **Notes** |
| Approval of Prior Meeting Minutes | The minutes were approved for September 26, 2023. |  |  |  |
| ACCS Presentation- Rebecca Spinale, Program Director | Board Members introduced themselves to Rebecca Spinale, Program Director, from Vinfen, ACCS . Mr. Frater opened the meeting by welcoming everyone. Minutes was also approved. Mr. Frater introduced Ms. Spinale and stated that she would be doing a presentation on ACCS. He also encouraged members to feel free to ask questions after the presentation. Ms. Spinale stated that she had prepared the presentation of a quick overview on ACCS (Adult Community Clinical Services) which might be helpful for people to have. She said that she would forward it to Mr. Frater to distribute to members. | Information Sharing | N/A | N/A |
| ACCS Presentation- Rebecca Spinale, Program Director  (Continued) | Ms. Spinale stated that ACCS is a comprehensive clinically focused service anchored by a multi-disciplinary team that provides clinical coverage 24/7, 365 days out of the year. Each team is led by license staff which means the team leader and assistant team leader are both clinically licensed staff who oversees the team that goes out and work with individuals in the community. ACCS provides clinical interventions, peer, and family support. The goal is to get people to engage, to support functioning and to minimize any type of symptoms and help with stabilization and self-management. Our goal always is to help individuals to either gain or regain skills to help them live successfully in the community.  Ms. Spinale explained the Eligibility and Referral Process. She stated that ACCS works with adults 18 years and older. They must meet DMH eligibility criteria and be referred by the DMH Site Office. She reports that Vinfen is a big agency which provides services through varied DMH contracts. Services are provided over a large geographical area, from the Northeast, down to the Cape, including Plymouth, Cape and the Islands, Boston area including Cambridge, Somerville, Lowell, and Lawrence area. There are 2256 clients served by ACCS throughout the East coast. Client participation is voluntary, and ACCS aim to have the contract at a 100% utilization. With the Lowell ACCS contract,  27 % of the clients live in group homes and 73% live in their own apartments and are provided outreach services. ACCS focus is movement of clients in and out of the group homes when goals are accomplished. Staff encourage clients to work on their goals in the group home – it is not their forever home (which is different from the message of 10-12 years ago.  Ms. Spinale stated that Active Engagement is to proactively engage the clients ACCS works with. Consistent assessment and treatment planning. Staff also do risk assessment and crisis planning, prevention, skills building, symptom management, medication administration, addiction treatment support, behavior and physical monitoring and health support. ACCS staff partner with client to find out what is important to them. Whatever their goal is, the outreach team is able to work and help the person with his/her goal. |  |  |  |
| ACCS Presentation- Rebecca Spinale, Program Director (Continued) | Intervention within a person’s plan is to help with whatever the person is trying to accomplish, to ensure that the intervention is supporting the overall wellness, mental health functioning, physical wellbeing. ACCS works closely with the care coordination entities, from BHCP or OneCare program – which can be helpful to clients.  Ms. Spinale talked about the Peer Support and Recovery Coach and emphasized that these were important elements of the program. Peers bring an incredibly important vital support to the client.  Ms. Spinale talked about the Family Engagement and Support. She stated that this doesn’t have to be biological family, it can be whomever the person identifies as family to them and who is important to their treatment planning.  Ms. Spinale stated that with Employment Support, ACCS with the clients who want to work. ACCS partner with MRC and DMH to get individuals into employment. The client will be provided with an ongoing support not only to obtain employment but to maintain employment. ACCS believes clients do better when they engaged in work or whatever they find interesting. | Information Sharing | N/A | N/A |
| ACCS Presentation- Rebecca Spinale, Program Director (Continued) | Ms. Spinale gave a brief description of the ACCS Interdisciplinary Team. She stated that they have a Team Leader and Assistant Team Leader. Three full-time clinicians and one part-time. The Lead Peer guides the two peer specialists that are on the team, and he/she provides direct supervision and guidance to the peers. Regarding Outreach workers- the team has about six outreach workers, these are people who go out weekly and provide outreach services and intervention.  Ms. Spinale stated that clinicians see people once a month. They go out to provide clinical interventions. There is always consultation happening, the clinicians are guiding the outreach workers and helping them on how to approach people creatively. Outreach workers are extremely important to the work that the team does. They go out weekly. They may be taking someone to doctor’s appointment, to social security appointment, calling MassHealth, or talking to their client’s VNA nurse. The good thing about the team is that everybody works together. Ms. Spinale stated that along with clinicians, there is a nurse on the team. The nurse is assigned to anyone who is medically compromised. The program has a lot of individuals who live with medical issues along with psychiatric issues. Having the nurse to consult is a great asset. Ms. Spinale also stated that ACCS has a Housing Coordinator who assist with housing – there are many clients who are at risk for homelessness. ACCS deal with people with housing insecurities and instability. Family Connector is the final piece of the Interdisciplinary Team. Ms. Spinale stated that team meetings run multiple times during the week. The goal is not only to look at and assess if clients are using the services, but also to talk about any issues that the team is encountering.  