

This meeting was not recorded.

5/10/2021

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) Lynne Cardozo (chair) (she/her) Zach Hughes (he/him)
 Christopher Rotsettis (he/him)

DMH Staff: Eva Dayon (they/them) Dr. Trish Singer (she/her) Shayla Livingston (she/her) Nicole DiStasio (she/they)

Public: Erin Nichols Beatrice Birch Alexander Ferg Ann C Cummins Michael McAdoo Anne Donahue

Agenda

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|--------------|---------------------------------------|---|
| 12:00 – 1:20 | SPSC Business | Introductions & Review agenda, vote on public comment participation today, Vote on April minutes, Secure Residential–Internal SPSC discussion, Suicide Grant Discussion, Demographics of Committee, New Member Orientation Draft |
| 1:20 – 1:30 | BREAK | |
| 1:30 – 2:10 | DMH Leadership Update | <i>Led by Alison Krompf, Director of Quality and Accountability:</i> Suicide Prevention Pt. 2: CDC Grant, 988, Zero Suicide Update |
| 2:10 – 2:40 | Legislative Session Discussion | <i>with Representative Anne Donahue</i> <ul style="list-style-type: none">• S. 3 An act relating to competency to stand trial and insanity as a defense• H. 438 Capital Bill (contains secure residential facility)• H.439 Appropriations Bill (Big Bill)• H.315 An act relating to COVID 19 relief• H. 210, the health equity bill, which includes disabilities,• H.46 on hospital protections, and the eugenics apology. |
| 2:40 – 2:50 | Public Comment | |

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2:50 - 3:00 **June Draft Agenda:** see next page

Agenda Item	Discussion (follow up items in yellow)
Opening and AMH SPSC Business	<ul style="list-style-type: none"> • Updates to the <u>timekeeper role</u> description: choose at each meeting (based on who volunteers). Separate role from facilitator. Would be helpful to have general updates during the first SPSC business section, since this is a large time chunk. Marla will time keep today. • Committee requests Sarah Squirrell’s presence during part of the meeting in June to wish her well. • Vote: Allowed public comment throughout today’s meeting. Motion passed. • Vote: Passed April minutes with changes fixed: two people present, clarified that documents requested when possible. One abstention: Bert. • <u>Secure Residential:</u> Committee would like DMH to provide an update on seclusion and restraints in the June meeting, to include: <ul style="list-style-type: none"> ○ Update on the new secure residential facility ○ Parameters around seclusion and restraints (e.g., used as a last resort) ○ Changes to the original plan that were made based on the recommendations from the AMH SPSC (letter?) • <u>Suicide Prevention-</u> Physical mailing is not allowed through this grant. Can there be an electronic repository? Would like to hear from Alison- what are the limitations of this grant? One member shared lived experience. Stated talking opening about suicide helps normalize sharing about it with those who need it and does not promote it. Would like to see additional messaging encouraging individuals contemplating suicide to <i>wait</i> before acting. Another strategy is to create a plan for how to get through today. There is a need to expand access to suicide helplines- not all individuals are connected to a DA/SSA. Note that clinicians have concerns about licensure. • <u>Demographics-</u> Less representation from some regions of the state. No members who identify as BIPOC or veterans. The recruitment subcommittee is Marla, Dan, and Kate currently. Who is the current priority for recruitment? Identify-focused recruitment. Member of the public (Erin) recommends Sean Connelly at Pathways as a connection point to veterans. Bert has ideas about recruitment from Rutland county. One member expressed interest in Michael joining the committee to bring identity representation. Recruitment goal: draft a letter to Local Program Standing Committees aim at identity and geographic representation. Dan will create a rough draft to share- seeking family members, providers, are there clients or staff who fit this description. • <u>New Membership Orientation slides-</u> Feedback: title of second page: what guides the work of the committee. Three pages history of AMH SPSC—should be: Overview: Key Practices. Add a table of contents. Will be added again to June agenda. SPSC asked for a poke to read over this before the next meeting.

