

This meeting was not recorded.

10/11/2021

Adult State Program Standing Committee Minutes

FINAL

Present

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

DMH/State Staff: Eva Dayon (they/them) Nicole DiStasio (they/she) Kathy Hentcy Alison Krompf (she/her) Brian Smith
 Dr. Trish Singer (she/her) Christina Thompson (she/her)

Public: Steve Walsh Joanna Cole Rachel Hobart

Agenda

Agenda Item	Discussion (follow up items in yellow) Facilitator: Marla --- Timekeeper: n/a
Opening and AMH SPSC Business	<ul style="list-style-type: none">• Public Comment: Zack motions to allow public comment throughout with discretion. Lynne seconds. All in favor. Passed.• September Minutes: Zach motions to pass minutes with addition of Zach as attending, Christopher Seconds. All in favor except: Bert and Kate abstain. Passed.• New member vote: Motion to move into executive session to discuss potential member Michael M. Motion passed and executive session ensued. Discussion occurred. Motion to welcome Michael as a new member passed. Executive session ended.• Michael shared work and life experience that led him to want to join this committee• Choosing a November-January AMH SPSC facilitator: Christopher – DMH will send facilitation notes• Power of SPSC: Committee members discussed. Individuals on this committee have power, but as a collective group, would like people with lived experience to have more voice with DMH. Would like the role of the committee to be accountability, guidance, feedback based. This feels partially achieved and partially missed. Would like clarity when the committee is making a recommendation or giving feedback to be able to track the impact/accountability. Work is guided by administrative rule to act in advisory manner to DMH. Try to balance advocacy and advisory role. Would like to see people using the MH system being the most important stakeholders. The position papers recently have felt like a powerful, organized communication. Clarification on history of standing committee and formation of the administrative rule.

This meeting was not recorded.

	<ul style="list-style-type: none"> ○ Recommendation to consider: 1. spend less time on redesignation process, so that there is more committee time to do other things. 2. Create an annual report of decisions/recommendations made and the outcome of those. The committee could highlight things from minutes that would be good to include in an annual report. Formed a subcommittee to discuss before next meeting: Kate, Malaika, Ward (coordinating), Zach, Marla ○ Public: this committee set up as an advisory body, not enforcement. Previously have found agency review/designation reports to be fascinating and helpful to give feedback directly to agencies. ● Move MHBGPC update and all other action items to November meeting ● Question for DMH: Is DMH putting out an RFP regarding peer support? Would like more information about this. Group to review the white paper on peer supports. Discussion at next mental health block grant integration council-meeting is Friday.
<p>DMH Update</p>	<ul style="list-style-type: none"> ● Kathy and Alison shared an update about Vision 2030, the State System of Care Plan, and how that connects to the Mental Health Integration Council. A slide deck was shown. ● Discussed power of music, art, comedy in healing ● DMH inspired by Sheds model- a group of people who come together to help someone else. Starting as group building projects for those in need. DMH hoping to expand in this state. ● Discussion and responses from chat: <ul style="list-style-type: none"> ○ Members would like to know more about the Director of Trauma Prevention and Resilience Development- who is that, what does that role involve, and is preventing institutionalization part of their focus? DMH will add meeting Kheya Ganguly to a future agenda. Kheya came from UCS in Bennington. She was the lead on the Psychiatric Urgent Care for Kids (PUCK). ○ Sometimes "health promotion" ends up looking like promoting weight loss and targeting larger people. Would DMH consider committing to the Health At Every Size principles and not support the use of metrics such as BMI or A1C to measure effectiveness of MH services? DMH: Current metrics related to health promotion on the mental health side are focused on connection to a meaningful primary care relationship and care coordination. Supplemental to that would be the individual's holistic health goals. BMI reduction is not a planned population measure to illustrate success. Diabetes management would be an integrated health goal, but that would also be based on the individual's goals, not as a population measure of a1c ○ Will mobile crisis respond to needs within schools? DMH: Yes ○ What is the work that has been done by DMH to support the expansion of peer respites? DMH: One question DMH has about peer respite is to check in on whether groups are ready to revisit peer respite expansion. It is my understanding that expansion was put on hold due to COVID-19 and concerns about meeting health guidelines and for the safety of the peers involved.

This meeting was not recorded.

