

This meeting was not recorded.

6/14/2021

Adult State Program Standing Committee Minutes

DRAFT

Present

Members: Bert Dyer (he/him) Malaika Puffer (she/her) Ward Nial (he/him)(ex) Kate Hunt (she/her)
 Marla Simpson (she/they) Dan Towle (he/him) (ex) 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 (they/she)

Public: Erin Nichols (they/she) Beatrice Birch Alexander Ferg Ann C Cummins Michael McAdoo Anne Donahue

Agenda

Agenda Item	<p align="center">Discussion (follow up items in yellow)</p> <p align="center">Facilitator: Lynne --- Timekeeper: Marla</p>
<p>Opening and AMH SPSC Business</p>	<ul style="list-style-type: none"> • Agenda modifications for today: <ul style="list-style-type: none"> ○ Defer potential addition of kids waiting in emergency departments until member who introduced topic can be present ○ Additional item: Discussion about new members before voting on a new member application • VOTE: To allow public comment through meeting with discretion. Made by Zach, Marla seconds. All in favor. Passed. • Demographics updates since last meeting: <ul style="list-style-type: none"> ○ One member shared that they have recently learned more about their genealogy and identify as having BIPOC identity, one member and one potential member changed their primary status to professional. • VOTE: To pass May minutes as provided. Seven in favor. One abstain. Passed. • Membership process discussion <ul style="list-style-type: none"> ○ The committee discussed how to balance the limited spaces left with the many applicants hoping to submit soon. Multiple members described wanting the SPSC to have more power before recruiting individuals from marginalized communities- which may be an agenda item for another time. ○ Eva will send resources shared in chat (from Zach) to the group after the meeting. ○ DMH Note: votes and discussion about potential members should be kept to executive session. ○ VOTE: To review membership applications every three months (quarterly). Made my Kate, seconded by Malaika. Seven in favor. One opposed. No abstentions. First review and vote will be July 2021.

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	<ul style="list-style-type: none"> ○ VOTE: Do not deny applicants of lived experience due to low numbers of family members or provider interest. Motion made by Malaika. Zachary seconds. Discussion ensued. Vote delayed until later.
<p>DMH Update With Sarah Squirrell, <i>DMH Commissioner</i> and Shayla Livingston, <i>DMH Policy Director</i></p>	<ul style="list-style-type: none"> ● Commissioner Sarah Squirrell thanked the committee or their dedication to serving Vermonters and for bringing important items to the state’s attention. Sarah stated that the work of DMH is better because of this committee. ● The SPSC thanked Sarah for joining today and for her service and courageous leadership throughout the pandemic. The committee recognized the challenging role that the Commissioner holds, the personal connections Sarah made, and the support of clients and families she provided in this role. The SPSC wished both Sarah and Fox the best in their future endeavors. ● Commissioner Squirrel shared that the next Commissioner will be Emily Hawes and Deputy will be Alison Krompf. Emily Hawes has been the CEO of the Vermont Psychiatric Care Hospital. Alison Krompf was most recently the Director of Quality and Accountability for DMH. Both are strong additions to the Commissioner team at DMH. ● Policy Director Shayla Livingston shared: <ul style="list-style-type: none"> ○ Legislative update: slides shared- see attachment A ○ DMH shared the certificate of need for the DMH recovery residence: (pasted below from the chat) https://gmcboard.vermont.gov/CON/GMCB-002-21con ○ Shayla will send the committee a message if there is an official name for the recovery residence. ○ Anyone from the public may submit comments to the Green Mountain Care Board.
<p>SPSC Business Pt.2</p>	<ul style="list-style-type: none"> ● Revisited the VOTE from earlier in the meeting. Restate as an understanding: Want a diverse committee, will remain open to the current committee makeup and discuss what the committee needs. Motion withdrawn and concurred. ● The committee heard from potential member Erin Nichols about their reasons for applying for the committee. ● Aggregate grievance and appeal review: <ul style="list-style-type: none"> ○ Numbers of reported Grievances and Appeals are low system wide. ○ The SPSC discussed purpose of review, that the information provided is as much information as is available about the resolutions. Discussed potential barriers about submitting grievances or appeals. ○ DMH clarified this information is required to be shared at intake and again any time a concern is shared. ○ DMH Question for SPSC: Would you want agencies to have a formal designation finding if they have low numbers of grievance or appeals over the previous four years? ○ The SPSC would like to add this as a routine question in redesignation conversation to revisit/reword at redesignation time: <ul style="list-style-type: none"> ▪ Would like to know count from agencies of number of complaints. ▪ Would like to know what agencies are giving clients regarding clients rights. ○ DMH gave kudos to the SPSC for their role in creating the G&A flyer which is in use at some DAs currently