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<p>DMH Update With Alison Krompf, Director of Quality and Accountability</p>	<p>Currently hiring three new positions (one located at the Department of Health and two at the Department of Mental Health) to support this work: Data and Project Manager (VDH), Communications Specialist (DMH), Grant Project Manager (DMH).</p> <ul style="list-style-type: none"> • Covid support VT was stood up under the pandemic and is a resource for Vermonters through December 2021. Calls are currently focused on isolation, vaccine stress, food insecurity. The Pathways support line is included in the resources shared by this entity. In addition to answering phone calls, they provide wellness workshops, Mental Health First Aid workshops, and other topics upon request. The goal is to build resilient communities, not just enhance individual resilience to prevent suicide. • DMH is funding a suicide prevention symposium August 4- flier will be shared. DMH would like to bring someone to introduce the Alternatives to Suicide approach to VT. DMH seeking feedback- Public is supportive. Members as well. • Data shared: tracking people’s primary reason for using crisis text line, total number of users of lifeline • DMH would like to focus funding to: expand zero suicide, expand suicide prevention lifeline, develop targeted resources for at risk groups, support youth mental health first aid, and support elder outreach • Share suicide prevention PowerPoint with group • Will peer support be included in these grants- yes through the symposium. Trying to share examples of models and get peer input. CDC grant is specific- reduce suicide rated by 10% in 5 years. One stakeholder goal is to engage further with existing peer groups to figure out how to get there. • Will the 988 grant include sending an ambulance to someone’s home if they state suicidal intent? DMH does not have the capacity to include this kind of response in the 988 lifeline. Stating suicidality is not enough to get a response, the person would also need an immediate plan and access to the means of their plan.
<p>Legislative Session Discussion with Rep. Anne Donahue</p>	<ul style="list-style-type: none"> • S. 3 An act relating to competency to stand trial and insanity as a defense – senate passed a bill focused on “public safety and victim’s rights”. Push for separate forensic hospital facility. House pushed for more time to look at other states and see how this compares to VT’s need. Must include multiple people with lived experience. Unsure where this will end this year or if it will be passed. • H. 438 Capital Bill (contains secure residential facility) – proposal for new facility. Coordinated effort from psych survivor voices and community mental health to not include restraints and seclusion or doubling the capacity of a locked program. Outcome is Emergency Involuntary Procedures were dropped, capacity was kept. DMH must solicit proposals from community mental health and peer run agencies for developing additional residences and supports. Outdoor space needs to be at least 10,000 sq feet. • H.439 Appropriations Bill (Big Bill) – 3% increase in salary for community and peer agencies. • H.315 An act relating to COVID 19 relief – \$5 million in investing in community infrastructure. Includes expanding peer outreach. Update from DMH re: peer run specifically mentioned. (page 29, section 28)

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	<p>https://legislature.vermont.gov/Documents/2022/Docs/BILLS/H-0438/H-0438%20As%20Passed%20by%20the%20House%20Unofficial.pdf</p> <ul style="list-style-type: none"> • H. 210, the health equity bill, which includes disabilities- creates office and commission on health equity to look at which groups have specific needs (LGBTQ+, BIPOC, people with disabilities): This must include individual representatives from Vermont Psychiatric Survivors, Another Way, Vermont Federation of Families, Vermont Center for Independent Living. • H.46 on hospital protections – mainly for those voluntarily admitted. All units in VT are locked. First part is about informed consent before entering the unit. Second is about use of restraint/seclusion- data tracking currently only reviewed by DMH on those in care and custody of commissioner (involuntary). • Resolution: eugenics apology. 1931 VT law on sterilization targeting those with psychiatric and developmental disabilities. State apology for this occurrence and that the state should take steps to make up for this wrongdoing. • SPSC member would like to see data on emergency chemical restraints. This is kept on the DMH website: https://mentalhealth.vermont.gov/about-us/boards-and-committees/emergency-involuntary-procedures-review-committee
Public Comment	<p>Great committee, Anne and Michael interested in joining.</p> <p>Public comments included in chat through meeting not already integrated in minutes:</p> <ul style="list-style-type: none"> • I have thoughts about suicide prevention - I don't like the language - it doesn't give a choice to people who want to die. My team is working on a workshop to give to communities about having conversations with people who may come in contact with those who want to die. The only thing that suicide prevention programs do is prevent choice - choice for the person who wants to die. this work cannot be about preventing choice, but more about talking about what "wanting to die" looks like - example: food insecurity, unstable housing, low wages, etc. If y'all want to "prevent suicide" and essentially prevent people from having these thoughts - you need to change the big issues. Lastly I just want to say that absolutely none of us have the power to prevent someone from wanting to end their life. • People will be reluctant to call a helpline if tracing tools are being used on those calls
Closing Meeting Business	<p>Send MHBGPC link to this group</p> <p>Would be interested in an update on police response the MOU.</p> <p>Vote: Zach motions to adjourn Bert seconds. Motion passes 2:59pm.</p>