	<ul style="list-style-type: none"> ○ Could we get access to the data about the scores on advance directives and person-led service delivery from the chart reviews? DMH Quality team will take lead on this. ○ Who is on the MH integration council? From VPS Dan Towle, Rene Rose, NAMI Rep Ward Nial
<p>Public Comment</p>	<p>One shared over email, included below.</p> <p>Public: family member- concerns with care. Multiple agencies. How free are staff members to elevate concerns to supervisors? Are their union members protections for elevating concerns? How many members of the committee work directly with people with lived experience? Shouldn't the block grant and AMH SPSC be one in the same? Are both under the same umbrella? The Mental health block grant planning council should be about more than just the block grant itself. Waiver power to be an Accountable Care Organization. Would like there to be less administration done by DMH. SPSC member clarified that AMH SPSC and mental health block grant planning council are not the same charge. DMH to follow up after meeting directly with individual.</p>
<p>Closing Meeting Business</p>	<p>Make the process for SPSC involvement in redesignation a main point of next agenda for SPSC focus time Add topic: possibility of an AMH SPSC annual report Add topic: psychiatric advanced directives Prioritized the action item list. Clarified DMH update should focus on data, look at legislative updates in December. Christopher motions to adjourn. Zach seconds. All in favor. Adjourned at 3:31pm</p>

This meeting was not recorded.

Public Comment submitted over email on 10/11/21 from Alexis McGuiness:

October 10, 2021

To live in a global society and be healthy I need to feel that I am accepted. The customs and mores of the country we live in create our actions in society. One study by Scheff (1986) proposed that people labeled “mentally ill” internalize the negative societal conceptions of mental illness “eventually the labeled person’s identity crystallizes around this belief in effect the negative societal reactions create the mental disorder”

A more recent study by Raymond Cochrane out of the University of Birmingham states that “the rejection of the mentally ill is decreased by the availability of a non-deviant alternative label.”

In the antiquated system, I failed many times because a part of me believed that healing was unattainable.

This brings me to the next discussion, language. Recently I was watching Firing Line where John Mcwhorther was speaking. He is an American linguist and professor of linguistics at Columbia University. He has written books on race relations. My take from the interview was how important our language is when addressing and changing outmoded systems of belief.

I have been talking with my family and friends about my proposed changes. Negative words abound in the language of the marginalized. Here are some of my ideas. Reactive words are to be replaced by feeling words.

This meeting was not recorded.

For example:

Anxiety would be replaced with “Fear of the future”. The goal of healing is transformative. Seeking out the experiences that bring us back to the moment and our inner child is key. The step-by-step process I learned from my friend’s painting class was life-changing. I started painting and found an amazing connection with my father. I watched many episodes of a cooking show which presented a step-by-step learning approach. I learned to be a master cook like my loving and kind grandmother. I started listening to my favorite music that I hadn’t heard in years and started singing my heart out. I remembered that my grandmother had been a professional singer in her native home of Scotland before she immigrated to America. She would sing to me when I was young. Happiness returned. I cried tears of healing. I realized that I had found my purpose.

2. Depression =+ sadness or another positive feeling word.

3. Suicide= + a healthy conversation about death. So many of our fellow Americans have died during the Pandemic. The Mexican culture celebrates The Day of the Dead. This is a day when the Mexican people celebrate the lives of family and friends who have died. They remember the positive feelings they have about their loved ones. Teens especially need positive role models.

4. Anger stems from trauma. Different ways of expressing anger are needed. During the 1970s, college students around the country banded together to stand for peace and demonstrate against the Vietnam War. As a result, returning Veterans who had served their country to the best of their ability became angry. Rage rooms were built around the country where Veterans could go into padded rooms and let out their anger.

This meeting was not recorded.

This was the beginning of understanding trauma. Out of this came the Post Traumatic Stress Disorder diagnosis around 1980.

After WWII, Europe made many advances to heal after the trauma of Hitler. Many programs were created that were based on kindness and compassion. Today is the last day of the Wisdom of Trauma Conference with Gabor Mate and many other teachers. It is online and still viewable tomorrow. It shows how this idea has developed in Europe and beyond. America is rising out of the Pandemic.

There is a call for many trauma-informed souls to reach out to those who are hurting. I believe that during the healing process the once labeled person (if they so choose) read and study to become a trauma-informed peer. I read that recently Governor Scott created a program where Vermont residents can go to Community colleges in Vermont for free. This opens up these ideas to many populations. I believe that service to others is healing and transformative.

The majority of humans on the planet live day-by-day and struggle to put food and water on the table. Each country or region has uniqueness. There is an unlocked potential of creativity that comes from transformational healing. Living in harmony is a precursor of peace and wellness on the planet.