**7/8/2024**

**Adult State Program Standing Committee Minutes DRAFT**

**Present Members:** Ann Cooper (she/her)  Bruce Wilson Christopher Rotsettis (he/him) Dan Towle (he/him)

Lynne Cardozo Marla Simpson (she/they) Michael McAdoo Thelma Stoudt Zach Hughes (he/him)

**DMH/State Staff:** Lauren Welch (she/her)Eva Dayon (they/them) Samantha Sweet (she/her)

Chris Allen (he/him) Trish Singer (she/her)

**Public:** Jessica Kantatan (she/her) Anne Donahue Aaron Kelly (CCBHC Steering Committee member) Brett Yates (Counterpoint)

**Agenda**

* 12:30 SPSC Business: Introductions and Review Agenda, Statement on public comment, Announcements, Vote on minutes
* 12:45 Assign Questions for CSAC visit
* 1:00 Designation Q&A visit with CSAC
* 2:15 BREAK
* 2:25 Draft Recommendation Letter to Commissioner
* 2:45 Public Comment; Closing meeting business and planning next meeting agenda

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| **Agenda Item** | **Discussion** (follow up items in yellow)  **Facilitator:** Dan Towle |
| **Opening Committee Business** | Meeting **convened** at 12:32. **Quorum** was met. Reviewed agenda. Introductions were made.  **Announcements**   * Mad Pride celebration at Battery Park in Burlington on July 13th from 12:30-3:00.   + There’s a parade at the beginning and potential for free swag! * Lynne and Christopher coordinated for representing the committee on the Disaster Mental Health Steering Committee. * Lauren will notify any members who still owe stipend invoices.   Vote on minutes postponed to next meeting. |
| **Leadership Update: VPS** | *Trish Singer, DMH Director of Adult Services (*[*patricia.singer@vermon.gov*](mailto:patricia.singer@vermon.gov)*)*   * Vermont Psychiatric Survivors has held several peer support grants through DMH for several years. * There are some admin concerns. The DMH Business Office determined that VPS is a “high risk” investment. * There are also some performance concerns and DMH received a petition from peer work organizations across the state requesting VPS responsibilities be put up for bid. * DMH put the core responsibilities of VPS up for bid after a review in January 2024.   + Core responsibilities/scopes of work were put up for bid     - Peer advocacy     - Patient representatives     - Peer advocacy publication     - Seed money for local community projects * A new entity, Mad Freedom (Wilda White, Malaika Puffer, Hilary Melton) received the highest * scores on 4 of the 5 core responsibilities. Theirs was the most thoughtful and comprehensive application DMH received.   + Funding was awarded to Mad Freedom last week. * Is there any concern over the consolidation of peer advocacy work under one or two organizations in the state? * DMH is aware of the hardship this could place on VPS. To that end, Trish and others worked closely with VPS to support and advise them over the past year. * Still, DMH’s priority is making a fiscally responsible choice to provide peer advocacy. |
| **Assign Questions** | Starting off positive: Michael  Community partner relations: Ann  Staffing concerns: Christopher  Response to share community trauma: Marla  Towards the future: Dan  Peer support staff: Lynne  Housing: Dan  Suicide prevention: Marla |
| **Agency Designation Q&A with CSAC** | Counseling Service of Addison County  *Rachel Cummings, Executive Director*  *Alexander “Sandy” Smith, Director of Adult Mental Health Services*  Introductions were made. Questions for CSAC Visit with Adult Mental Health State Program Standing Committee Please discuss the following thematic areas:   * Starting off positive   + What are CSAC’s strengths? Adult services program is nearly fully staffed after several years. Dynamic mix of services and approaches that are on the leading edges of where the field of mental health is going. Adult mental health staff just had a retreat and there was a strong sense of commitment to the agency’s mission and values. The agency is intentionally non-hierarchical which provides opportunities for staff engagement at all levels (such as HR decisions that are vetted with staff before implementation). Agency is client- and people-centered. CSAC is present at the right tables in the community. Agency leadership is very accessible (walk-the-halls policy, not open door). Sandy is particularly accessible to his team. Board has bimonthly coffee chats with staff. Most board meetings include a staff presentation. Worked hard to build up internship experience. Making CSAC a learning hub where interns want to stay on after graduation. Has really helped with staffing.   + What are some stellar moments at CSAC that are making you proud? Lots of new and ongoing projects. See below for discussion of some of these.   + CSAC has some unique programs. Tell us more about the following: **Community Bridges** has been around for a few years now. Based on the recognition that isolation (even before covid) is detrimental to mental health. Does not focus just on mental illness. **Interlude** came out of urgent care funding in the past few years, now funded by a DMH grant. Trying to reduce and understand involuntary hospital admissions. Designed for peer support during crises to divert from hospitalization. Follows a living room model to make the space inviting. **Evergreen** welcoming place of support and welcome. Offers low-key options like playing cards as well as mental wellness groups. **Power Voice Choice** based on Yale Citizenship model to reach people who have not been connected with CSAC before. Roles, Relationships, Rights, Responsibilities, Resources. Largely supported by Evergreen team. **Rapid Access** is new in the past two years. Uses Open Dialogue and includes support network and deprioritizes paperwork. This year Rapid Access leverages Open Dialogue and network approach to handle crisis situations. **Emotional CPR** classes and trainings available in the community. CSAC has pivoted from Mental Health First Aid because that model was based in diagnosis, which may inadvertently heighten stigma. E-CPR was created by people with lived experience and has received positive reactions recently. * Community partner relations   + What active partnerships does CSAC have with community organizations? Newly strengthened relationship with local Charter House shelter and with Turning Point. At the table for housing coalitions. Rachel sits on the Boards of both Porter Hospital (and their primary cares) and the local Federally Qualified Health Center (FQHC).   + What is the state of those partnerships?     - In the Site Visit Report, supervising staff identified some tension between CSAC and police when responding to crises. How does CSAC plan to improve response coordination? CSAC has had planning meetings to identify responsibilities and limitations of both police and CSAC. Having the liaison position vacant meant that a crucial bridge of understanding was missing from this relationship.     - Has there been a significant change in CSAC’s relationship with Porter Hospital since UVM took it over? Doesn’t feel a significant change, more a relationship shift. Still coordinates with Porter (ex: before opening Interlude).   + What community partnerships would CSAC like to develop or improve? * Staffing concerns   + What improvements has CSAC made or plans to make to their onboarding process in response to staff feedback? Pandemic made staffing chaotic because they really needed staff on the line quickly. Recent shift back to slower onboarding process. HR focus group to discuss staff feedback. Leadership retreat will be deep-diving into this data this week. Acknowledged that there was an erosion of staff belonging during the pandemic.   + What steps has CSAC taken to increase staff awareness of key policies and procedures such as workplace retaliation, discrimination, and client confidentiality? Sandy acknowledged that this is concerning since it’s contrary to the agency’s values. Hard to respond when survey results are decontextualized. CSAC tries to address this by building close supervising relationships. Tries to provide several channels through which staff can have their concerns heard. There were also many years during which the Quality, Compliance Office vacancy caused difficulty because this role is supposed to be a direct line for staff. Now that Jenning Boateng has been in the role for a year, there is more clarity when staff can turn.     - DMH surveys identified that some staff feel that the retaliation and discrimination policies aren’t consistently upheld. How does CSAC respond when these policies are violated? * Response to shared community trauma   + The Site Visit Report alluded to several recent traumatic events/critical incidents in Addison County. Could you share the context behind this statement?     - What kinds of incidents has Addison County experienced? Traumatic events occurred last summer and fall. This included a few homicides and gun/active shooter situations and an exposure death of a children’s services client.     - How is the agency supporting staff and clients through this trauma? Youth and family team immediately went into schools to provide support and connection after these incidents. Employee Assistance Program has worked with staff following these incidents. * Towards the future   + Does CSAC have plans for extending crisis program hours? More availability at Interlude? Not much funding left for expanding Interlude (also concerned about the future of the funding for Interlude). Mobile Crisis is a new priority. Implement new system of on-call mobile crisis for nights and weekends. Working on how Mobile Crisis, Interlude, Cottage Crisis bed, Rapid Access are all interconnected.   + What progress has CSAC made on its Local System of Care Plan goals?     - Has the embedded staff within the Vermont State Police been effective? Is CSAC using the role for community outreach and awareness?     - Has CSAC been able to staff mobile response through nights and weekends?     - Has CSAC increased coordination between the Emergency Team and the Adult Stabilization Program?   + What is your five-year vision for the agency? Working on becoming a trauma-transformed organization and community. Resilient Community events. Building systems that are trauma responsive. Classes teaching reflective supervision across social service organizations. Looking to becoming a Certified Community Based Integrated Health Center (CCBHC) while maintaining the values that make CSAC what it is (such as Open Dialogue). Looking for how CCBHC can enhance the work CSAC is already doing. CSAC is working to shore up substance use treatment to meet CCBHC requirements.   Additional Questions (if time allows)   * Peer Support Staff   + What trainings do your peer support workers receive? Intentional Peer Support, WRAP, other trainings coming out of Pathways and the Wildflower Network. Excited about the peer certification efforts at the state level.   + What is the agency doing to raise wages of all staff (including peers)? Peers not only work with adult services; there are also peer parents for youth and families and for developmental services. Peers are paid the same as other staff with comparable responsibilities. Entry wage is over $19/hour. The ability for CSAC to pay its staff is dependent on Medicaid rate increases from the state. All past rate increases were funneled directly to staff pay. Still struggling with vacancies in residential. Hard to pay competitively compared to other community organizations such as the school system, hospital, and primary care. * Housing   + The standing committee has heard there are statewide housing needs, both for clients and staff.     - To the extent that you have influence, how is CSAC involved in trying to turn the curve on lack of affordable housing in Vermont? CSAC doesn’t have the capacity to create housing on their own, but they are mobilizing any opportunity for collaboration and building community coalitions and provide mental health support to folks experiencing homelessness. Housing has also affected staffing because newly recruited people have trouble finding housing. CSAC is part of the Homelessness Task Force of Addison County. Street outreach came out of this coalition’s work and work to challenge negative perceptions about homelessness and provide low-barrier access to services. * Suicide Prevention   + What are the agency’s current efforts around suicide prevention? Front and center in 24/7 crisis response. Uses Zero Suicide framework and screenings. Youth and family program has been working with primary care offices around Zero Suicide. Some staff have participated in Alternatives to Suicide training.   + What is CSAC doing to prepare for/use mobile crisis? * Final questions   + Social isolation in the aging population? CSAC is interested in orchestrating mutual support. Community offers a spiritual program called Gather (not run by CSAC) as a place of connection.   + Correction action plan update? Interim report is under review by DMH.   + What should the committee prioritize in their deliberations? Innovative, nimble, strong community partner, works intentionally build relationships and provide quality care, excellent mission-driven staff, fosters people-driven approach, lots of training opportunities. Anyone walking through the door receives high quality care and staff providing care know they are valued.   Committee entered BREAK at 2:18PM. |
| **Draft Recommendation Letter to Commissioner** | Committee reconvened at 2:25PM.  **Kudos for CSAC**   * In light of the trauma experienced in the community, CSAC has responded by raising staff awareness of trauma informed work and kudos for their efforts to foster a resilient community. * CSAC leads the state in Open Dialogue/Collaborative Network Approach. * The Board of Directors consistently participates in anti-racism challenges and education during their meetings. * Heart and soul, CSAC has fostered a culture of “don’t worry alone” and “walk-the-halls” leadership to a very strong degree. * CSAC made a conscientious choice to switch from Mental Health First Aid to Emotional CPR. * CSAC has created a strong internship program which makes the agency a learning hub. They also deploy interns in creative ways such as in homelessness street outreach. * Programs like Community Bridges and Power Voice Choice as well as other community collaborations (Executive Director sits on Porter’s board and the local FQHC; Homelessness Task Force). * CSAC incorporates peer staff broadly throughout their programs (especially Interlude), rather than in its own silo. * Committee supports the vision for the future that CSAC shared including a Trauma Transformed approach.   **Concerns for CSAC**   * Outstanding Correction Action Plan; not having a Medical Director is a major deficiency. * Previous concern about supervision is still up for debate; was lack of supervision a result of chaos or a cause of it? Supervision has been addressed; provided more often. * Is the practice of meeting people in the community if they can’t come into the office related to accessibility compliance finding? * Committee would have preferred more staff to attend this meeting to hear from more voices. * Despite all the positives about CSAC’s culture, programs, and practices, the committee has no choice but to acknowledge the major deficiencies related to the Medical Director role and accessibility compliance.   Recommendation: Option #3 Provisional Redesignation with major deficiencies, with no intent to de-designate.  Christopher motioned to recommend Option 3 as described above. Ann seconded. One abstention. All else in favor. The committee will recommend Provisional Redesignation with major deficiencies, with no intent to de-designate. |
| **Public Comment** | Member of the public brought up concern from Children’s SPSC that mobile crisis is a “hot potato” between the agency and the police.  In addition to Interlude, can there be more welcoming spaces in the hospital to make the experience less traumatic.  Does agency track treatment adherence to substance use and mental health. Are there interventions to avoid crises. |
| **Closing Meeting Business** | **Next meeting (August 12, 2024)**   * Light meeting, summer vacation * Quick Update: CCBHC   + Laura Flint, DMH Senior Evidence Based Practices Evaluator * Review Grievances & Appeals report   **Other Proposed Agendas**  September 9   * Update on Suicide Prevention: Nick Nichols * Update on Mobile Crisis: Tara Miller * Standing Committee System of Care Priority: Housing   + HomeShare, Communications Director?   + Adnan Duracak, DMH Housing Program Coordinator * Review Agency Designation Materials: Pathways Vermont   October 7   * Leadership Update: Peer Certification   + Trish Singer, Mental Health Operations Director * Agency Designation Q&A: Pathways Vermont * Draft Recommendation Letter to Commissioner   November 4   * Age Strong Vermont; hear from Director of Adult Services at DAIL * Leadership Update   + Emily Hawes, DMH Commissioner   + New Deputy Commissioner?? * Home and Community Based Services   + August Weems, Adult Care Manager   Marla **motioned** to adjourn. Thelma **seconded**. All in favor. Meeting **adjourned** 3:10PM. |
| **Links** |  |
| **Parking Lot** | Committee would like more opportunity to discuss housing. Ask the communications director of HomeShare to visit the committee to raise HomeShare’s awareness of mental health and reduce stigma)  Have Nick Nichols attend to update about the grant he oversees and plans for restarting the advisory group meetings. (20 mins?)  Age Strong Vermont; hear from Director of Adult Services at DAIL  Update on the opioid crisis in Vermont. Substance abuse and quality of life (especially since the pandemic)  Should we more clear about how many people to invite to designation visits? |