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

12/12/2022
Adult State Program Standing Committee Minutes **DRAFT**

Present Members: ☐Bert Dyer (he/him) (ex)☐ Ward Nial (he/him) (ex) ☐Kate Hunt (she/her) (ex) ☐ Bruce Wilson
☒ Marla Simpson (she/they) ☒Dan Towle (he/him) ☒Lynne Cardozo ☒Zach Hughes (he/him)
☒Christopher Rotsettis (he/him) ☒Ann C Cummins (she/her) ☐Michael McAdoo (ex) ☐Alexis McGuiness (she/her) (ex)
DMH/State Staff: ☒Eva Dayon (they/them) ☒Katie Smith (she/her) ☒Sam Sweet, Director of Mental Health Services ☐Amy Guidice, Consultant and Co-lead on 988 efforts
Public: ☐Jessica Kantatan (she/her)
WCMHS Staff: ☒Mary Moulton, Executive Director ☒Keith Grier, CSP Director ☒Michele Robinson, WCMHS AMH LPSC ☒Karen Kurrle, ICS Director ☒Alycia Post, Co-director of AOP services ☒Tina Manning, (title) Maple house and crisis bed, Assist team supports

Agenda
12:30 SPSC Business (review agenda and introductions, vote on public comment, WCMHS prep)
1:00 DMH Leadership Update: 988 Update and Data Overview with Sam Sweet, Mental Health Services Director and Amy Guidice, DMH Contractor
1:30 BREAK
1:35 WCMHS Q&A with agency
3:00 Draft recommendation letter to Commissioner
3:15 Public Comment
3:20 Draft Next Agenda

Agenda Item	**Discussion** (follow up items in yellow) **Facilitator: Zach** **Timekeeper: n/a**
Opening and AMH SPSC Business	No quorum- meeting started at 12:37pm. **Motion** to allow public comment throughout, with time prioritization for members. Made by Dan. Seconded Christopher. All in favor. Motion passes. Reviewed November minutes. Vote deferred due to quorum. - Request to add Parker Advisors, LLC to any DMH list of peer organizations, ad to the CCBHC stakeholder outreach list

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	- Clarify discussion with SPSC during leadership update to make clear why list of peer organizations was brainstormed Request for February meeting DMH leadership: Update for initiative on embedded mental health workers with state police.
DMH Leadership Update: Sam Sweet and Amy Guidice	DMH Leadership Update on 988 – see slides attached to the end of this document. Discussion with committee members: • DMH clarified that there are no plans to eliminate the (Pathways) VT Support Line. This is a separate resource form 988 and each are important. • DMH clarified the goal of 988 is not to replace local crisis lines at Designated Agencies. The purpose is to be an easy to remember resource at a time of need. • DMH clarified that follow up is scheduled with the person who placed the call. So, if a family member called regarding a concern for a person in crisis, there would not be a follow up to the person the family member is calling about. Emails for Sam and Amy to be shared with group: Amy.Guidice@partner.vermont.gov Samantha.Sweet@vermont.gov
Q&A with Washington County Mental Health Services	Took a break 1:36-1:41. Discussion Topics: **Police Involvement** ○ In what situations do you rely on the police? Most interaction is through Emergency Services. 64% of emergency services calls do not involve law enforcement. 36% of emergency services calls do involve law enforcement. Try to use least restrictive means. Include law enforcement 1) if there are safety concerns (ex. property damage, interpersonal violence). 2) if ES can't respond fast enough to be a support in a high need situation (there are more law enforcement professionals than ES professionals). Police response since October 2021 is more variable now since the 'use of force' change went into place. The change is that there is a desire to not have police respond when a person is solo in their house with a weapon and intention to harm themself. Cumbersome for the clarity of the response chain. DA staff put in precarious positions. Not a disparagement of law enforcement. WCMHS has a health equity grant – working on a Crisis Intervention Team (CIT) initiative. Training for law enforcement professionals on de-escalation, reduction in use of force and help agency staff understand law enforcement protocol. WCMHS hoping to hire peers for Emergency Services outreach. Vermont State Police have an

