

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

6/13/2022

Adult State Program Standing Committee Minutes

DRAFT

Present Members: Bert Dyer (he/him) Malaika Puffer (she/her) (ex) Ward Nial (he/him) Kate Hunt (she/her)
 Marla Simpson (she/they) Dan Towle (he/him) Lynne Cardozo (she/her) Zach Hughes (he/him)
 Christopher Rotsettis (he/him) Ann C Cummins (she/her) (ex) Erin Nichols (they/she) Michael McAdoo

DMH/State Staff: Eva Dayon (they/them) Steve DeVoe (he/him) Dr. Trish Singer (she/her) Katie Smith (she/her)
 Lauren Welch (she/her) Nicole DiStasio (they/she)

Public: Yuri R Jin Li Chan

NKHS Staff/Board: Denise Niemira Kelsey Stavseth Laura Nelson Joe Forscher Josh Burke Patty Collins Sharon Bengston Rene Rose Marj Trombley

Agenda

12:30 SPSC Business:

- Standing items: choose new facilitator, introductions, review agenda, announcements, vote on May minutes and June public comment, vote on returning/new member applications- Dan, Bert, Alexis?
• New items: prep for NKHS Q&A (who is asking which question), (if time) discuss SPSC System of Care Priorities for Fiscal Year 2023- there were no responses to the survey to define what items mean. Question for group: Would you like to do this in person at the next meeting or have the survey link again?

1-2:30 NKHS Q&A

2:30 BREAK

2:40 Draft Letter to DMH Commissioner Re: NKHS Designation Status

3:10 Public Comment

3:15 July Draft Agenda and Closing Meeting Business

Table with 2 columns: Agenda Item, Discussion (follow up items in green). Facilitator: Zach, Timekeeper: n/a. Content includes: Meeting convened at 12:33pm, Motion to allow public comment through the meeting with discretion. Lynne motions, Marla seconds. All in favor. Passed. Motion to approve May minutes. Lynne motions, Ward seconds. All in favor, two abstentions. Motion passes. Defer vote on 5/17/22 meeting minutes until July. Members discussed the NKHS visit today and how to structure the questions.

