## 9/13/2021

## **Adult State Program Standing Committee Minutes**

DRAFT

resent		
<b>Members:</b> $\square$ Bert Dyer (he/him) (ex) $\square$ Malaika Puffer (she/her) (ex) $\boxtimes$ Ward Nial (he/him) $\square$ Kate Hunt (she/her) (ex)		
☑ Marla Simpson (she/they) □ Dan Towle (he/him) (ex) ☑ Lynne Cardozo (she/her) ☑ Zach Hughes (he/him)		
⊠Christopher Rotsettis (he/him) ⊠Ann C Cummins ⊠Erin Nichols (they/she)		
<b>DMH/State Staff:</b> ⊠Eva Dayon (they/them) ⊠Nicole DiStasio (they/she) ⊠Dr. Tom Weigel ⊠Sam Sweet		
☑ Dr. Trish Singer		

## Public: ⊠Lacey Smith ⊠Michael McAdoo ⊠Elaine Ball Agenda

- 1. SPSC Business: Review agenda, Introductions, Public comment participation vote, august minutes vote, update on older Vermonters working group, SPSC top priorities and compare to DA priorities, Local program standing committees, power of state program standing committee
- 2. Meet Nick Nichols, CDC suicide prevention grant coordinator
- 3. DMH leadership update: ED wait times/moving clients through the system and state of pandemic response
- 4. Public comment
- 5. October draft agenda

Agenda	<b>Discussion</b> (follow up items in yellow)
Item	Facilitator: Marla Timekeeper:
Opening and AMH SPSC Business	<ul> <li>Vote on public comments. ZH motion to accept with discretion. EN seconded. All in favor, motion passed.</li> <li>Meeting Minutes.         <ul> <li>MS: Edit on chair. Says LC, should be MS.</li> <li>MS: Spell out VCP (Vermont Care Partners) in minutes</li> <li>AC motion to accept. WN seconded. All in favor, motion passed with edit.</li> </ul> </li> <li>EN requested a copy of the "how to chair" document. ED to send.</li> <li>Meeting Times         <ul> <li>LC question</li> <li>Why is meeting from 12-3 instead of 1-4, which would allow a lunch break?</li> <li>ED to poll the committee: 12-3, 1230-330, 1-4 options</li> </ul> </li> </ul>

- Decision: move to 1230-330 for next meeting as a trial, unless there is opposition by members not in attendance
- LC with Older Vermonters workgroup status update.
  - Approximately 20 people, 3 subgroups (Self Neglect prevalence in Vermont; Inventory of existing resources; Prevention and Identification of at-Risk Vermonters)
  - Prevention Subgroup
    - LC is chair.
    - Working on the definitions, collecting input, reviewing statutes
    - SPSC review the document Self Neglect Draft Definitions
    - Putting together a survey as the next step
    - Looking towards an inclusive definition -- include all older Vermonters (60+), but focus and priority on people's rights being respected.
    - ED to send the document to the SPSC. SPSC can send thoughts and feedback about any of the three definitions.
      - First definition is from ACT 156
      - Second and third are working revisions.
    - LC to send draft questions to ED. ED to send draft questions to SPSC.
- SPSC Top Priorities and Action Areas compared to DAs goals taken from their QI Plans
  - o Submit 3-4 goals in each program (CYFS, AMH, and Emergency Services)
  - One be client focused, one program focused, and one agency focused, optional fourth goal
  - MS: Clarifications on acronyms EBP (evidenced-based practices) and EHR (electronic health records)
     and EMR (electronic medical records)
  - o SPSC reviewed 3-year DA Goals document
  - o MS: Equine therapy is expensive, also consider other animal options (therapy dogs, farm visits, etc)
  - o AC: noted the lack of housing
  - o ED: DMH noted the lack of supported employment
  - AC: Mobile services for youth in Rutland. Review how well the program is working, and whether it can be expanded to other areas.
  - o MS: Expand co-occurring treatment. Question about why this was on the adult and not the children.
  - $\circ\quad$  ED: The programs often have more goals that those included.
  - O EN: What is the SPSC role in this?
  - o ED: Submit a new plan every three years, then provide regular updates every year. Can review and give feedback
  - o MS: change "consumers" to "individuals receiving services"