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	<ul style="list-style-type: none"> • Older Vermonters working group update: three subgroups have been created to meet- data focused, resource group, and prevention & definition. Lynne is facilitating the prevention and definition group. Discussed the definition of self-neglect and whether self-determination should be a factor. • DMH hiring process- Any feedback for the incoming commissioner about the proposed new process? Feedback that this is better than previous process. Question for DMH: would this include prep meetings and debrief meetings? Discussion about how to determine who from the committee should represent the SPSC. • Proposed agenda item for next month: Children waiting in emergency departments. SPSC discussed that families feel their voice is not heard. Important to this group because if children’s needs are not addressed, they will become adults served by the system. DMH clarified there is a children focused Standing Committee, and that it would be best to have discussions about topics they oversee with them present. Options discussed: <ul style="list-style-type: none"> ○ To have information in writing regarding children’s issues and needs ○ To discuss at future meeting children’s needs ○ (on chat) To have a joint meeting with the children’s committee
Public Comment	<ul style="list-style-type: none"> • Learning a lot from this committee, no further comments today.
Closing Meeting Business	<p>Next agenda:</p> <ul style="list-style-type: none"> • MHBGPC update deferred to next meeting • Service pets deferred to next meeting • Children’s issues/joint meeting- ward will share a presentation with members. • Top ten priorities • HC LSPC • Applications to consider <p style="text-align: right;">Bert motions to adjourn, ? seconds. All in favor. Adjourned 3:04pm.</p>

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Attachment A: Presentation from Policy Team at DMH


**DEPARTMENT OF MENTAL HEALTH
POLICY AND LEGISLATIVE UPDATES**

Shayla Livingston, Director Of Policy



LEGISLATIVE INITIATIVES

- Recovery Residence (Capital Bill-Act 50)
- Mobile Response (H.439, Big Bill)
- Insanity as a Defense and Competency to Stand Trial (S.3)



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DMH RECOVERY RESIDENCE

Status:

• Governor signed

• CON applications submitted to the GMCB

- Funding in Capital Bill: \$11.6M
- Two eight-bed wings
- Common clinical and activity spaces
- No locked seclusion area
- No use of EIPs



MOBILE RESPONSE

Status:

• Big bill signed by Governor.

• Grant under review with Rutland pilot site

- Funding in FY22: \$600,000
- Pilot in Rutland
- Implementation or expansion across state must meet reqs necessary to draw down Medicaid enhanced match outlined in ARPA.



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INSANITY AS A DEFENSE AND COMPETENCY TO STAND TRIAL (S.3)

- Status:
- Signed by Governor.
- Forensic Workgroup to begin in July

- Psychiatric exam can evaluate defendant's competency or sanity OR both.
- If defendant does not have a private attny, court may appoint from VT Legal Aid
- Establishes procedure for victim notification upon discharge or DMH custody if case involves certain offenses
- Permits prosecution own psychiatrist to examine the defendant when they are found incompetent to stand trial
- Establishes forensic care working group
- DOC and DMH jointly submit inventory and eval of MH services currently provided



WORK WITH STATE POLICE

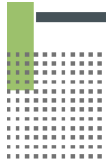
- MOU finalized in April
- DA's and VT State Police Barracks met to organize hiring process
- DPS sent grant to DAs last week for signature
- Upon signature, DAs will begin hiring process



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MENTAL HEALTH INTEGRATION COUNCIL

- Beginning in July
- Comprised of small workgroups
- Focused on implementation of integration (not recommendations)



CONTACT

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LEGISLATIVE CHARGE

Sec. 4. MENTAL HEALTH INTEGRATION COUNCIL; REPORT

Creation. There is created the Mental Health Integration Council for the purpose of helping to ensure that all sectors of the health care system actively participate in the State's principles for mental health integration established pursuant to 18 V.S.A. § 7251(4) and (8) and as envisioned in the Department of Mental Health's 2020 report "Vision 2030: A 10-Year Plan for an Integrated and Holistic System of Care."



The Council shall address the integration of mental health in the health care system, including:

1. identifying obstacles to the full integration of mental health into a holistic health care system and identifying means of overcoming those barriers;
2. helping to ensure the implementation of existing law to establish full integration within each member of the Council's area of expertise;
3. establishing commitments from non-state entities to adopt practices and implementation tools that further integration;
4. proposing legislation where current statute is either inadequate to achieve full integration or where it creates barriers to achieving the principles of integration; and
5. fulfilling any other duties the Council deems necessary to achieve its objectives.