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1/10/2022
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)
☒ Marla Simpson (she/they) ☐Dan Towle (he/him) (ex) ☒Lynne Cardozo (she/her) ☐Zach Hughes (he/him) (ex)
☒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) ☒Emily Hawes ☒Steve DeVoe
☒Dr. Trish Singer (she/her) ☒Katie Smith
Public: ☐Steve Walsh ☐Joanna Cole ☐Rachel Hobart ☐Alexis McGuiness ☒Elaine Ball ☒Dillon Burns
LCMHS: ☒Luke Jandreau (he/him) (Board President) ☒Michael Hartman (Executive Director) ☒Bryanne Castle (she/her) (Adult Mental Health Director) ☒Cindy Peak (Supported Employment Manager) ☒Sherry Marcelino (she/her) Community Support Manager

Agenda
12:30 SPSC Business:
- Standing items: introductions, review agenda, announcements, vote on December minutes
- New items: LCMHS prep

1:00 DMH Leadership Update: Emily Hawes, Commissioner
1:30 BREAK
1:35 LCMHS Agency Visit
3:00 Draft Letter to Commissioner re: LCMHS
3:15 Public comment
3:20 February draft agenda/next facilitator
3:30 Adjourn

Agenda Item	**Discussion** (follow up items in yellow) **Facilitator: Christopher --- Timekeeper: Marla**
Opening and AMH SPSC Business	Request to hold all public comment to the public comment period due to the full agenda. **Motion** to accept December minutes Lynne motions, Kate seconds. All in favor. No opposed or abstentions. Motion passes. One spelling update amended. Flow of LCMHS Question list discussed. Facilitator will introduce topic and invite discussion. Kate volunteers to chair for February-April, may have conflict in March.

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DMH Update Emily Hawes	- $4 million grant, looking for one rep from each state program standing committee- please let us know by the end of the week. Cheryle Wilcox is managing this grant for the department. DMH would like facilities to be safe and allow people to have stable access to facilities. No plans to build new beds- have current beds offline due to staffing. Need to bring existing resources back to fully functional. - Regarding COVID-19 protections for people in hospitals? In Vermont Psychiatric Care Hospital the focus is 'cohorting' both clients and staff together throughout the day, not intermingling with other units. Mixed groups are still occurring. There are vaccine mandates for staff by beginning of February This was put on hold through federal courts, VT is still holding accountable to end of January- having completed at least one dose or religious/medical exception. There is also twice weekly PCR testing and on-site antigen testing as needed. The federal mandate will impact all hospital settings but some do have 'surveillance testing' and antigen testing. - Proposal for network of peer respites- does DMH support this? DMH is interested in investment in peer supports and respite. - Current legislative updates: No specifics until budget is finalized. Anticipating initiatives on workforce stabilization, mobile crisis/pediatric urgent care/living room model, suicide prevention. - Question for committee- what is working in the system currently? o Multiple positive experiences shared Vermont support line as a support to stay out of inpatient. o Supporting peer workforce and services generally o Adding warmlines throughout the state would be helpful- had a pilot at HCRS at beginning of pandemic o Embedding social workers with police- good step forward (and would like update to committee on topic) o Multiple positive comments about soteria/alyssum- would like to see expansion of peer crisis beds o NH has ten peer support agencies, would like to see this expanded in VT o Have received great trainings from the Wildflower Alliance in western Massachusetts re: suicide
Lamoille County Mental Health Services Agency Visit	The committee and Lamoille Country Mental Health Services discussed the question list previously developed. - Reducing stigma and discrimination o Community effort- build connections o Mental health awareness month (May) trainings o Zero Suicide trainings within agency, with community, and partner organizations o Staff have not taken IPS training in the last two years—have had trouble staffing peer positions since the pandemic started. Suggestion to connect peers to people in the ER over the phone. o Partnering with other organizations to support individuals who are also using substances, using harm reduction strategies o Many open positions. Therapist positions extremely hard to fill. Gave a 9% raise this past year, used COVID-19 funds to give staff bonuses to encourage staying at agency. Encourage work-life balance with telehealth.

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	Have gotten staff survey results that show staff appreciate agency leadership flexibility during pandemic, good benefits, good supervisor support. o No requirement that peer staff cannot receive services at the agency. This is case by case. - Grievance and Appeals o Any staff can hear/file a grievance on behalf of any client at the agency. o DMH notes – that the number presented doesn't take into account grievances submitted to the mental health ombudsman. We found this flaw in our review process recently o Try to problem solve/resolve before an issue rises to the level of a grievance o Being a representative payee is a challenging position, there is human error, and try to message that this isn't a lifelong change - Local Program Standing Committee: 5 members currently, 3 of whom are staff - Post-pandemic- what do you hope to keep? o Individual therapy through telehealth has been successful- decreased no call no show, removed barrier of transportation. o Decreased no shows has been beneficial for agency as whole o Acknowledged that telehealth is not good for everyone. Still parts of catchment area where there is no cell service/spotty Wi-Fi. Some people just prefer in person services. Should have option to choose. - Onboarding/training- Is this COVID-19 related? o Transition to Relias online training system has been complex. Still working on continuous improvement. - Housing crisis is unique to Lamoille – vacancy rate for fair market rent 0.5%. The crisis is across all socioeconomic statuses. Impacts the work that LCMHS does daily. Started face-to-face in hotels quickly in pandemic (end of June). Realized that people have housing but not connections to other support services (medications, primary care, access to appointments, financial stability, access to telehealth). Good success rate getting people house pre-pandemic (3 months). Due to complications in the pandemic, this was stretched further (6 months-2 years). - What else should the standing committee know about LCMHS? o Socio-economic mix in Lamoille County is quite varied, county is very small and rural. Have to fight stigma of being seen as 'people's clinic'. Have gotten creative in collaboration with other agencies in region to meet need of people presenting for services. o Lose staff to Federally Qualified Health Center, who can pay much better
Draft letter to Commissioner	Clarified that substance use services are paid through ADAP program, mental health services are paid through DMH. Hard to do integrated care when there are different funding streams and requirements for agencies serving these clients. **Motion** to recommend redesignating LCMHS with minor deficiencies. Motion failed.

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	Motion to recommend full redesignation. Made by Lynne. Seconded by Marla. Discussion ensued. All in favor. No opposed. One abstention. Motion passes. The following items were added to the draft letter: • Impressed with agency's understating of clients and their needs. In touch with region. • Appreciate the 55,000 meals delivered during the pandemic and the swift move to telehealth • Working to create a seamless system in the region regardless of socio-economic status • Flexible attitude towards telehealth- not biased by staff preferences • All LCMHS representatives were knowledgeable, experienced, and engaged in the committee visit
Public Comment	No members of the public present during this section of the meeting.
Closing Meeting Business	February Draft Agenda 12:30-2:30 Opening & Committee Business • LPSCs: Discuss August Public Comment – included on last page of agenda • Update on Self Neglect Workgroup (15 minutes) • Have an AMH SPSC Annual Report? • Process for reviewing public comments that come in over email to DMH to share with this committee • Subcommittee: AMH SPSC process for involvement in agency designation-(if there is an update) 2:30-3:00 DMH Leadership Update: Suicide Prevention (if Nick Nichols available) OR Brian Smith with a housing update (if available) OR Kheya Ganguly, Director of Trauma Prevention? • AND update on legislative session main goals- including peer respite bed proposal and mobile crisis especially • Update on mental health workers embedded with police project 3:00-3:10 Public Comment 3:10-3:30 Plan March Agenda Adjourn at 3:30pm