This meeting was not recorded.

8/9/2021

Adult State Program Standing Committee Minutes FINAL

Present

Members: ☐Bert Dyer (he/him) (ex) ☒ Malaika Puffer (she/her) ☒ Ward Nial (he/him) ☐Kate Hunt (she/her) (ex) ☒ Marla Simpson (she/they) ☐Dan Towle (he/him) (ex) ☒Lynne Cardozo (she/her) ☒Zach Hughes (he/him) ☒Christopher Rotsettis (he/him) ☒Ann C Cummins ☒Erin Nichols (they/she)

DMH Staff: ☒Eva Dayon (they/them) ☒Emily Hawes (she/her) ☒Alison Krompf (she/her) ☒Nicole DiStasio (they/she) ☒Dr. Trish Singer

CYFS SPSC/Act 264: ☒Ros Bos Lun, ☒Laurie Mulhurn, ☒Alice Maynard, ☒Pam McCarthy ☒Cin Smith

Public: ☐Beatrice Birch ☐Alexander Ferg ☒Michael McAdoo ☒Alexis McGuinness ☒Dillon Burns ☒Michelle Bos Lun

Agenda

12:00 – 2:00	**SPSC Business** (Break when needed)	*Standing Items: Introductions & review agenda, Vote on MS and EN applications to SPSC, vote on public comment participation, vote on July minutes* ○ *August Priority Items: Coordination with CYFS SPSC/Act 264: Youth in EDs (30 min), Process discussion from June meeting, Process for getting members on subcommittees/voluntary projects between meetings, Balance of roles on Local program standing committees- should peer staff count towards lived experience requirement? Peer support legislation from Virginia(?)- do we want to model that in Vermont?*
2:00 – 2:30	**DMH Leadership Update** *meet Commissioner Emily Hawes, Deputy Commissioner Alison Krompf*	
2:30 – 2:40	**Public Comment**	
2:40 - 3:00	**September Draft Agenda**	

This meeting was not recorded.

Agenda Item	Discussion (follow up items in yellow) **Facilitator: Marla --- Timekeeper:**
Opening and AMH SPSC Business	Zach moved to go into executive session, Chris seconds to discuss and vote on members. Erin's application: One abstention. Motion passes to approve membership. Marla's reapplication: Motion passes to approve membership. Eva will research public meeting law and SPSC requirements to vote publicly. Executive session ended. Motion to allow public comment throughout. No abstentions. Motion passed. July minutes reviewed. Motion to approve with addition of definition of therapy vs. service pet and addition of 22% employed statistic. Zach motions. Erin seconds. No opposed. Malaika abstains. Motion passes. Youth in Eds: Ward shared a presentation: Why are emergency departments so upset? Slides are copied below. Participants asked questions about the data. • What are the policies of that DAs in these catchment areas? • How does this relate to what crisis services are offered outside the ED in that area? • How does this data change in 2020? • How does this relate to regions with higher levels of poverty? • Is this relating to medical clearance before admit to inpatient unit? There are actions being taken by DMH to address these issues. Statewide, pilot projects are also aiming to address this including Pediatric urgent care and mobile response. Send questions to Ward to compile. June meeting processing: Members requested to review group norms before each meeting and revisit as needed. Process for getting members on subcommittees: • Would like additional person on membership subcommittee—Zach and Erin joining • Would like a rep for the Director of Quality Interview—Ann and Lynn willing to be reps. Peer support legislation from Virginia – do we want to model that in Vermont? Defer this to next meeting. This legislative language is dense, hard to understand. Hear from Peer Workforce Development Initiative (through Dan?)?

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	Should peer staff count towards lived experience requirement in local program standing committees? Members discussed and shared experiences visiting or participating in local program standing committees. Members noted there can be conflicts of interest around hiring, but members can recuse themselves. Intent is to have client voice. • Marla volunteered to write an overview of expectations/intent of LSPCs • Consider having a AMH SPSC member visit a LPSC meeting as part of the designation process
DMH Update With *Emily Hawes and Alison Krompf*	Emily Hawes, DMH Commissioner introduced herself to the committee. Started as Commissioner in July. Alison Krompf, DMH Deputy Commissioner introduced herself to committee. Goals: 1. DMH stabilization what with leadership changeover (Frank Reed and Commissioners Squirrell and Fox) 2. Vision 2030 action plan steps 3. Pandemic recovery and destigmatizing mental health Suicide Prevention- just added a new position to address this and hired someone (Nick!). SPSC would like to discuss suicide prevention at a future meeting with commissioners with focus on voice and choice. SPSC members expressed interest in commissioners focusing on: • prioritizing voice of those with lived experience • needs of older Vermonters
Public Comment	Public: Standing committee membership from Vermont Care Partners- can be very challenging to find people to join the committee. Can feel almost exploitive to get people to join the groups. Wonder if there is a different model for having peer/family input into services. This format was developed before survey monkey and other things were accessible. Would be interesting to have the conversation with agencies- what would a 21st century model for voice look like? Especially for parents who are supporting youth with mental health needs- they are so focused on advocacy for their kid attending a meeting too is challenging. SPSC members agreed that standing committee model can be unintentionally tokenizing. One alternate option could be regular listening sessions/town halls/forums. Public: Need to be clear in recruitment process- what members can take away. How to be as accessible as possible in meetings- technology is helpful in this process. Need to differentiate between feedback from people with lived experience and accountability from agencies to people with lived experience. Want to see evidence of change when feedback is given. Need to be able to explain why feedback is not acted on if something is not actionable.