	embedded mental health specialist. Montpelier and Barre also earmarked funds for embedded specialists but the funding for the Montpelier position was pulled. One committee member shared personal experience working in the field and having a safety concern when police were not able to respond to a mental health emergent call. ○ Are there any plans or efforts to reduce situations when reliance on the police occurs? Plans currently are about prevention- providing the appropriate supports to clients so that they don't reach a crisis level of service need. Community outreach is a critical service. **Peer Support Staff**: ○ Please describe peer support services at your agency. What's working well? What could be improved? 20% of workforce in CSP are individuals with lived experience. All positions at Maple House peer crisis bed, s well as some at Sunrise Center (drop-in center for all clients and community). Hoping to expand peer services into crisis response. Want to create teams to support each individual, and include a peer on each team. There are some clients supported by both Another Way and Sunrise Center (closely located). Also a well space in Barre- complementary wellness initiatives with bartering system with practitioners across the region. All clients and community members are welcome for massage, reiki, acupuncture, yoga, etc. WCHMS can share more information over email with members ○ Are your peer support staff trained in IPS? Open dialogue? Something else? Everyone goes to IPS training, WRAP training, and Open Dialogue (CNA) informed. The goal is to expand Open Dialogue use in the CSP program. ○ What do you think about using peer staff in the Emergency Departments of Hospitals. What do you think about the Transitional Care Area at Central Vermont Medical Center (TCA at CVMC)? Have had push back from Central Vermont Medical Center about peers in the Emergency Department previously, but there is new leadership that are more open to peer supports. WCMHS shares concern about the TCA being that it has no access to outside, no windows- not a therapeutic environment. This is especially concerning for those who stay for more than one day. WCHMS is not aware of any changes planned for the TCA space at this time due to funding constraints. WCMHS has looked at alternate models like empath. It's important that the person in crisis is able to determine who responds to them, how many people respond. There is optimism about moving towards this goal.

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	○ What is the agency doing to raise wages of all staff (including peers)? Need appropriate wages for peers – one of the challenges (federally) is the benefits cliff. WCMHS noticed the impact of this policy when trying to give retention bonuses during the pandemic. **Client/family involvement/LPSC**: What steps have you taken in the past year to: ○ Increase client and/or family voice at your agency? Client input through treatment planning, grievance and appeals process, daily discussions with clients. The pandemic impacted how this information is gathered- client survey responses reduced. For family involvement- have a family member on the standing committee. Important to have family voice in treatment planning and team meetings- Open Dialogue process is a way to do this. Ensure releases of information are on file to hold conversations with families. A member of the WCMHS LPSC shared experience with the committee as a positive, empowering, educational experience. ○ Include clients/families in trainings? Yes, mostly to the Local Standing Committee- there is a benefits training planned. Previously there have been trainings on Orders of Non-Hospitalization (ONHs) and Open Dialogue. WCMHS also engaged youth in transition age groups in focus groups to understand their needs from services, and overwhelmingly heard housing! ○ What input from the LPSC have you acted upon in the last year? Currently, trying to get survey response rate back up (this reduced during the pandemic). There is always a standing committee member involved in major hiring processes, as well as in grievance review in aggregate form. **Suicide Prevention**: ○ What are the agency's current efforts around suicide prevention? Part of the Zero Suicide initiative- have representation from all divisions (including admin), have always had a person with lived experience on the committee. In a staff survey, staff shared they care about suicide prevention and want more training in how to support those having suicidal ideation. Offering Umatter training to all staff. Offering screenings of the documentary 'The Ripple Effect'- was on pause during the pandemic since the sensitive nature lends itself to an in-person setting. Emergency Services staff trained in both CAMS and CALM evidence-based practices. WCMHS does provide Mental Health First Aid to community. Pre-pandemic forums were held in each town of county to discuss suicide prevention- what can everyone do to support each other.

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	Improvements/Strategic plans: ○ What improvements are you planning to make to the CRT, AOP, or ES programs in the coming year? Just a launched a two year strategic plan- working on communication internally and resetting expectations to return to pre-pandemic level coordination. Interested as well in communication with community partners. How to use technology well. What training we need, if any, for accomplishing these goals. Doing Diversity, Equity, Inclusion, and Belonging (DEIB) work at the agency, interested in connecting more with Lynne about the Vermont Communication Support Project. **Paperwork burden:** ○ It is common at agencies to hear that paperwork burden is a pain point for staff, including at WCMHS. Do you have ideas about how to reduce the paperwork burden? WCMHS has a plan to work internally and with state partners to reduce the burden. Part of this will be Mary doing a walkthrough of an intake process. Trying to understand the local, state, and federal requirements. Currently seeing a shift of staff supporting less people and spending more time on paperwork with is not the goal. WCMHS is concerned about the current burden on staff and have created an internal committee to compile what is required and by whom. **Staff training:** ○ Is Trauma 101 still offered to all staff? Yes! There is also trauma supervision and a trauma informed care committee. **Other** Just did a legislative breakfast for 2022- virtual and in person. This ended up being a debate. What do you feel is WCMHS' role in homelessness? There was a response to those living in hotels during the pandemic and currently through the OEO. WCMHS assists folks in finding housing. Currently have 40 buildings, only 8 are office and recovery spaces- all the rest are housing spaces. WCMHS

