This meeting was not recorded. Six members are needed for a quorum.

8/8/2022

Adult State Program Standing Committee Minutes

FINAL

Present Members: ⊠Bert Dyer (he/him) ⊠ Malaika Puffer (she/her) ⊠ Ward Nial (he/him) □Kate Hunt (she/her) (ex)
 ⊠ Marla Simpson (she/they) ⊠Dan Towle (he/him) ⊠Lynne Cardozo ⊠Zach Hughes (he/him)
 ⊠ Christopher Rotsettis (he/him) ⊠Ann C Cummins (she/her) ⊠Erin Nichols (they/she) □Michael McAdoo (ex)
 DMH/State Staff: ⊠Eva Dayon (they/them) □Dr. Trish Singer (she/her) ⊠Katie Smith (she/her) □Alex Raeburn (he/him)
 Public: □Yuri R □Jin Li Chan □Dillon Burns

Agenda

12:30 SPSC Business:

- Standing items: introductions, review agenda, announcements, vote on previous meeting minutes and public comment, vote on returning/new member applications- Alexis, pick new facilitator
- New items: FY23 System of Care Recommendations, Review documents and form questions for HCRS Designation visit

2:30 DMH Leadership Update with 988 Discussion with Alex Raeburn, Data and Outreach Coordinator

3:00 Public Comment

3:10 Next meeting draft agenda and closing meeting business

Agenda Item	Discussion (follow up items in <mark>yellow</mark>)
_	Facilitator: Dan Timekeeper: n/a
Opening and AMH SPSC	Meeting convened at 12:35pm.
AMH SPSC Business	 <u>Motion</u> to allow public comment through the meeting with discretion. Made by Zach. Seconded. All in favor. Motion carries. <u>Motion</u> to approve July minutes. Zach motions. Marla seconds. All in favor, two abstentions. Motion carries. In a future meeting, the committee would like to hear update on Conflict Free Case Management. Specifically: whether an outside organization providing case management was suggested. New member vote: Marla, member of the recruitment subcommittee, will reach out to Alexis to confirm continued interest in the committee and inform that no vote on membership will occur for Alexis' application without Alexis being present.
	System of care priorities moved until later in the meeting or in an upcoming meeting.
	Questions for HCRS drafted.

	Question for DMH/ Dr. Klein: At what threshold of polypharmacy is there a problem? Is it about a number of medications?
	Who ranked the best places to work? <u>https://vermontbiz.com/news/2022/april/06/50-businesses-ranked-best-places-work-vermont-2022</u>
	Question for DMH: Do Designated Agency or Specialized Service Agency staff have access to the registry of Advance Directives?
DMH	The lifeling is relatively new being answored in Verment. It was a langer number and was undeted in July to be three
Leadership Update:	The lifeline is relatively new-being answered in Vermont. It was a longer number and was updated in July to be three numbers- 988. After launch of 988, call volume increased 30%. 988 is available to anyone, regardless of age.
opuate.	Staffing coverage for lifeline has been consistent in Vermont (not the case in all states). This is reflective of infrastructure
988 Check in	being put in place over the past year and intentional planning on how to support staff working the line.
with Alex	
Raeburn, Data	Some concerns have been heard from the peer community about the use of this number, which may be based on
and Outreach Coordinator	misinformation. DMH has heard that:
Coordinator	 Geolocation can be used to identify caller's location without them consenting → DMH would like to clarify that geolocation is not currently possible. This may be a feature added at some point in the future.
	 That police/rescue teams are being deployed without the consent of callers → DMH would like to clarify that there
	have been no deployments of rescue services without the consent of the caller
	Have more feedback? alexander.raeburn@vermont.gov
SPSC Response	Geolocation of callers is not recommended.
to DMH	It was shared that there is a need for more voluntary services in Vermont. Any service that could become
leadership	involuntary at any point is not a voluntary service, and this means some individuals will not be comfortable using it.
update	 There were kudos shared for transitioning this service to being answered by majority staff in Vermont, and for the consistently staffed hours since
	 Two trainings were recommended for all staff working the lifeline:
	 Alternatives to Suicide
	 Intentional Peer Support (IPS)
	• A recommendation was made for coordination between 988 and police departments so police response isn't "call
	the Emergency Services screener"
	The committee recommended tracking if the use of 988 reduced the number of mental-health focused calls to 911

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	 The committee requested: Any performance measures being tracked currently (what they are and what they show) For DMH to review the following post for accuracy: https://www.muchmadnessllc.com/blog/988 An update on 988 progress in 6 months
Public Comment	No members of the public present today.
Closing Meeting Business	Members discussed the agency review question development process. There was interest in picking a few (3) topic areas and exploring those in depth across all agencies. There was also interest in a hybrid approach- part broad themes, part direct questions. Today's question development only focused on specific questions. Ward will share the suggested changes to the process made by the subcommittee on the agency designation process.
	 Next Meeting Draft Agenda Future meeting- invite someone to speak about psych advanced directives (outside the state?) System of care priorities – continue to narrow down meaning of terms 'Open forum' discussion with commissioners Update on covid protections Conversation styles (especially over email) within SPSC
	Motion to Adjourn by Marla, seconded by Christopher. Meeting ended at 3:33pm.