Ms. Spinale gave a brief description of the ACCS Residential Team. Ms. Spinale stated that the Residential Team consists of the Director who oversees all the group homes assigned to them. Team Leader oversees the Residential Director. Ms. Spinale stated that there are 8 groups in Lowell. There is specialty group home that is called intensive behavioral group home. This is a stand-alone program that is not attached to any team. Lowell has 2 residential directors. One has 4 homes and the other has 5, including the intensive behavior group home.  Ms. Spinale stated that according to the contract clients are supposed to be seeing once a week. Some clients are open to be seeing weekly but some clients find it too intense and too frequent. ACCS staff knows the DMH metric is to see individual once a week, but it doesn’t always happen.  Mr. Lawson stated that there were different ideas about what ACCS would be able to do. Mr. Lawson stated that the biggest concern he has with ACCS is staff turn-over. There is high turnover rate with staff – staff are not familiar with the clients. He questioned how well the clients are served. Mr. Lawson suggested that there should be a training where peer advocates and frontline workers could attend and get an orientation into some of the issues they will encounter with clients.  **Ms. Spinale stated that COVID was very challenging for staff. ACCS hires staff, but keeping them** is another issue. She commented that Community based work is hard and challenging but it gets tougher when you’re under staff. ACCS hired new people and these new staff are very excited about community based mental health work. They understand the value of engagement. ACCS is slowly turning the corner regarding staff.  Mr. Lawson stated that one thing he did when he was a supervisor was that he went to UMass Lowell and Middlesex College, to their Psychology, Sociology and Nursing departments to recruit students to work. Reportedly, he had success with that effort.  Ms. Spinale stated that ACCS is a challenging service even when you’re fully staff. It can be tough whether you’re fully staff or not. Most of the time it feels like they are triaging clients.  Mr. Frater stated that this contract serves 473 individuals. 345 in the community and 64 in the residential.  Ms. Sandelli stated that she’s very familiar with the ACCS team and appreciates the model of using peer support with clinicians and nursing and thinks that this is the is the best way to provide service. Ms. Sandelli asked if ACCS is building a substance use division and a SOAP Program?  Ms. Spinale stated that this is with the Vinfen Behavioral Health Clinic. That’s CBHC. We have a Vinfen Clinic that provides psychiatric and therapy services. CBHC model which has the mobile crisis intervention team and the opening of the Crisis Stabilization program on Varnum Ave.  Mr. Frater stated that ACCS is doing a work with the clients sent to them from the community. Sometimes when the clients need to be sectioned 35 ACCS will go to court and access that. |  |  |  |
| ACCS Presentation- Rebecca Spinale, Program Director (Continued) | Mr. Frater mentioned that many agencies are facing similar issue of recruiting and hiring new staff..  Ms. Spinale stated that people preferred working remotely than coming back to the office and seeing people in the community. “You can’t replace in-person’s visit, so we let them know that we don’t provide good services if we’re only calling or texting clients and because of that we lost a lot of social workers”.  Mr. Frater stated that ACCS has 64 residential slots and DMH is always getting new referrals and in order for clients to get in to these programs, the work must happen to assist clients in these programs to reach their goals in order to move along to accommodate new clients moving in. What are some of the challenges you run into when it comes to moving clients?  Ms. Spinale stated that one of the biggest challenges is people may not have had those conversations with the client about how the ACCS model works. We have people living in group homes for 10, 15 years and longer. It’s very hard to say we are going to be assessing you to see if you are ready to move to a more independent setting. Another thing is if we haven’t done our best to prepare the person - what supports are going to be helpful with the person adjusting to to his/her own apartment in a more independent setting. Some clients might be successful with a roommate arrangement after transitioning from the group living environment. ACCS could find them a 2-bedroom apartment to accommodate this. There are many areas to address prior to someone moving out of a residential group home setting: Do they have a healthy day structure? What happens if they get anxious in the middle of the night? How do they manage their medications? Are they able to prepare a simple meal? What skills do they have and how can these skills be maximized prior to them moving out? If clients are not prepared for independent living after transition from group home, they will not be successful. We have to include all their support people such as family members, and providers (therapist and psychiatrist).  Mr. Frater stated that family members sometimes disagree with moving clients out to their own apartment especially if they are doing well in the GLE. The family might feel that it is a mistake to move them; however, this is why it is important to continue to talk to the family member about the model and reassure them about supports and services provided to clients in the community who move out of GLE into their own apartment.  Mr. Frater stated that thanked Ms. Spinale for taking time to come out and doing the presentation. | Information Sharing | N/A | N/A |