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Closing Meeting Business	Topics for next meeting: • SPSC top priority list and action areas • Power of SPSC • Update from Lynne on older Vermonters working group (~15 mins) information coming before meeting? • Designation site visits (discuss with DMH) • Peer support legislation from Virginia---make sure we aren't duplicating work of Peer Development Initiative • Suicide prevention – invite Nick (~15 minutes) • UCS LPSC joining • DMH Leadership update: what is the state of things in pandemic restrictions/PPEs in hospitals/residential settings/DAs? Topics for October/November: • Update on Housing in October/November—Brian—Other updates on pandemic housing assistance • Revisit LPSC membership-discussion from public comment today in October • Town halls at WCMHS – how is that going? Zach motions to adjourn. Ward seconds. Motion Passes 2:57pm

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Why are our Emergency Departments so Upset?

What does the Vermont Uniform Hospital Discharge Data System Show?

Things to Remember about Data Analysis

- Data can be inconsistent due to
  - Human induced variations (errors, differences in definitions)
  - Changes in the way data is recorded
- Data doesn't usually tell you **why**
- Root Cause can be difficult to determine
  - **5 Whys** of R
  - When we review data we need to keep asking **WHY**
- **Asking the right questions is an artform**

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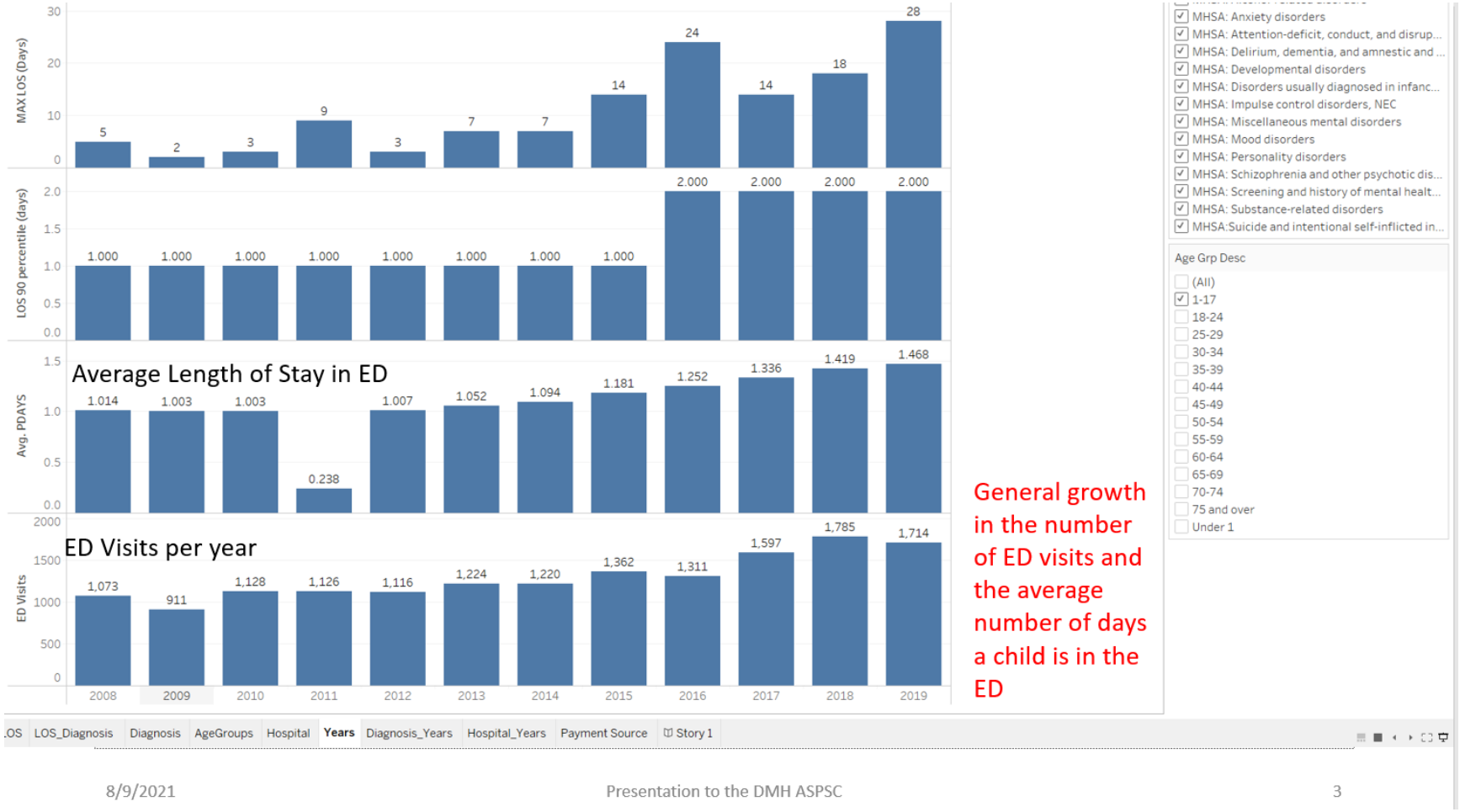

