

This meeting was not recorded.

**4/12/2024**

**Emergency Involuntary Procedures Review Committee Minutes**

**\*\*DRAFT\*\***

**Designated Hospitals:**  Alix Goldschmidt (Brattleboro Retreat)  Kimberly Cowan (Brattleboro Retreat)  Terri Lynn Graham (Central Vermont Medical Center)  Kimberly Cookson (Central Vermont Medical Center)  Lesa Cathcart (Rutland Regional Medical Center)  Darcy Bixby (Springfield Hospital-Windham Center)  Jeremy Smith (Vermont Psychiatric Care Hospital)  Jessica Charbonneau (University of Vermont Medical Center)  Kaitlin Palombini (University of Vermont Medical Center)  Kristin Husher (Veterans Affairs Medical Center)

**Designated Agencies:** None present

**Peer/Family Representatives:**  Laurie Emerson (NAMI-VT; Peer/Family Representative)  Zachary Hughes (Peer/Family Representative)  Rhonda Prensky (Disability Rights Vermont)  Michael Sabourin (Vermont Psychiatric Survivors)

**DMH:**  Allie Nerenberg  Kelley Klein, MD  Karen Barber  Eva Dayon  Steve DeVoe  Dave Horton

**State of Vermont:**  Suzanne Leavitt (DAIL)

**Six Core Strategies Consultants:**  Janice LeBel  Kevin Huckshorn

**Public:** None.

**Agenda**

10:30 Introductions and Updates  
10:35 Review of December 2023 Meeting Minutes  
10:40 EIP Hospital Presentations – Discussion of Format  
10:45 TA Available from Six Core Strategies  
10:55 Discussion of Annual Report  
11:05 Data Review of Quarterly Report  
11:27 Public Comment  
11:30 Adjournment

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<b>Agenda Item</b>	<b>Facilitator/Timekeeper: Steve DeVoe; Minutes: Allie Nerenberg</b>
<b>Introductions and Updates</b>	Discussion around goals of this meeting: looking at data in a contextualized manner, utilize shared learning, resource development, relationship building. Value in frank discussion around utilization of service, especially post-Covid in reconsidering interventions in a new workforce landscape.
<b>Review December 2023 Minutes</b>	The vote to approve was passed unanimously. (Kimberly Cookson motioned to approve, Janice LeBel seconded the motion.) No discussion or edits to meeting minutes. Will be posted on DMH website.
<b>Topic of Discussion</b>	Six Core Strategies representatives would like to get report back on A.V.A.D.E. from Central Vermont Medical Center to learn about training programs. RRMC also started this training in June as an organization-wide training. Several staff have now received the training, which seems complementary in some aspects to Six Core Strategies. Future meeting topic could be further discussion on A.V.A.D.E. and points of connection with Six Core Strategies.
<b>EIP Hospital Presentations – Discussion of Format</b>	<ul style="list-style-type: none"> <li>• No hospitals presented today.</li> <li>• DMH would like to keep hospital presentations as a core part of the meeting. They provide an opportunity for sharing practices and approaches for other hospitals to foster a community of learning and collaboration. Moving forward, will do two hospital presentations per meeting. Schedule will be provided in advance, will be the responsibility of each hospital to switch presentations if not able to attend the meeting for which they are scheduled to present. Will be an annual schedule, so hospitals know well in advance for planning. Hospitals may reach out to Steve DeVoe regarding a preference of which quarter they present in, if applicable.</li> </ul>
<b>TA Available from Six Core Strategies</b>	<ul style="list-style-type: none"> <li>• All hospitals have TA available regarding training and facilitation of Six Core Strategies. If any hospital is interested in accessing this, please to reach out to Steve DeVoe for help connecting with them.</li> <li>• This is free TA available to every hospital – funded by DMH as part of ongoing efforts to reduce use of seclusion and restraint.</li> <li>• For a new facility, Six Core Strategies recommends a starting with a one-day on-site visit to get to know the hospital unit(s). Training can then be either two full days face-to-face or four virtual 3-hour sessions. Up to the hospital how prefer to set this up. Specific format can be customized to meet the needs of the hospital.</li> <li>• Training can be taped if done virtually. Set up support coaching calls following the training. End the training with the beginning of the development of strategic plan for implementation.</li> <li>• Six Core Strategies offers leadership toward organizational change, using data to inform change, specific seclusion and restraint assessment tools and practices, involvement of advocates, families, individuals with lived experience. Development of a family/peer advisory council. Debriefing after a seclusion/restraint is a core feature.</li> <li>• Ongoing consultation offered &amp; utilized at present by hospitals.</li> <li>• RRMC and Brattleboro Retreat have worked with Six Core Strategies – both found it integral to staff orientation and ongoing professional development via consultation.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Six Core Strategies has a training on May 30<sup>th</sup> from 9am – 12pm on the evidence-based practice of trauma informed yoga. Can register online – free to attend &amp; offers CEUs</li> </ul>
<p><b>Discussion of Annual Report</b></p>	<ul style="list-style-type: none"> <li>• One function of this Committee is to draft and submit an annual report to Commissioner of DMH. This report is also provided to each hospital. The EIP Administrative Rule establishes this committee and the report:             <ul style="list-style-type: none"> <li>○ “Section 8.2: The Review Committee shall prepare an annual report summarizing its advisory work, providing suggestions and recommendations regarding adherence to these standards, including trends in the frequency in the use of emergency involuntary procedures, findings relative to compliance with the requirements for the use of such procedures, the need for staff training, and other related matters.”</li> </ul> </li> <li>• DMH welcomes input from Committee members on the best process for drafting the report and providing everyone with time to review it prior to submission. Due date is June 30, 2024. Previous reports are on the website.</li> <li>• Suggestion to have 1-2 paragraphs provided from each facility around their status, progress, reflection on current goals/challenges, etc. Another suggestion is they have a consistent format for hospitals to use in sharing their summaries. Please contact Steve DeVoe with other ideas/recommendations.</li> <li>• DMH completes the data portion of the report.</li> <li>• Discussion on how to get feedback from individuals served and/or families – what helped, what recommendations do they have. Many hospitals have, as part of debrief process, a point of circling back with the person who experienced this intervention whenever possible.</li> <li>• Brattleboro Retreat noted that they are trying determine how to best capture data around situations where they are able to avoid use of EIP.</li> </ul>
<p><b>Data Review of Quarterly Report</b></p>	<ul style="list-style-type: none"> <li>• December Quarterly Report follow-up discussion. Note that the July – September 2023 quarter reflected the highest total number of EIPs since at least 2019/2020 due to a few individuals with unusually high EIP totals. Some conversation around the potential of adding a benchmark to report. Could be a possibility – DMH can consider how this would work, though there are some statistical questions to consider. May not actually add much in terms of clarity.</li> <li>• Current quarterly report: October – December 2023. Important to note that, during that time, the Brattleboro Retreat had numerous unit transitions, which had big impacts on how data looks. Also note that not all DMH Bed Board data was submitted as normal during this quarter, possibly related to unit changes, which can impact overall data. Currently, the data reflects locations, vs. programs of service, which skews the data as, for example, one unit switched from a level 1 adult unit to a youth unit during the quarter with very different program services and interventions.</li> <li>• DMH and Brattleboro Retreat will speak further about how to most accurately reflect the data in a way that is as consistent as possible with previous reports.</li> </ul>

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<b>Public Comment</b>	Appreciate data from DMH, also think behind all the data is human beings having human experiences. Want to recognize and acknowledge people's experiences in report.
<b>Adjourn</b>	Meeting was adjourned at 11:30am.