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	is aware that finding housing is a great challenge currently. The agency is aware that the population in Vermont is aging, need to do a better job as communities in planning for this population.
SPSC Business	**Motion** to fully redesignate WCMHS with no corrective action. Made by Marla. Lynne seconds. All in favor with one abstention. Motion passes. Kudos for WCMHS: - On work with police - Outstanding worldviews on connection, support, accessible community opportunities like Summer St. - Patient, articulate staff and great teamwork visible at discussion today, evidence of passion about work - Two-year strategic plan for communication - Depth and breadth of peer support programming, creative ideas about expanding use of peers across system, peers as 20% of workforce in CSP - Thought the system in the state is silo by catchment area- encourage DMH and WCMHS to share good practices with other areas of the state Committee member who interviewed candidates for Director of Suicide Prevention reflected on experience. Pleased with the candidate that was selected- Christopher Allen- feel he has the ability to connect with folks well and do a great job. Committee member reflected that the thematic approach to the WCMHS site visit was a good use of time.
Public Comm.	No public comment today
Closing Meeting Business	**<u>Agenda for next meeting</u>** • AMH SPSC Annual Report • Time for gratitude • Conversations over email Request to send priorities ahead of time, with description of goal for the committee and the scope for DMH. Meeting ended at 3:35pm.

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Why 988?

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Suicide is a preventable public health problem.

In 2020, there were 160 visits per 100,000 residents to Vermont Hospitals for intentional self-harm

In 2021, there were 142 suicide deaths among Vermont residents, setting a record high

In 2021, suicide was the 9th leading cause of death in the state

*Includes most recent available data from VDH

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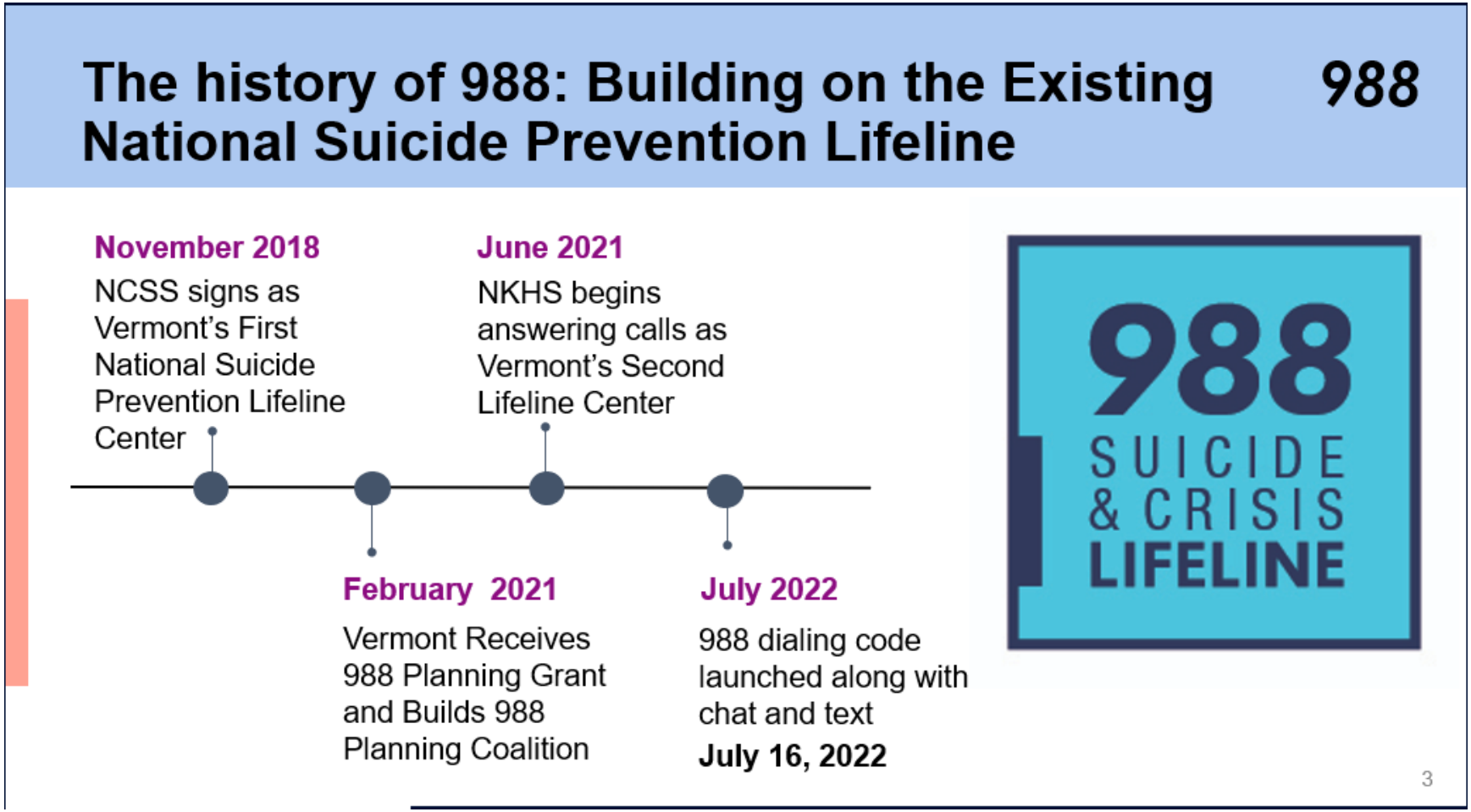