8/9/2021 Presentation to the DMH ASPSC 3

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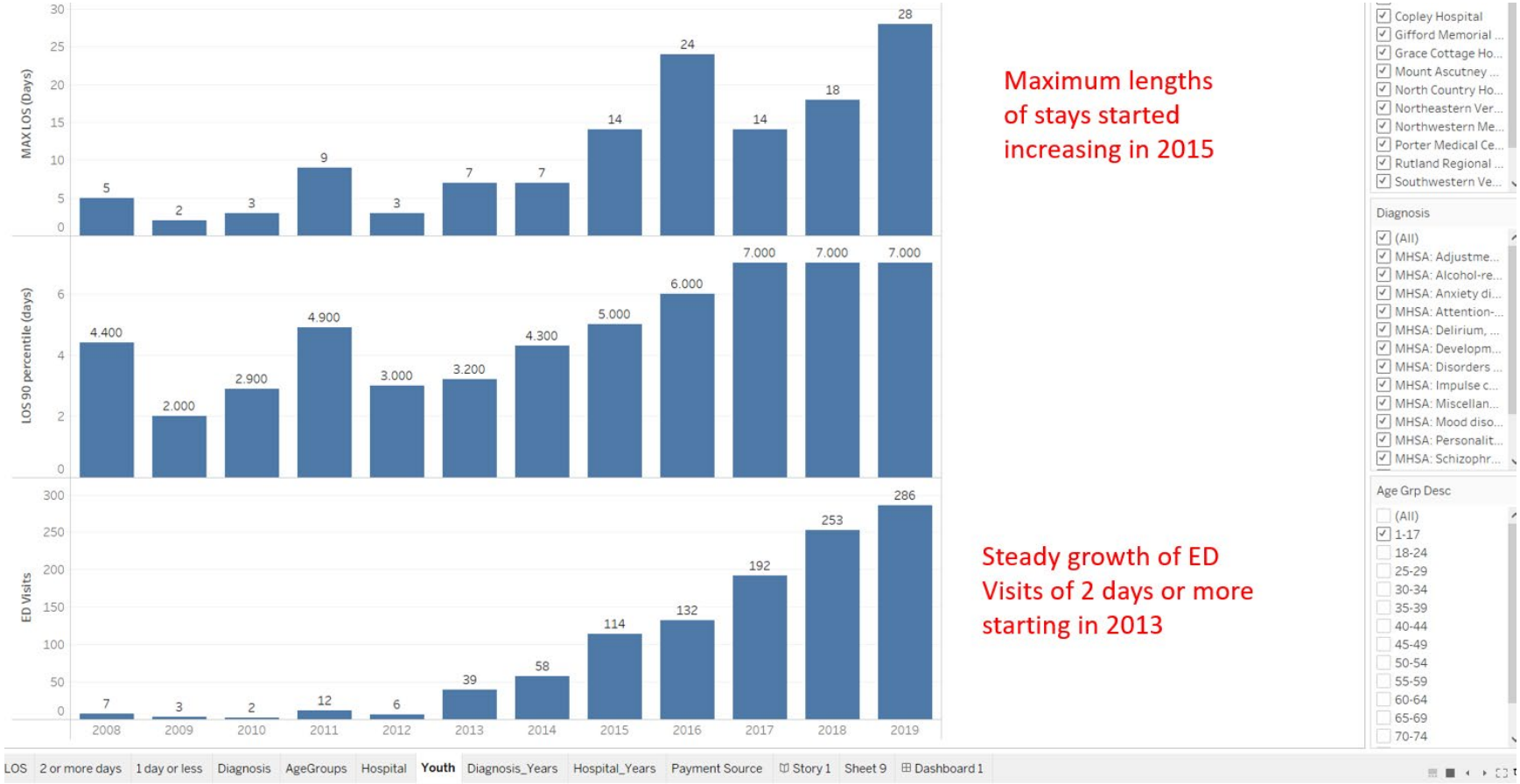

