

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

3/13/2023

Adult State Program Standing Committee Minutes

DRAFT

Present Members: Ward Nial (he/him) (excu) Bruce Wilson Marla Simpson (she/they) Dan Towle (he/him) (excu) Lynne Cardozo Zach Hughes (he/him) (excu) Christopher Rotsettis (he/him) Ann C Cummins (she/her) (excu) Michael McAdoo (excu) Alexis McGuinness (she/her) (excu)

DMH/State Staff: Eva Dayon (they/them) Alison Krompf Trish Singer Lauren Welch Katie Smith

Public: Jessica Kantatan (she/her) Anne Donahue

Agenda

- 12:30 SPSC Business: Introductions and Review Agenda, ~~Statement on public comment, Vote on minutes~~, NCSS visit prep, System of Scare priorities for 2023
- 1:30 BREAK
- 1:35 Q&A with NCSS
- 3:00 Draft recommendation letter
- 3:15 Public Comment
- 3:20 Closing meeting business and planning next meeting agenda

Agenda Item	Discussion (follow up items in yellow) Facilitator: _____ Timekeeper: n/a
Opening and AMH SPSC Business	<p>Meeting convened at 12:40pm. No quorum. Introductions (including formal intro of Lauren Welch) and Review of Agenda occurred.</p> <p>Deferred: Motion to pass the February Minutes. Discussion of 2023 System of Care Priorities.</p> <p>NCSS Question/Theme Review</p> <ul style="list-style-type: none"> • Peer Support, Suicide Prevention, Housing = Chris • Continuous Improvement/Strategic Plan = Bruce • Staffing = Lynne <p>Meeting entered BREAK at 1:00.</p>
Q&A with NCSS and	<p>Meeting reconvened at 1:35.</p>

