**4/10/2023**

**Adult State Program Standing Committee Minutes FINAL**

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

**DMH/State Staff:** Eva Dayon (they/them) Lauren Welch (she/her) Trish Singer Karen Barber Nicole DiStasio Chris Allen

Nick Nichols Elora Taylor

**Public:** Jessica Kantatan (she/her) Anne Donahue

**Call in**: 732-673-3875 (no name given)

**Agenda**

* 12:30 SPSC Business: Introductions and Review Agenda, Statement on public comment, Vote on minutes, System of Care priorities for 2023, Vote on membership/membership update
* 1:00 DMH Legislative Update with Karen Barber, General Counsel and Nicole DiStasio, Policy Director
* 1:30 BREAK
* 1:35 Draft RMHS Visit questions and themes
* 2:00 DMH Leadership Update with Chris Allen, DMH Director of Suicide Prevention and Nick Nichols, VDH Suicide Prevention Program Coordinator
* 3:00 Public Comment
* 3:10 Closing meeting business and planning next meeting agenda

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| **Agenda Item** | **Discussion** (follow up items in yellow)  **Facilitator:** Christopher Rotsettis **Timekeeper: n/a** |
| **Opening and AMH SPSC Business** | Meeting **convened** at 12:35pm. **Quorum** met.  **Announcements**   * Lynne is up for reappointment. Committee will need to discuss and vote on reappointment. * One change to the agenda since the last share: a DMH legislative update was added   Lynne **motioned** to accept February 2023 minutes as written. Michael seconded. All in favor. **Approved**.  Lynne **motioned** to accept March 2023 minutes as written. Zach seconded. Two abstentions. Three in favor. **Approved**.  **System of Care Priorities**  DMH shared the list of top five priorities, as voted on by the committee. DMH named that some minor modifications had been made (such as adding verbs) to try and make the items more specific, and asked the committee for feedback to ensure the new descriptions still met the committee’s purpose for each priority. The committee discussed and the following changes were made:   1. Suicide Prevention – updated language to read “Increase suicide prevention efforts while respecting the voice of the individual”  * Peer support – updated language to read “Increase Designated Agency employment of individuals with lived experience (aka peers) including intentional peer support and peer support counselors”   **Membership updates**   * Zach **motioned** to accept Lynne’s reappointment. Ann seconded. All in favor. Enthusiastically **approved**. DMH will route this recommendation to the Commissioner, Secretary, and/or Governor as appropriate. * Still waiting on Ward’s updated resume, if he is choosing to re-apply for membership |
| **DMH Legislative Update** | Nicole DiStasio, DMH Director of Policy  Karen Barber, DMH General Counsel   * This is the first year of the legislative biennium, so bills that don’t meet crossover this year may still do so next year. * Crossover is the process in which a drafted bill moves to the opposite chamber. Bills can be introduced in the Senate or House of Representatives but must be voted forward by both legislative bodies in order to become a potential law. Bills should ‘crossover’ by a specific date to be on track for approval that year, and that date has already passed this year. * House bills   + H62 – Counseling Compact     - 15 States have been signing on since 2017     - Reciprocity in licensure – allows counselors to use their state’s license to provide services in other states involved in the compact     - Benefits may include service continuity for clients moving out of state and ease of relocating for providers. Risks are that providers can offer their services to individuals outside Vermont, which may reduce the amount of time they are available to Vermonters.   + H127 – Sports wagering     - Includes provisions for educational and therapeutic resources for gambling addiction     - Benefits are alignment with surrounding states, legalization of an activity that can be fun and engaging for most, but risky in that it will be addicting for some. Legalization allows for new revenue and better data for potential addiction resources   + H481 – Public health initiative for death by suicide     - Requires more reporting to legislature and collaboration with Department of Education, along with more collaboration overall between state departments on this topic   + H230 – Securing handguns     - DMH does not have a position on this bill * Senate bills   + S36 – Vermont Association of Hospitals and Health Systems proposal. Permits law enforcement involvement when health care workers are assaulted or threatened     - DMH does not have a position on this bill   + S47 – Vermont Care Partners proposal. Clarifying inconsistencies and confusion around mental health warrants     - Defining law enforcement jurisdiction     - DMH is involved in developing language including provisions for due process   + S89 – Forensic facility for incompetent/insane individuals not meeting hospital criteria but needing secure treatment. Potential solution to fill a service gap.     - Competency – threshold for understanding charges and appearing in court     - Sanity – point-in-time assessment of mental state during crime. Used as an affirmative defense.     - Develops statute for Emergency Involuntary Procedures, involuntary medications, and due process   + S91 – Competency and sanity evaluations     - Streamlining DMH’s process for evaluations     - Includes access to medical records, distinguishing competency and sanity, no-shows, multiple evaluations for an individual, appropriate clinical evaluators     - Explore formal “reinstatement of competency” process   Committee entered **BREAK** at 1:33. |
| **Draft RMHS Visit Questions and Themes** | **Reconvened** 1:43.  Members agree to reuse NCSS questions and develop a standardized set of questions. Keep space for follow up questions based on DA responses.  Specific RMHS concerns   * Crisis Stabilization and Inpatient Diversion (CSID) doesn’t appear to have clinicians on staff – general questions about staffing shortages * Update on Mobile Crisis? * Staff turnover 🡪 Staff turnover and recruitment (DMH will relabel in question template)   Kudos for RMHS   * Conducting stay interviews to improve staff retention * Employee wellness programs including massage chairs |
| **DMH Leadership Update: Suicide Prevention** | Chris Allen, DMH Director of Suicide Prevention  Nick Nichols, VDH Suicide Prevention Program Coordinator  Elora Taylor, VDH Garrett Lee Smith Grant Coordinator (new hire)  See slides after the minutes.  **Suicide Prevention at DMH**   * Recent increase in suicide deaths since 2019   + Informal 2022 suicide deaths count: between 117 and 142 * 988 Lifeline – weekly meetings with NCSS and NKHS call centers (Headrest NH is backup call center)   + Vermont has been able increase capacity alongside call volume to maintain ~80% answer rate     - Remaining ~20% of calls are answered by national backup center   + Chat and text services are available at about 72hrs/week with hopes to offer 24/7 coverage soon     - Chris will look into how unanswered texts and chats are responded to (auto-response?)     - Chris’s follow up: When a community member chats or texts 988 and no one from a Vermont Lifeline Center is available or responds, the chat or texts rolls up to the national back up center. Thus all chats and texts get answered by someone.   **Suicide Prevention at VDH – Comprehensive Suicide Prevention Grant**   * CDC grant coordination from public health approach – co-managed between VDH and DMH   + Population approach to support people who may not be showing up and asking for services   + About 2/3 of Vermonters who have died of suicide were not receiving mental health treatment at the time of their death |
| **Public Comment** | No members of the public in attendance. |
| **Closing Meeting Business** | **Debriefing River Valley Therapeutic Residence tour**   * Eva or Lauren will let this group know if there is another tour opportunity of the space. * Lynne has already toured the space   + Very different from Middlesex space   + Balance of warmth/welcoming and clinical practicality   + Only one accessible room, which was concerning   + Thoughtful about different therapeutic/recreational spaces (art, cooking, quiet room, yoga, TV)   + While the site is right past Fanny Allen, it feels remote and nicely situated   **Agenda for next meeting**  Lynne volunteered to facilitate.  12:30 Committee business  1:00 RMHS Visit  2:30 Committee business continued, end early  Zach motioned to adjourn. Lynne seconded. All in favor. Meeting **adjourned** 3:35. |