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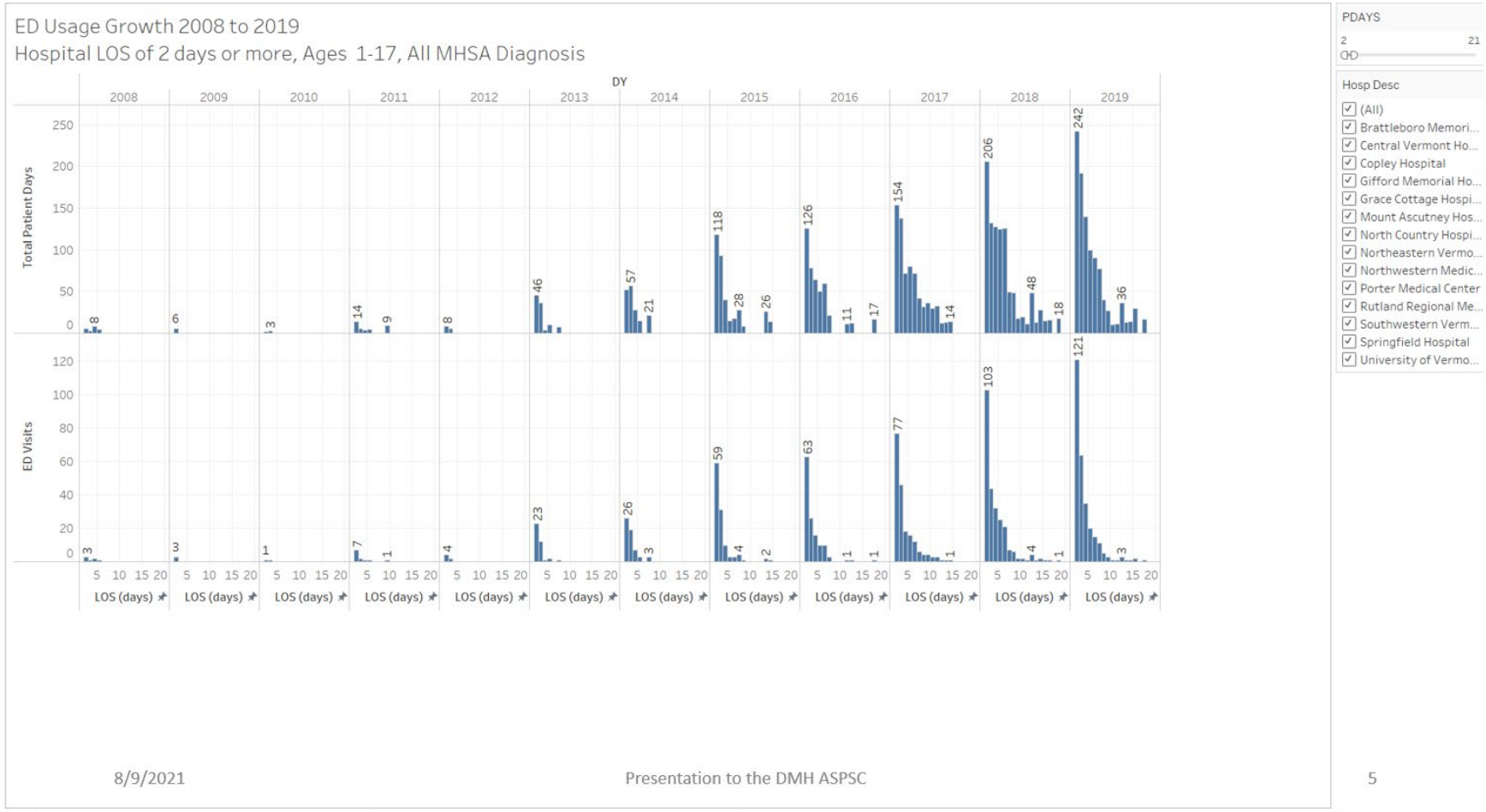

Who is going to the Emergency Department?