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Recommendation Letter	<p>NCSS Representatives Attendance:</p> <p>Todd Bauman – Chief Executive Officer Kim McClellan – Chief Operations Officer Belinda Bessette – Director of Behavioral Health program (note that NCSS is reviewing controversy of “Behavioral Health”) Jessica Parker – CRT Program Manager Meaghan Malboeuf – AOP Program Manager Rob Hurst – Board Member, Standing Committee</p> <p>Staffing, training, retention</p> <ul style="list-style-type: none">• Data: Conducted research on current turnover rate. Bit of recent improvement in Behavioral Health division<ul style="list-style-type: none">○ Staff soul searching, moving to private practice, retirement, move to virtual clinical visits• Flexibility, hybrid model workplace to meet staff where they are.<ul style="list-style-type: none">○ Culture of family: celebrating staff○ Professional development tailored to staff. Helping staff reach their goals within the agency rather than seeking employment elsewhere○ Standing firm on purpose: several staff find this is enough, but wages make it difficult to stay at NCSS• Morale: several efforts to keep staff satisfied<ul style="list-style-type: none">○ Recognize that wage is not a strength of NCSS recruitment; focus instead on other benefits○ Wellness Engagement committee○ Alternative benefits such as onsite wellness opportunities and team building○ Best Places to Work award based on staff surveys• Turnover has affected client care<ul style="list-style-type: none">○ Try to help staff grow and move around in other positions at the agency so that individual clients can keep seeing the same staff○ Turnover and case transition can be an opportunity to work on skills with clients○ Low staffing have meant higher caseloads for existing staff, concerned about burnout• Incidental: going to pursue Certified Community Behavioral Health Center (CCBHC) starting in spring with eye to increase peer support services <p>Peer Support</p> <ul style="list-style-type: none">• Peer support is only available to CRT clients. Only have one part time peer specialist.<ul style="list-style-type: none">○ Training: looking to increase peer certification. Current specialist has some training
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	<p>Housing</p> <ul style="list-style-type: none">• Collaborate with community partners to support individuals who need housing• Legal Aid has attended team meetings to advise how to use community resources and leverage government opportunities etc. <p>Agency Review Report</p> <ul style="list-style-type: none">• Update Grievance and Appeal policy language and Client Rights policy<ul style="list-style-type: none">○ Language has been updated and approved and process of being printed <p>Suicide Prevention</p> <ul style="list-style-type: none">• Zero Suicide – Emergency Services works with NKHS for 988 response staffing<ul style="list-style-type: none">○ Recently expanded 988 response positions even beyond phone calls○ Took some time to get work out to community about the resource○ Seeing plenty of call-ins○ Learning how to coordinate effectively with local crisis response (since calls come from all over the state)<ul style="list-style-type: none">▪ Experience of NCCSS -> local response hand off is seamless○ Strategies that staff use to handle crisis calls:<ul style="list-style-type: none">▪ Crisis suite is designed so that staff responders can remain present with the caller while other support staff can reach out to local resources (limiting multitasking that takes the respondent out of the moment)▪ Training in crisis evaluation and de-escalation: Collaborative Assessment and Management of Suicidality (CAMS) training for all outpatient, Emergency Services, and integrated health providers to pivot to responding to suicidality; Counseling on Access to Lethal Means (CALM) training• Understanding the different levels of impact. Community health and outreach<ul style="list-style-type: none">○ Brought Mental Health First Aid to Vermont.○ Understanding target demographics?<ul style="list-style-type: none">▪ Staff at all levels are committed to learning▪ NCCSS hands out gun locks and other tools.▪ Abenaki outreach – knowing that there is a high rate of suicidality▪ Targeting employers that hire mostly men for collaborative efforts <p>Continuous Improvement/Strategic Plans</p> <ul style="list-style-type: none">• Planned improvements?
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	<ul style="list-style-type: none">○ Belinda’s newness to her position is a good opportunity to reflect on how processes are working and what can be improved (note that she has been with the agency much longer in different positions)○ Mobile response implementation<ul style="list-style-type: none">▪ Frequent meetings with Northwestern Medical Center to improve collaboration and crisis response (both in general and on an individual client level)▪ Emergency Department diversion○ Embedded law enforcement and primary care positions to meet people where they’re at<ul style="list-style-type: none">▪ One of the first agencies to implement embedded within state police – training and relationship building▪ Expanding embedded clinician to local law enforcement as well (police sought NCSS’s help)▪ Warm handoffs are important, but embedded clinicians help address crisis in the moment without having to handoff at all○ Request for proposal to include peer response in Emergency Services○ AOP took a while to transition back to in person intake and sessions<ul style="list-style-type: none">▪ Seems that many clients prefer in person sessions to telehealth○ Integrated Intake model is planned for implementation● Future vision<ul style="list-style-type: none">○ Stabilize the workforce<ul style="list-style-type: none">▪ Strategy: enhancing internship program to be more competitive and more attractive▪ Committee strongly emphasized the utility of hiring people with lived experience at all levels of the agency<ul style="list-style-type: none">● NCSS gave example of how kids with lived experience are brought into conversation○ Improved access so people know how to direct clients to appropriate resources<ul style="list-style-type: none">▪ Several community partners are used to “going it alone” since covid. Working to improve collaboration○ Emergency Services working to improve crisis response as well as population-level outreach and supports○ Transition age youth system of care to smooth out the change from intensive Wellness Recovery Action Planning (WRAP) services to more independent approach in AOP● Assessing community needs<ul style="list-style-type: none">○ Client surveys○ Standing committee encourages continuous learning○ Lots of opportunities for agency to ask questions and solicit community feedback
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	<ul style="list-style-type: none">○ Department of Health community health needs assessment (did not focus on population health needs and prevention in the way NCSS would have liked to see)● Incidental: several main community partners have new leadership allowing for more opportunities to shake things up and reevaluate system of care <p>Incidental: Telehealth</p> <ul style="list-style-type: none">● How do remote services factor into agency's future?<ul style="list-style-type: none">○ Telehealth will remain an option – focusing on client choice (even if it changes week to week)○ Learning where remoteness works and where it doesn't○ CRT folks tend to prefer in person services (helps to alleviate feelings of isolation)○ Telehealth works for connecting to clients that are being referred to services (ex. service planning for people discharging from Brattleboro Retreat)● Covid safety precautions<ul style="list-style-type: none">○ Masking client choice○ More open dialogue about feeling sick <p>Recommendation</p> <p>Did not have a quorum to be able to formally vote on a recommendation. Vote will occur over email.</p> <p>Does not appear to be any issues rising to the level of a corrective action plan (CAP).</p> <p>Kudos</p> <ul style="list-style-type: none">● Resilience through pandemic● Prevention efforts, particularly but not exclusively suicide prevention<ul style="list-style-type: none">○ Trailblazing 988 program● Aware of and outreach for Abenaki community● NCSS puts in effort above the minimum expectations for DAs● Leadership style and ability to thoroughly and coherently answer questions <p>Areas for Growth</p> <ul style="list-style-type: none">● Looking forward to future peer support endeavors and encourage development of these services<ul style="list-style-type: none">○ We encourage NCSS to further develop peer support services
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	<ul style="list-style-type: none">• Would like to know more about NCSS’s Diversity, Equity, and Inclusion (DEI) planning including diverse hiring efforts for BIPOC and disability communities <p>Lynne motions to recommend redesignating NCSS without any deficiencies. Seconded by Chris. All in favor. Present members’ votes are recorded and do not require email vote.</p>
Public Comment	No members of the public attended.
Closing Meeting Business	<p>Agenda for next meeting</p> <p>12:30 Opening & SPSC Business:</p> <ul style="list-style-type: none">• Standing items: introductions, review agenda, announcements, vote on minutes for February and March <p>1:00 Review SPSC Priorities</p> <p>1:30 BREAK</p> <p>1:40 DMH Leadership Update: Chris Allen. How Director of Suicide Prevention is working along with VDH grants. Main focuses of time? Include Nick Nichols who manages the grant at VDH</p> <p>2:45 Draft RMHS Visit questions/themes</p> <p>3:15 Public comment</p> <p>3:20 Draft agenda</p> <p>Meeting ended at 3:28pm.</p>