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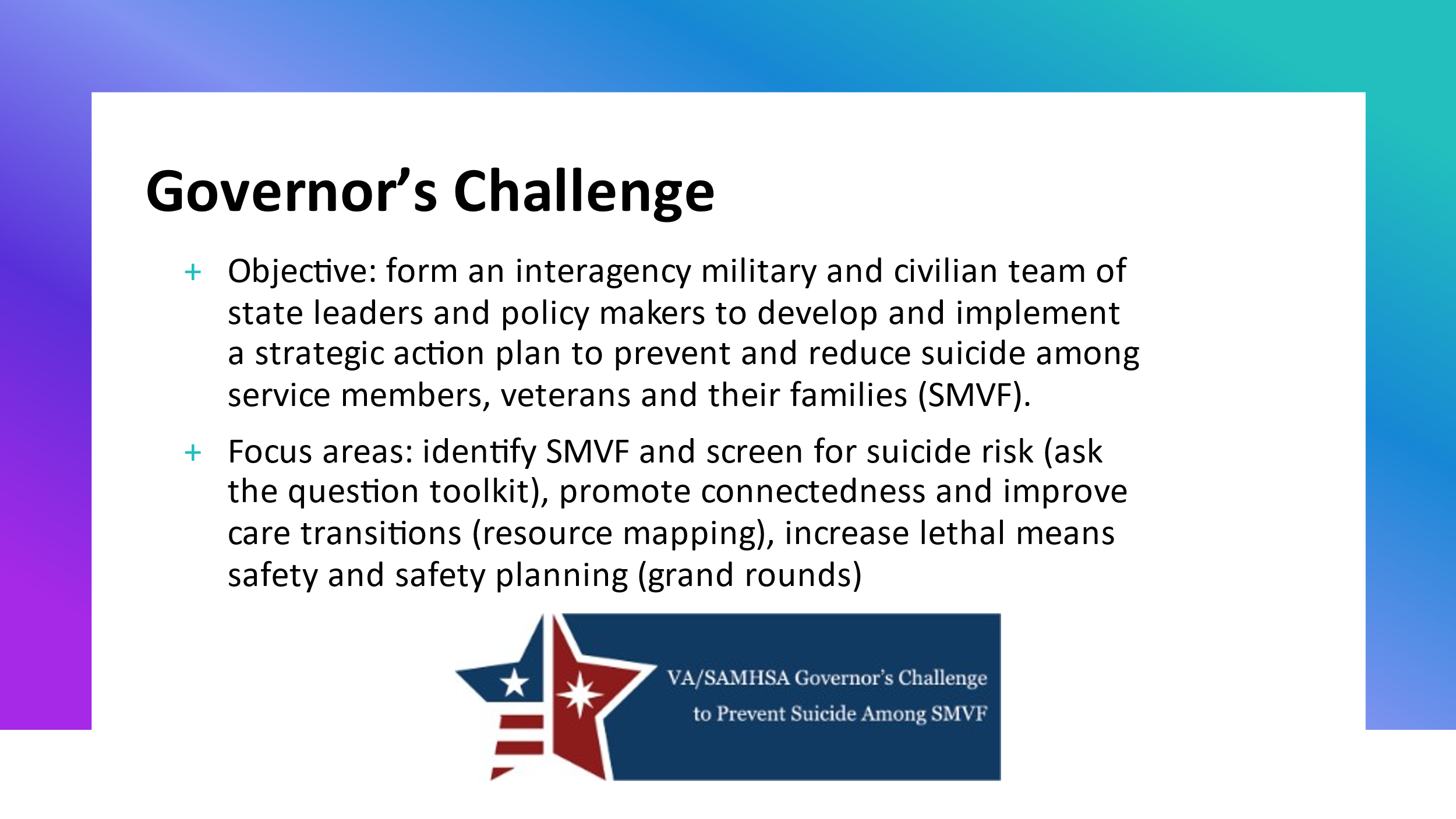
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