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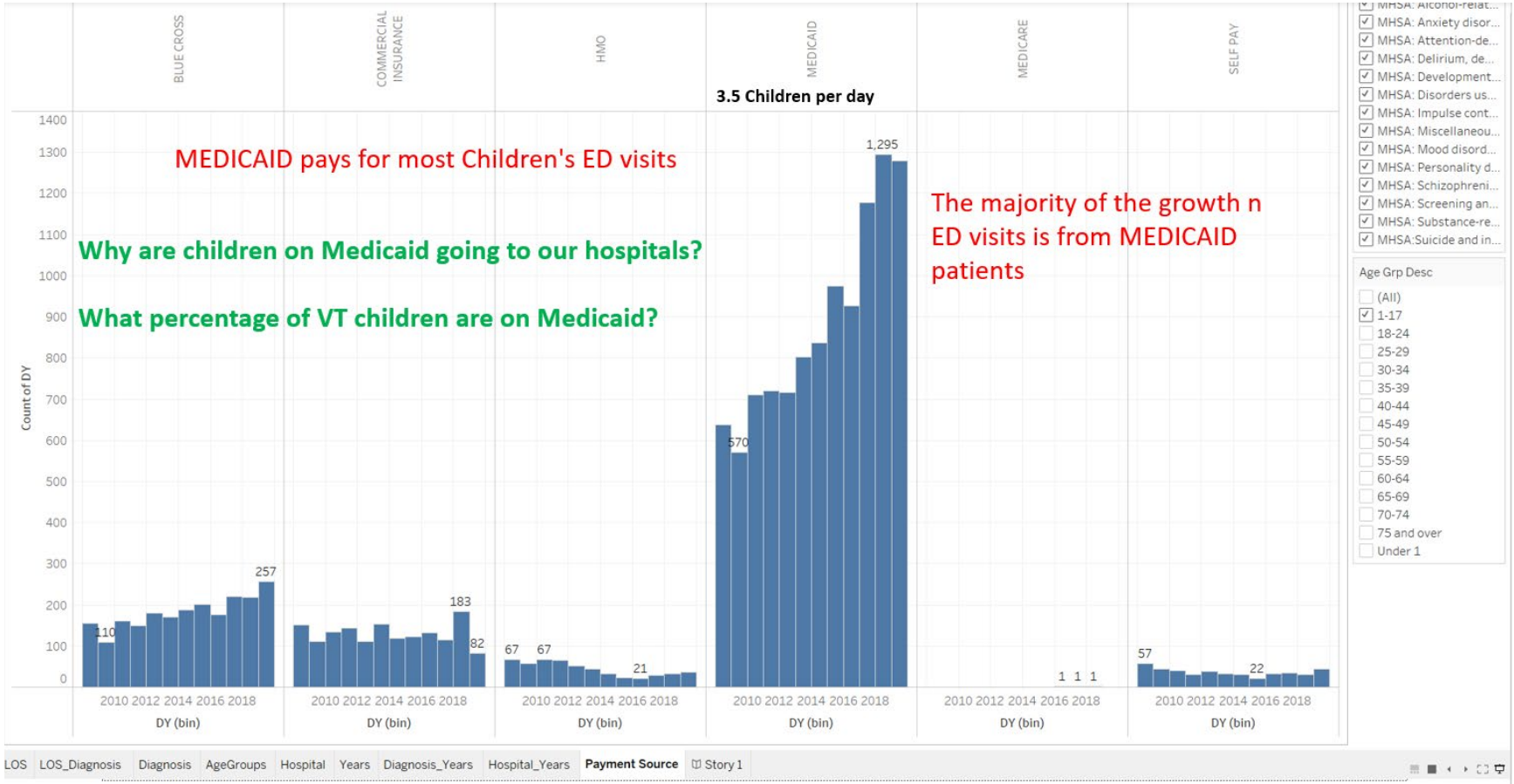

Why are they going to the Emergency Department?

