10/8/2018
State Program Standing Committee Minutes

Present
Members: ☐ Uli Schygulla ☑ Marla Simpson (Chair) ☐ Thelma Stoudt ☑ Dan Towle ☑ J Helms (timekeeper)
DMH Staff: ☑ Eva Dayon ☑ Emma Harrigan ☑ Trish Singer ☑ Melissa Bailey ☑ Morning Fox ☑ Frank Reed ☐ Carolyn McBain
Other: ☑ Rebecca Poitras ☐ Bert Dyer ☐ Leslie Nelson ☐ Eli Toohey

Agenda

12:00 - 12:10  Introductions, review of agenda and time slots assigned, membership and related items, previous meeting minutes
12:10 - 12:40  Agency Review Survey Feedback
12:40 - 1:00  Departmental Update
1:00 - 1:10  Psych Inpatient Planning Stakeholders Kickoff Meeting Update- Dan
1:10 - 1:15  Public Comment
1:15 - 1:20  November Agenda Items
1:20 - 1:30  BREAK
1:30 - 3:00  Goodbye to Melissa & Emma

NEW Call in Number+1 (802) 552-8456 (Dial-in Number) Conference ID: 45282401 (PIN #)

We are now using Skype, you will be able to call in on any phone
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<tr>
<th>Agenda Item</th>
<th>Discussion</th>
<th>Status</th>
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| Approval of September Minutes and updates | J motioned to approve August minutes. Dan seconded. All approved. One update- clarification that the data on MTCR was added after the meeting. Uli and Thelma emailed to say they could not be present today. Membership- Marla has reached out to Bert. Marla will reach out to Lisa Draper. Other ideas to communicate the existence of the SPSC to potential members:  
  • Could write an article about the standing committee for Counterpoint? Dan will draft an article.  
  • Share at other meetings the group members attend Announcements:  
  • NAMI – connections (peer group) and family groups (per Dan) (attached)  
  • Vermont Support Line flyer shared (attached) | September Minutes Approved |
| Agency Review Survey Feedback       | SPSC would like to see more Likert scale responses instead of yes/no question responses. Noted preference for use of a five-point rating system. Noted that space for the survey respondent to expand on the rationale for each response would be ideal. DMH clarified that these surveys are meant to measure adherence to designation standards, not satisfactions with services. The SPSC would like DMH to consider the suggestions for improvement of overall surveys and report back about changes that will be implemented. DMH agreed to look at surveys more generally. Specific feedback on the LPSC Survey: | SPSC does not need to take any action on surveys between now and the next meeting. DMH will come to next SPSC meeting with a timeline for the project, more context for the surveys, and a response |
- SPSC suggested addition of specific questions for the LPSC asking what support they would need to improve their meetings (examples may be how to facilitate a meeting, how to prioritize the voice of folks with lived experience in the LPSC space).
- Addition of question ‘do you know the bylaws of the LPSC? Why/why not?’

The SPSC would like more time to give feedback on surveys and expand this project. Dan proposed a joint subcommittee with the CYFS SPSC to review and recommend changes to the surveys.

Dan provided specific feedback on all surveys, attached.

DMH will give a timeline for feedback at the next meeting. DMH will explore the idea of the joint subcommittee and report back to the SPSC.

SPSC would like every instance of ‘consumer’ to be replaced by ‘client’.

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<th>Departmental Update</th>
<th>DMH is starting to think about legislative initiatives for the upcoming session. DMH is considering proposing:</th>
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<tr>
<td>Frank Reed</td>
<td><strong>A voluntary age of consent for inpatient mental health services</strong> so that young children do not have to sign for their own voluntary care. DMH clarified that there are hospital diversion programs for youth and adults</td>
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<td>- Some SPSC members are concerned about the paternalism involved in this idea. Especially the idea of using psych medication for youth.</td>
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<td>- SPSC members want to ensure that youth voice can be included in care</td>
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<td>- SPSC clarified that they would like to continue hearing updated about this issue, regardless of the primary impact on youth</td>
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<td>- “It is a lot easier to help a child then to fix a broken adult”- Frederick Douglas</td>
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DMH will respond to the SPSC about the request to see the Flint Springs contract at the next meeting.

Marla will provide DMH with the current data on the VT Support Line types of calls analysis or connect DMH with the person who can provide it.
Timelines for court proceedings, since there are currently not timelines to receive a decision from the judge. DMH has heard from family members that the unknown timeline is the hardest part of this process.

Expanding the definition of screeners for ability stand trial in criminal court from psychiatrist to psychologists so that wait time is reduced.

If an individual in the Title 13 (Crime and Criminal Procedures) process is determined unfit to stand trial, DMH would lie to propose that the individual should instead be sent through family court, so that the attorney on the case would be more familiar with mental health needs. SPSC supports this idea.

DMH shared that there is still a wait for inpatient hospital beds. SPSC would like to see increase of Alyssum-type spaces as opposed to the expansion of inpatient psych facilities.

Regarding Act 114 (nonemergency involuntary psychiatric medication), the legislation currently requires a report from DMH and an independent report. DMH clarified that some small differences between the two reports exist, but if those were amended it would be more practical and client-centered to have a single report from the independent contractor.