How is 988 Different than 911?

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988 was established to improve access to crisis services in a way that meets our country's growing suicide and mental health related crisis care needs.

988 will provide easier access to the Lifeline network and related crisis resources, which are distinct from 911, where the focus is on dispatching Emergency Medical Services, fire and police as needed.

How is 988 different than local crisis lines? 988

IN CRISIS?

988 is widely advertised for anyone, anywhere at anytime to call.

Local crisis lines are mostly known by those served at a local Designated Agency (DA).

The difference is that when you are calling the local DA, you are known to that agency and can continue to work on your treatment plans/goals.

988 Crisis Counselors 988

Lifeline counselors receive extensive training and are ready to listen and support callers through their distress while providing coping skills and resources for continued support after the call.

- 988 callers can provide help with:
  - Suicidal crisis
  - Substance use issues
  - Mental health crisis
  - Emotional distress
  - Those worried about a loved one who may need crisis support

Call, Chat, or Text 988

There are three ways to contact the Lifeline, call or text 988 or chat at 988lifeline.org

Between October 2021 and October 2022 Vermont Lifeline centers have answered over 5,900 calls with an average of 647 calls per month since the release of 988 in July 2022.

988 by the Numbers (October 2021 – October 2022) 988

Volume: Vermont Lifeline centers answered over 5,900 calls with an average of 647 calls per month since the release of 988 in July 2022.

Answer Rate: Vermont Lifeline centers worked to build capacity to respond to calls 24/7 with an average answer rate of 86%, with an average answer rate of 87.5% since the release of 988 in July 2022.

Chats and Texts: Vermonters initiated 756 chats and 606 texts. The demand for chats increased from 30 in October 2021 to 107 in October 2022 and the demand for texts increased from 14 to 119 in the same period.

Imminent Risk 988

An individual is determined to be at imminent risk of suicide if the crisis counselor believes that there is a connection between the individual's current risk status and actions that could lead to suicide. Risk may be determined where both a desire and intent to die exists **and** caller has the capability of carrying through on that intent. Risk must be present in that it creates an obligation on the counselor to take action to reduce the individual's risk - the belief that if no actions are taken, the individual is likely to seriously harm or kill him/herself.

Between **January and June 2022**, 2,608 calls were answered.

- 245 calls resulted in de-escalation such that emergency rescue was not needed as imminent risk reduced during the call
- 32 calls resulting in active rescue (1.2%)
    - 24 gave consent to active rescue (.9%)
    - 8 did not give consent (.3%)

Follow up

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Using best practices, all callers are screened for imminent risk.

100% of all callers that confirm suicidal ideation, either current or in the last 24 hours will be asked to consent for a follow up call.

When a caller consents to a follow up, the lifeline center will reach out to the caller within 24-72 hours.

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Wrap-up 988

Suicide is a preventable public health problem. Suicide Prevention is our priority.