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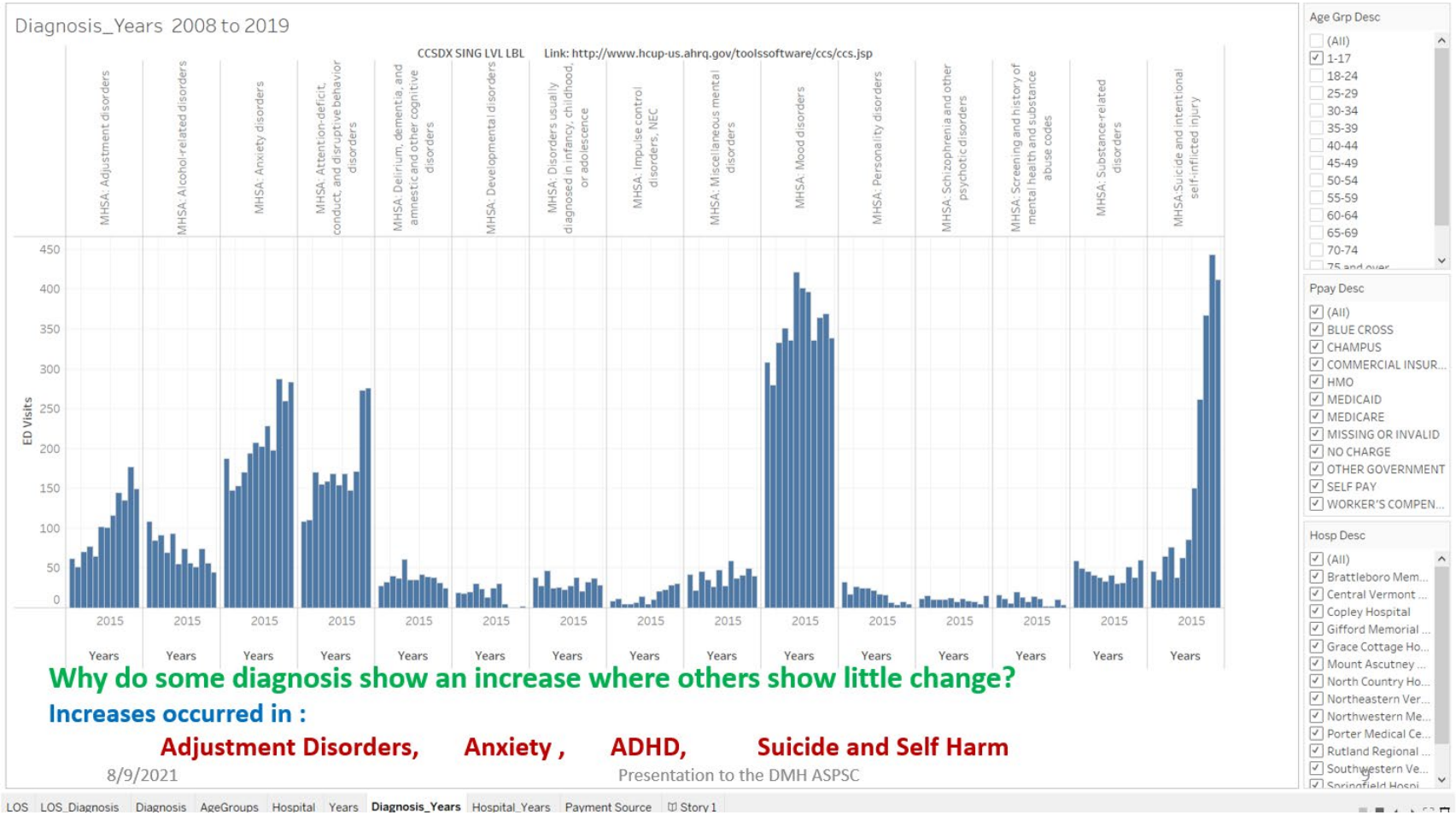

What Hospitals are seeing the Growth?