- Some SPSC members voiced concern with the current contractor for the Act 114 report, and voiced desire to be included in the next hiring process. DMH clarified that the hiring of this contractor is currently legislated to be a confidential process.
- SPSC asked for clarification of requirements for the contractor that applies. DMH clarified they do not need to hold licensure in a mental health field, only that they need to be competent in conducting survey research.
- SPSC members requested that the compensation for folks with lived experience be increased, as they are sharing potentially traumatic experiences in a vulnerable way.
• SPSC requested to see the contract with Flint Springs. DMH will take this request into advisement and respond at the next meeting.

DMH is starting the process for proposing next year’s budget. DMH clarified that they always begin by asking folks what funding they would like in an ideal (no limits) scenario. DMH will take these potential changes in funding in consideration when designing the next budget.

DMH clarified there is a misreport in the news currently projecting $4.3 million cut to mental health. This is not true.

DMH will continue to participate in the meeting for Psych Inpatient Planning at Central Vermont Medical Center.

DMH provided an update on the Brattleboro Retreat $5.5 million for increase in inpatient bed capacity. Brattleboro is moving forward, planning to come online with 12 additional level 1 beds for adults in January of 2020.

DMH shared the draft minutes from two committees:
- Report to the Emergency Involuntary Procedures Review Committee 9/14/18 Data Review and Analysis April-June 2018
- Order of Non-hospitalization Study Committee 9/27/18

SPSC requests that ONH study committee identify who makes what comment at the ONH study committee. DMH clarified that this is not a requirement in the meeting at this time, only a requirement to share who is in attendance.

DMH is asking for money to be put into a replacement facility for Middlesex Therapeutic Community Residence with 16 beds.
The SPSC asked what else DMH would like to have feedback on. The SPSC provided information about the VT Support Line (flier attached). Marla reports that there are many calls about loneliness/isolation. DMH agrees that this is a public health issue that needs to be addressed across systems and communities. Marla also reports hearing an increase of calls about substance use. DMH inquired if a formal analysis of the types of calls was compiled, and if so to have it shared. Marla agreed to share this with DMH.

SPSC discussed importance of **advance directives** and notices/information regarding advanced directives.

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<th>Psych Inpatient Planning Stakeholders Kickoff Meeting Update</th>
<th>SPSC moved this item to the agenda for November.</th>
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| **Public comment**                                          | SPSC Feedback: Slide 4: did a good job analytically, but too narrowly focused on the bed issue. Need to look at larger context  
Slide 5: planning aim is too narrow. | DMH will research membership and respond to Rebecca and committee. |
| **Recognition of Melissa Baily and Emma Harrigan**          | **Recognition of Melissa Bailey**  
Marla: Very smart, including emotional intelligence; “don’t judge people by their covers; have patience, allow people to grow/develop. I feel sad, a big loss to DMH and Vermonter. Feel gratitude for those present.  
Rebecca: talking about Melissa: “couldn’t find a better babysitter”  
Melissa: thank you for all you do. Necessary partnership.  
Dan: agree with Marla and Rebecca. People who remain here are very talented. |
Marla: appreciate perseverance to improve MH services through changes

**Recognition of Emma Harrigan**
Will continue see Emma at meetings regarding MH issues in Vermont. Looking forward to advancing work to next level.

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<th>November Agenda Items</th>
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<td>- Draft questions for WCMHS based on Agency Review and Designation Reports</td>
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<td>- Membership process and recruitment (four vacancies currently)</td>
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<td>- Do we need a subcommittee for membership?! Marla is the subcommittee currently</td>
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<td>- Draft questions for Brain (housing)</td>
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<td>-- 700 housing units to be built in the next</td>
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<td>-- ‘plenty of housing vouchers but not enough staff to support clients in keeping vouchers’</td>
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<td>-- would like general update</td>
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<tr>
<td>- Psych Inpatient Planning Stakeholders Kickoff Meeting Update</td>
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<td>- Brainstorm “rainy day” topics</td>
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Dan motions to end, J seconds, no opposed or abstentions 2:23pm.

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Another Way Open House!

Join us in celebration of mutual support, renovations to our building, and community on Saturday, November 3, 2018 from 3 - 7 PM @ 125 Barre Street in Montpelier. Light refreshments, good company, and exhibits of our great work will be provided.
FREE Mental Health Support Group Meetings
Central Vermont

You are not alone in this fight

Made possible in part by a grant from the Vermont Department of Mental Health

NAMI Connection Recovery Support Group Meetings are a free, 90-minute recovery support group for people living with mental illness where people learn from one another's experiences, share coping strategies and offer mutual encouragement and understanding. The groups provide an ongoing opportunity to discuss the challenges of living with mental illness and the techniques for maintaining wellness. All meetings are facilitated by trained NAMI peers living in recovery.

Central Vermont Medical Center (Boardroom), Berlin
2nd Thursday – 4:00 - 5:30 pm

NAMI Family Support Group Meetings are a free, monthly 90-minute support group of family and friends of individuals with a mental illness where they can talk frankly about their challenges and help one another through their learned wisdom and coping strategies. Participants are encouraged to share actively in the work of the group. All meetings are facilitated by trained NAMI family members.

Central Vermont Medical Center, Room 3, Berlin
4th Monday every month – 7:00-8:30 p.m.