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Northeast Kingdom Human Services Question and Answer Session	<p>Committee thanked NKHS for their work and acknowledged the transition period they have been going through.</p> <p><i>Strengths of the agency?</i></p> <ul style="list-style-type: none">• Staff are dedicated/committed for years, decades to working at NKHS. Knowledge of community and resources.• Commitment to flexibility and adoption of new programs – example 988/lifeline.• Building relationships with community partners and committed to partnerships: Housing, ED.• Administration has HOPE and the atmosphere is light.• Peers having an impact and a voice like never before.• Utilizing time/knowledge/representation into steering committee decisions. Opportunities for dialogue. <p><i>What has the agency learned from the CAP?</i></p> <ul style="list-style-type: none">• Documented policies/record keeping• Appreciation of Medicaid Manual• Emphasizing mindset of becoming a learning organization.• Everyone at the agency should be an ally.• Supporting each other to do complex clinically oriented work and capture that in documentation.• Transparency with the whole team. <p><i>Solid Next Steps?</i></p> <ul style="list-style-type: none">• Communication and internal measuring for improvement plans <p><i>What roles are there for peers at NKHS?</i></p> <ul style="list-style-type: none">• There is newly created CRT peer position in St. Johnsbury CRT team.• Overall goal is to formalize efforts of Cadre program.• Integrate peer voice into treatment planning. Use Intentional Peer Support (IPS) training with all staff and use this model to increase relational dialogue in treatment.• Five peers working at care bed and six folks in CRT team.• In terms of Wellness Recovery Action Planning (WRAP)- started at NKHS in 2015. There is a free community wrap group through Blueprint for health- getting all new staff connected to this- the culture of WRAP. Individuals have the focus to do WRAP for themselves as individuals.• There is no difference in pay scale between peers and non-peer staff.• Inclusion of peer voice- the intention is to be in community together.
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	<p><i>Individual Plans of Care / Treatment plans for CRT clients- what's working here? Is there a metric for growth?</i></p> <ul style="list-style-type: none">• Helping individuals identify what is important to them. Also working on staff training to best have these conversations. Identification of goals can be a complex process- have developed some worksheets to help with this process.• The new Electronic Health Record (EHR) has a way to measure goal attainment, the EHR went live June 1st. Focus on the meaningfulness of plans of care, not just make them measurable. <p><i>What is NKHS doing to improve the perception of the Agency in the community?</i></p> <ul style="list-style-type: none">• This has been a priority for the agency- reaching out to partners, being open to hearing feedback, and following through on that feedback. Have heard about commitments that fell through in the past, trying to rebuild the region's support system. Important to build staff up so they can hear hard feedback and not internalize it.• The NKHS Executive Director and other leadership team staff actively attending these meetings in the community. Meeting monthly with Northern Vermont Regional Hospital, participating in their strategic planning. Hear what partners have to say, try to work through barriers together. Partnering on same aim helps to shift the conversation away from blame and towards solutions.• Community partners attend standing committee meetings and expressed hopefulness about work with NKHS. <p><i>What have you learned from staff exit interviews?</i></p> <ul style="list-style-type: none">• Through strategic plan process doing a climate/culture survey. Learned that pay and stress were both high factors in turnover. Also heard about toxic work environment. Trying to create opportunities to talk about this with current staff and do the hard work to try to fix things. People want to do the work, need livable wage to be able to afford it. Gave raises to staff in IDDS residential. Changed the base rate of pay with expected rate increase. Staff are a high priority at the agency.• Last quarter (through March) turnover data showed a net gain in staff- trending in the right direction. <p><i>What does it look like for new or existing clients who want to access services?</i></p> <ul style="list-style-type: none">• Have a navigator system- hope to get someone in within 5 days- they do screening tools and determine if another agency is a better fit for the individual. When someone reaches out for treatment, they are ready for treatment, trying to support person as quickly as possible to remove barriers. Embracing motivational interviewing.• Communication out in community- about what is currently available versus what is ideally available given current demand. Discuss what temporary supports exist while waiting for staff- if there is a wait.
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	<p><i>How are embedded crisis specialists with state police working? Updates on being a Lifeline center?</i></p> <ul style="list-style-type: none"> • Both are going very well- leading to less use of the emergency department. Excited to see embedded positions continue to grow. Six families are now employed due to these projects with a livable wage. • Some of the challenges involve consistently staffing the overnight- trying to have multiple staff on overnight since we expect 988 to increase call volume. <p><i>How well have you been supported by DMH? What can we do to support you?</i></p> <ul style="list-style-type: none"> • Feel the relationship with DMH is great- want to partner and see NKHS be successful. And recognize that the work is difficult and competing with entities that can pay more- additional funding to allow for raising staff wages is critical. • Can't lean into telehealth without consistent access to broadband. Unique challenges of being an expansive, rural region. • "Don't forget about us [as an agency and a region]" . <p>SPSC members appreciate NKHS' willingness to hear feedback and make changes.</p>
<p>Draft Letter to DMH Commissioner Re: NKHS Designation Status</p>	<p>Members processed the discussion with NKHS.</p> <p>Motion to recommend Option #3 - Provisional Redesignation without intent to dedesignate. Made by Michael, seconded by Dan. Discussion on whether current findings are 'major' or 'minor'. All in favor with two abstentions. Passes.</p> <p>Positives mentioned:</p> <ul style="list-style-type: none"> • "When someone reaches out, they are ready, and we want to capitalize on that moment". SPSC appreciates this sentiment. • Impressed with ability to keep working toward improvement • Teamwork feels present at the agency, impressed with Q&A by agency members today. • Encourage continued progress in 988 and use of IPS training
<p>Member Application Voting</p>	<p>Hear from members up for reapplication: Dan and Bert.</p> <p>Motion for Dan to remain as a member made by Marla, seconded by Zach, no opposed or abstentions. Passes.</p> <p>Motion for Bert to remain as a member made Marla seconded Kate, no opposed of abstentions. Passes.</p> <p>Vote on Alexis' application next meeting to be able to hear from Alexis directly.</p>
<p>Public Comment</p>	<p>No members of the public present for this meeting.</p>

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Closing Meeting Business	<p><u>July Draft Agenda</u></p> <p>12:30 SPSC Business:</p> <ul style="list-style-type: none">• Standing items: introductions, review agenda, announcements, vote on minutes• New items: Vote on 5/17/22 meeting minutes, new member voting. Fiscal Year 2023 SPSC Priorities• Names and pronouns (short). <p>1:00 DMH Leadership Update: Main focus: Suicide Prevention Update with Nick Nichols and Alison Krompf Sub focus: general update on DMH Support for students in schools- what initiatives are currently planned/underway? Hear about pay being a challenge across the system- what does DMH think about this? What can DMH do make this easier to agencies?</p> <p>2:00 BREAK</p> <p>2:10 SPSC Business (continued) – Review documents for HCRS Designation?</p> <p>3:15 Public comment</p> <p>3:20 Draft agenda & Closing Meeting Business</p> <p>June 6 meeting for community partners- Ward sending to Eva to share. Can give some context for these discussions. Membership subcommittee taking point on Alexis’ reference contacts. – Marla to connect first two, Kate to contact third.</p> <p>Motion to Adjourn made by Erin second by Marla passed 3:28pm.</p>
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