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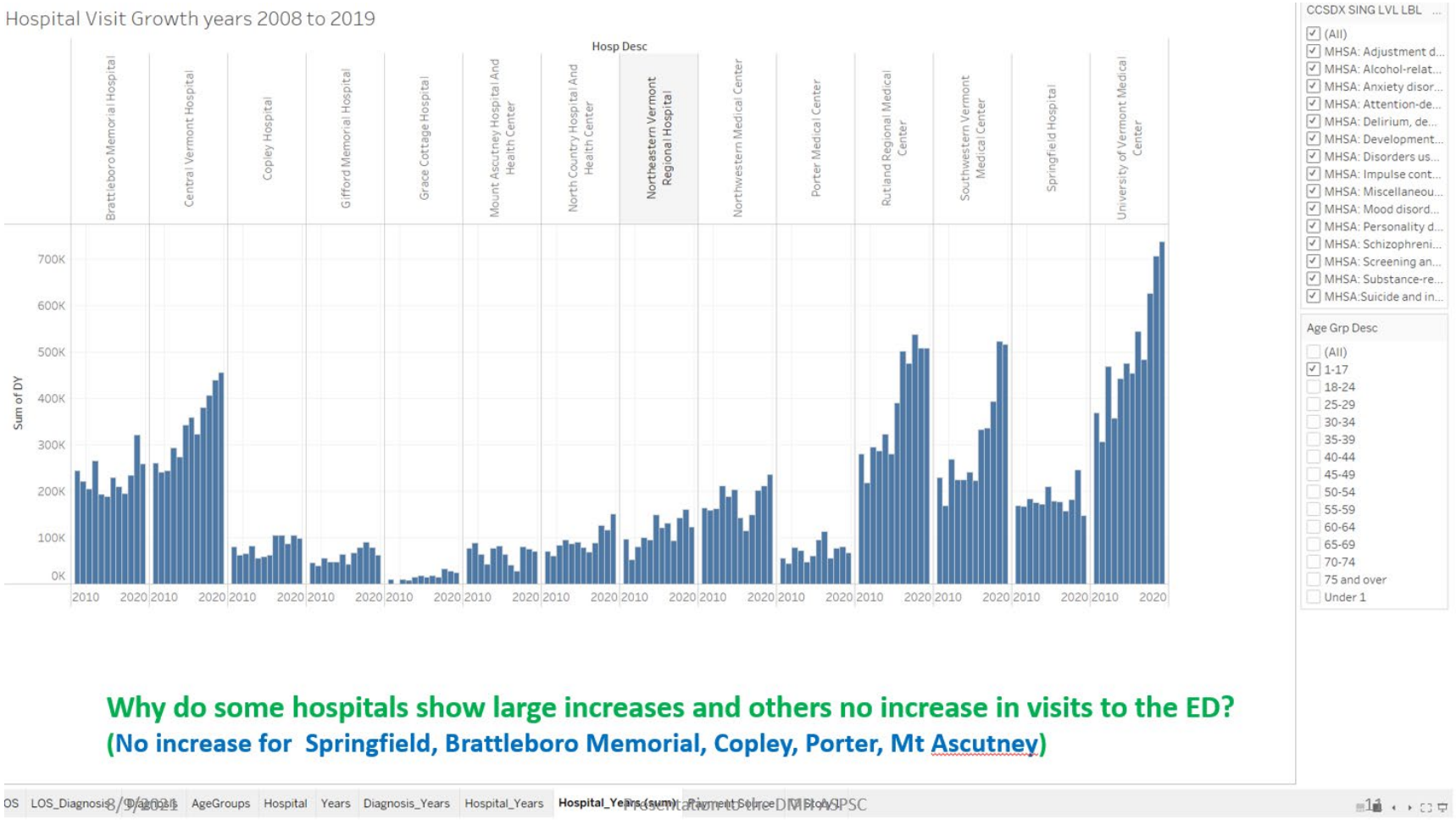

Have we seen a change in how adults get admitted to Psychiatric Inpatient hospitals?

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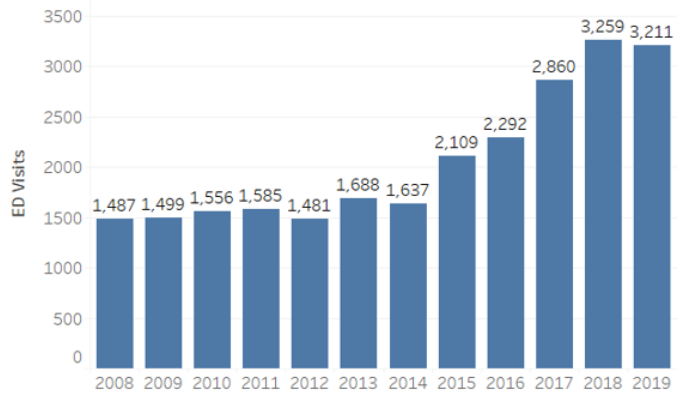
Vermont Mental Health ED Use – All Ages

Shows an abrupt change in Length of Stay (LOS) of 2 days or longer starting in 2015

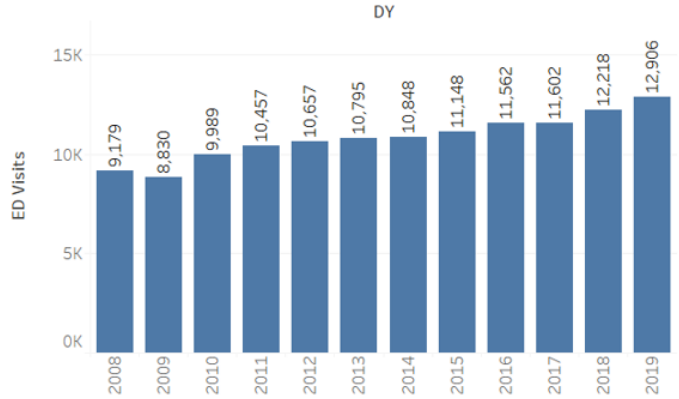
Why do we have an increase in the people staying 2 or more days?