| Announcements | Mr. Frater talked about the MassHealth Renewal and the ongoing supports that clients need to ensure that they respond to these renewal letters and getting the renewals done on time. He asked members how they were doing with assisting the clients in successfully getting information back to MassHealth before plans are affected?  Ms. Sandelli stated that it was fine with them, not too many issues. People were just nervous when the process started so we set up drop-in times for people to come in if they have any questions or needed help with the renewal.  Mr. Frater stated that Mr. O’Connor had asked in the previous meeting about the Christmas party that DMH was having when the Lowell Site Office was located at the Varnum Avenue address. He stated that we could further discuss this topic with Darlene Morency who was not present. She did most of the planning of the event at the time when it was happening. A location to have the party would be one issue but if we could solve that issue, there would be many other hurdles to deal with.  Ms. Giraldo stated that every time she attends the meeting, she learns a lot and hears about the high needs in the community. In my field, which is the Adult Education. What I have been seeing especially recently is the high number of Haitian people with immigration status issues who are in limbo, and they’ve been in it for so many months now. During the las 2 weeks I have been working with teens and their families, I see a lot of depression, anxiety and people who are desperate because they don’t have wok authorization and their living conditions are really hard. My question is where are we going to be in a year if this continues with the mental health of these immigrants in the community. And I was wondering if there is something that we can do, or if we have any connection with someone who could give a presentation or a support group for these people.  Mr. Frater stated that the International Institute of New England played a vital role in the resettlement of the Afghan refugees when they were coming to Lowell. DMH had a partnership with them, and through this partnership DMH able to provide trauma training to staff via Riverside. Through this partnership as well, Riverside was also available to provide consultation to staff. DMH NE Area Director was instrumental with this happening. Mr. Frater asked if there was an agency working with the Haitian Immigrants.  Ms. Giraldo stated thought that the International Institute and commented that she has seen the same problem with these immigrants as well. She reiterated that they desperately needed supports and services.  Mr. O’Connor stated that if we go back to when the Afghan refugees relocated it was organized process. The federal government works with NGOs which will be International Institute and they had a base in Lowell. The dynamic now is much different. Not one agency that is responsible. International institute received funding specifically to deal with this population, to relocate them into this area and that’s not really happening with the migrants that are coming into the city. Most of them that are coming into the city are coming in as families through the Emergency Assistance Shelter System. For instance, House Of Hope we have 58 shelter beds probably for families maybe half of them are Haitians, same as CTI. CTI manages a hotel in Methuen, and they have 105 families. I don’t think any of the systems are prepared for what will happen next year even if the inflow of migrants stops now. State government has not figured out the problem either.  Mr. Frater stated that it was difficult to plan for collaboration to assist when it is not clear as to what agency is specifically working with these new arrived immigrants in Lowell.  Mr. O’Connor stated that things are different now in the City of Lowell because when the International Institute received the award to resettle the Afghan, Lowell had a preexisting Afghan Community. With the Haitians there’s no preexisting Haitian Community in the City; therefore, that makes it even more difficult for families that show up in this area because there is no real community support within their own community.  Mr. O’Connor stated that Ms. Spinale was talking about how hard it is to find staff, and he said it was even twice as hard to find bilingual Haitian Case Manager in the City of Lowell. He said it is virtually impossible.  Mr. Frater stated that he would be raising the subject with the Area Director to see if she had heard any news on the resettlement of Haitian Immigrant in Lowell and the agency that was assigned with the resettlement.    Mr. Frater asked if there was any other announcement.  Mr. O’Connor stated that The Hunger Homeless Commission meeting is on Wednesday November 1st at 12noon on Zoom. There was not going to be a traditional guest speaker. There is going to be multiple presenters with quick presentations. The focus will be service, programming and events heading into the holiday season and winter months that is going to impact populations served and the provider community. Vinfen is going to do a presentation on the Community Behavior Health Center (CBHC). Also, someone is going to be talking about the Behavior Hotline that’s going to be on over the holidays. Someone from Lowell General Hospital will be talking about their online resource directory Well Connected. We’re also going to be getting an update from Pastor at Eliot Day. This will be good information for people heading into the holiday season.  Mr. Frater asked Ms. Sandelli if Scott from LGH had been in contact with her about the monthly meeting that was discussed with different providers including, Vinfen, the provider of CBHC and Mobile Crisis. Ms. Sandelli stated that she spoke with Scott but he was busy and was not able to work on that plan currently but the plan was to work on it in the future.  Mr. Frater closed the meeting and thanked members for their participation. | Information Sharing | N/A | N/A |
| ADJOURNMENT/  NEXT MEETING | The meeting adjourned at 1:30 p.m.  The next meeting will be held on Tuesday November 26th, 2023, at 12:00pm. | Information sharing | N/A | . N/A |

**DMH staff:** Minutes should be emailed to **DMH-DL – Open Meeting Notices** after they are approved by the Public Body.