This meeting was not recorded.

	o ED to update on document
	<ul> <li>Group recommend waiting on the "power of SPSC" discussion until more members are present</li> </ul>
	BREAK
CDC Suicide	Led by Nick Nichols, Vermont Department of Health, Substance Abuse Program Manager
Prevention	Reviewed slides
Grant	• Questions
	<ul> <li>AC: Center for Health and Learning collaboration?</li> </ul>
	<ul><li>Engaging CHL in many portions of the work as a key partner.</li></ul>
	<ul> <li>MS: Looking for suicide survivor testimonies?</li> </ul>
	<ul> <li>Yes. Also looking for input and evaluation. If people have an interest, should email Nick Nichols</li> </ul>
	at <u>Nick.Nichols@vermont.gov</u>
	<ul> <li>LC: Any more details on how this grant will message?</li> </ul>
	<ul> <li>Two levels. One – better job of pulling together under one umbrella all working on suicide</li> </ul>
	prevention. Two – develop a plan on how we want to message, and measure effectiveness.
	<ul> <li>On Tuesday, 9/14 at noon, Gov Scott will be speaking about suicide prevention at his press conference</li> </ul>
DMH Update	Led by Samantha Sweet, Mental Health Operations Director, and Dr. Tom Weigel, Medical Director
	4 Care Managers – one on triage, 3 on inpatient
	On inpatient:
	<ul> <li>Pre-pandemic seeing 25-30 adults and youth, involuntary and voluntary</li> </ul>
	<ul> <li>Everyone shut down over summer of 2020</li> </ul>
	<ul> <li>Since reopening in Fall 2020, numbers have risen to average about 45-50</li> </ul>
	<ul> <li>Many beds originally closed due to need for single rooms to accommodate physical distancing, now cannot open beds due to staffing</li> </ul>
	<ul> <li>Must follow staffing guidelines from CMS about how many staff required per individual.</li> </ul>
	<ul> <li>Gov ordered mandatory vaccinations at VPCH and MTCR. Some are issuing requirements to get vaccinated or</li> </ul>
	complete regular mandatory testing.
	• Questions:
	O MS: Is this labor shortage due to pandemic?
	<ul> <li>Linked to shortages everyone is seeing. Shortages of sheriffs who can do transports, nurses,</li> </ul>
	designated agencies, etc.
	<ul> <li>Trying pay increases, sign on bonuses</li> </ul>
	<ul> <li>Still issues with child care, opportunities for remote work, health concerns about returning to work sites</li> </ul>
	<ul> <li>MS: Is Vermont paying for free education for nurses to become RNs?</li> </ul>

This meeting was not recorded.

	<ul> <li>Tuition reimbursement, loan repayments are available in some programs</li> </ul>
	<ul> <li>LC: How can it be called mandated vaccines if some are not vaccinated and delays in testing people can</li> </ul>
	be spreading before result comes in.
	<ul> <li>Trying to get people vaccinated but also respecting freedom of choice.</li> </ul>
	<ul> <li>MS: With unemployment ending, does Vermont expect more applicants?</li> </ul>
	<ul> <li>Hope that as unemployment ends and children return to school, there will be a bump in</li> </ul>
	applications. But hiring and background checks can have 4-6 week delays.
	<ul> <li>ZH/MS: peer specialist wage discrepancies</li> </ul>
	<ul> <li>Peer credentialing through peer workforce workgroup will look at appropriate compensation</li> </ul>
Public	None.
Comment	
Closing	Topics for October/November:
Meeting	DMH Leadership update
Business	<ul> <li>Update on Housing in October/November—Brian (Oct/Nov) and Erhard Mahnke (Nov) / Will Eberle (Oct) — Other</li> </ul>
	updates on pandemic housing assistance
	Revisit LPSC membership-discussion from public comment today in October
	Town halls at WCMHS – how is that going?
	• Vision 2030
	Peer Support Model in Virginia (with Dan)
	Planning Council update, 5-10 minutes
	Membership subcommittee
	Redesignation involvement feedback
	Feedback from Ann/Ward on experience of being part of the interview process    Figure 1   Ann accounts 2.03   Ann account
Adjourn	Erin motions. Ann seconds. 3:02pm.