Steady growth in stays of 1 day or less

People who stayed in the ED for 2 or more days



1 day or less



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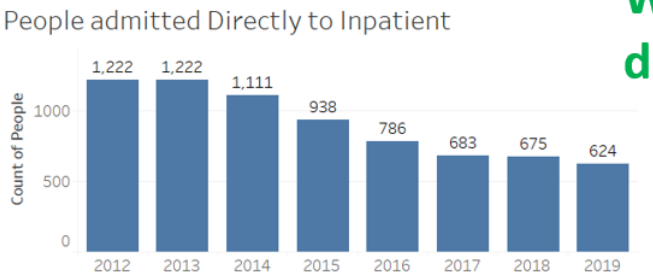
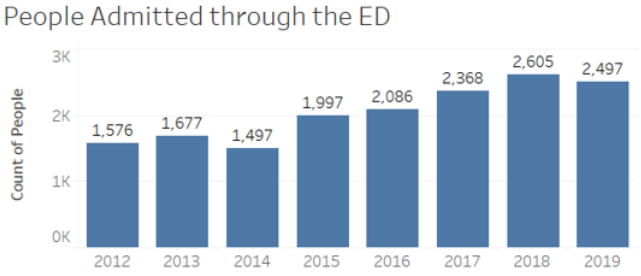
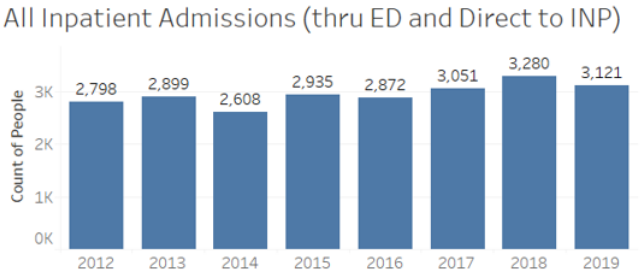
Vermont Psychiatric Inpatient -- How People are Admitted

There has been a change in how people are admitted to the ED.







Why are fewer people being directly admitted to inpatient?

Starting around 2015 fewer people were being admitted into psychiatric hospitals without a visit to the ED.

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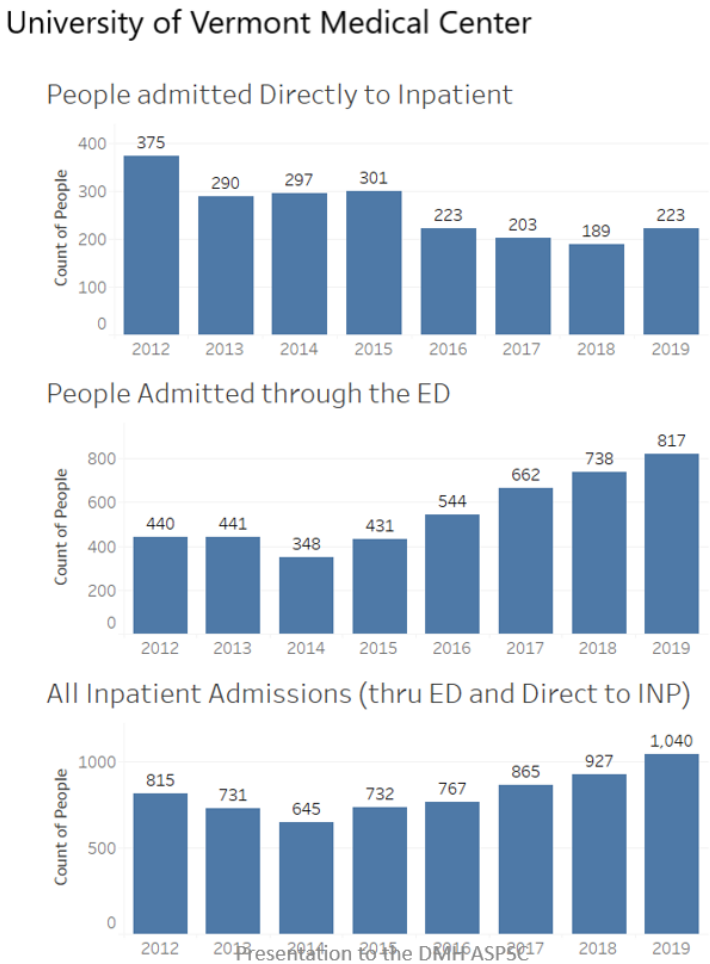
In 2012 46% of patients admitted to Inpatient **without** going to an ED



In 2019 21.4% of patients admitted to inpatient **without** going to an ED

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