**5/13/2024**

**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 (excu) Thelma Stoudt Zach Hughes (he/him) (excu)

**DMH/State Staff:** Lauren Welch (she/her)Eva Dayon (they/them) Trish Singer Chris Allen (he/him) Jeremy Therrien (he/him)

**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
* 1:00 Presentation: Psychiatric Advance Directives
* 1:30 BREAK
* 1:40 Introduction: DMH Mobile Crisis Director
* 2:10 Review: CSAC Agency Designation Materials
* 2:40 Public Comment
* 2:45 Closing meeting business and planning next meeting agenda

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| **Agenda Item** | **Discussion** (follow up items in yellow)  **Facilitator:** Marla Simpson |
| **Opening Committee Business** | Meeting **convened** at 12:32. **Quorum** was met. Reviewed agenda. Introductions were made.  Dan **motioned** to permit public comment throughout the meeting with priority given to committee members. Thelma **seconded**. All in favor. Motion **passes**.  **Announcements**   * NAMI VT Walk in Burlington on Saturday, June 1st. * Update: Administrative Rule on Agency Designation passed through the Interagency Committee on Admin Rules.   + A 6-week public comment period has not been scheduled yet, but will be announced shortly. * Lynne volunteered for the Disaster Planning Committee on behalf of the Standing Committee. She has experience in this area, so she will be a valuable representative.   Debrief April 25th Suicide Prevention Meeting   * Ann met with Chris Allen to follow up from April 1st ASPSC meeting. * For future *ad hoc* meetings, send out a reminder email the day before. * How do we reach students and youth who aren’t typically being held by our system of care   + Connection with the community   + In-school staff, relationship mapping   + Spaces for Connection for LGBTQ+ and BIPOC youth   + Mental Health First Aid   + GLS Grant Project Aware * Training in emergency departments, use of screening tools in other health care settings. * Men’s Sheds, created in New Zealand to identify projects in the community to bring men over 35 together and promoting connection and communication. There has been success in Montpelier and Barre. [Home - Men's Shed Association (usmenssheds.org)](https://usmenssheds.org/)   + Lynne brought up the program Man Therapy which Vermont is piloting in certain parts of the state: [Man Therapy® | Men's Mental Health Resources](https://mantherapy.org/) * Chris went to annual American Association of Suicidology Conference [AAS24: Las Vegas, NV - American Association of Suicidology](https://suicidology.org/aas24/) * Chris has a big deadline for the strategic plan for suicide prevention and model protocol for health care facilities on suicide prevention on July 1 (internal deadline is tomorrow)   **Minutes**  Thelma **motioned** to accept April Minutes. Dan **seconded**. One abstention. All else in favor. April Minutes were **accepted**.   * Procedure note: members may still vote to accept minutes even if they did not attend the actual meeting. |
| **Presentation: Psychiatric Advance Directives** | *Jack McCullough, Vermont Legal Aid Mental Health Law Project Director (*[*jackinw@vtlegalaid.org*](mailto:jackinw@vtlegalaid.org) or [*jmccullough@vtlegalaid.org*](mailto:jmccullough@vtlegalaid.org)*)*   * No slides were used. * Jack is an attorney at Vermont Legal Aid and has been the Director for the Mental Health Law Project for about 20 years. * Legal Aid contracts with DMH to represent Vermonters in cases related to involuntary hospitalization and treatment   + Has there been any movement to modernize mental health language (e.g. not guilty by reason of insanity)?   + About 10 years ago, the legislature combed through the entire statute to create more respectful language (e.g. “lunatic”, “imbecile”, becoming “intellectual disability”) but “insanity” was not included. * Jack was involved in the statute related to advance directives (previously called durable power of attorney). Covered in the final section of Title 18:   “The State of Vermont recognizes the fundamental right of an adult to determine the extent of health care the individual will receive, including treatment provided during periods of incapacity and at the end of life. This chapter enables adults to retain control over their own health care through the use of advance directives, including appointment of an agent and directions regarding health care and disposition of remains. During periods of incapacity, the decisions by the agent shall be based on the express instructions, wishes, or beliefs of the individual, to the extent those can be determined. This chapter also allows, in limited circumstances in which a patient without capacity has neither an agent nor a guardian, for a surrogate to provide or withhold consent on the patient’s behalf for a do-not-resuscitate order or clinician order for life-sustaining treatment. (Added 2005, No. 55, § 1; eff. Sept. 1, 2005; amended 2015, No. 136 (Adj. Sess.), § 1, eff. Jan. 1, 2018.)” Link to statute: [Vermont Laws](https://legislature.vermont.gov/statutes/section/18/231/09700)   * Advance directives allow a person to plan medical decisions when they have the capacity, for instances when they don’t. * What responsibility do providers/hospitals have to respect advance directives? Jack believes that advance directives should be respected even in cases of involuntary hospitalization.   + A valid advance directive is binding on the health care provider, the courts, and the State, even in cases of involuntary treatment. This includes the decision to decline all involuntary medications.   + Jack shared a case in which a client had an advance directive declining involuntary medications, the State applied for involuntary meds anyway, trial court did not recognize the advance directive, so Legal Aid immediately appealed to the State Supreme Court who reversed the decision and upheld the validity of the advance directive.   + Jack believes it is valid to decline involuntary medication   + There is a type of advance directive (Ulysses Clause) in which the principal authorizes their healthcare provider to make medication decisions if they become incapacitated.     - Without a Ulysses Clause, a principal (whether with capacity or without) may revoke their advance directive at anytime. * The Vermont statute lists a few things that must be included on an advance directive in order to be recognized. There are organizations that have template forms you can use.   + In writing   + Dated and signed by the principal, or designated person   + Two adult witnesses, certifying principal understands document, free from duress   + Vermont Department of Health maintains a registry of advance directives. Jack recommends filing advance directives with the registry because that is the first place that providers look for such documents. It is not required to file with the registry, but it is strongly recommended.   + Template Advance Directives     - Vermont Legal Aid: [Forms — Advance Directives | VTLawHelp.org](https://vtlawhelp.org/forms-advance-directives)     - Vermont Ethics Network: [Forms (vtethicsnetwork.org)](https://vtethicsnetwork.org/forms)     - Vermont Department of Health: [Create, Register and Make Changes to an Advance Directive | Vermont Department of Health (healthvermont.gov)](https://www.healthvermont.gov/systems/advance-directives/create-register-and-make-changes-advance-directive)     - Disability Rights Vermont: [Advance Directives – Disability Rights Vermont (disabilityrightsvt.org)](https://disabilityrightsvt.org/advance-directives/) * Confidentiality?   + Vermont Department of Health maintains the registry.   + Link: [Create, Register and Make Changes to an Advance Directive | Vermont Department of Health (healthvermont.gov)](https://www.healthvermont.gov/systems/advance-directives/create-register-and-make-changes-advance-directive?gad_source=1&gclid=EAIaIQobChMI1uXOvpCLhgMV-zcIBR3MsQaZEAAYASAAEgLl0_D_BwE)   + Statement from their website:     Committee agreed to postpone BREAK until after Mobile Crisis presentation. |
| **Introduction: DMH Mobile Crisis Director** | *Jeremy Therrien (TAR-ien) (he/him), DMH Mobile Crisis Director (*[*jeremy.therrien@vermont.gov*](mailto:jeremy.therrien@vermont.gov)*)*     * See attached slides * Who is Jeremy?   + Masters in Mental Health Counseling from University of Vermont   + First emergency room mental health clinician at UVM Medical Center through Howard Center First Call   + Then became supervisor at First Call   + Joined DMH as a care manager two years ago, then became the first Mobile Crisis Director * 988 Suicide and Crisis Lifeline has been 24/7 since August 2023. * The statement about remaining anonymous is included to differentiate 988 from a DA crisis line which usually asks for name, birthday, and location to fill out a client profile. Anonymity does not apply in scenarios in which the 988 responder believes the caller is imminently dying.   + Note that the Pathways Support Line is 24/7 and fully anonymous. * What are the qualifications for being a 988 operator?   + DMH leaves this decision up to the individual center.   + There aren’t very high educational requirements (maybe high school). Rather, they look for people who are willing to do the work and demonstrate good listening skills. The centers provide the rigorous training needed to be an operator.     - Training is mandated by national vendor, Vibrant Emotional Health [Vibrant Emotional Health : Vibrant Emotional Health](https://www.vibrant.org/)     - 988 operators don’t receive Intentional Peer Support, but Mobile Crisis peer responders do. DMH received a bit of funding to train non-peer responders in “IPS-lite”. ASPSC would like DMH to pursue more funding to train all Mobile Crisis responders in Intentional Peer Support. * Emergency Rescue is the last possible option for operators. DMH asks call centers to debrief every emergency rescue to identify what could be done differently. The goal is to have zero emergency rescues.   + Emergency rescues are done by emergency services, rather than Mobile Crisis. Mobile Crisis is purely voluntary.   + DMH is working to improve the relationship between 988 and local emergency services so that transitions are more seamless. Also working toward having 911 transfer calls to 988.   Committee entered **break** at 2:11PM |
| **Review: CSAC Agency Designation Materials** | Committee **reconvened** at 2:16PM  Questions for CSAC:   * What partnerships does CSAC have with community partner organizations? * Tell us more about programs such as Community Bridges, Interlude, Evergreen, Power Voice Choice? * AR pages 20-21 Ask follow-up question about CRT staff feeling retaliation and discrimination policies isn’t upheld, CRT management is disconnected? * Plans for extending the hours for crisis programs? * SVR pages 13-14 About relationship with police in crisis response. * What is the agency’s response to survey feedback that key services aren’t accessible or concerns about quality? * What has the agency done to increase awareness of retaliation policy, and procedure of client confidentiality? * Follow up on the yellow and red parts of the survey response tables. * AR page 23 What progress has been made on the Local System of Care Plan goals? * Can we ask for an overview of the violent events in Addison County that caused vicarious trauma for CSAC staff? * Are staff/supervisors getting enough supervision. Some staff felt onboarding is lacking. * Housing? Staffing? What are the agency’s strengths and stellar moments? * Has there been a significant change in the relationship with Porter Hospital when UVM took it over?   Kudos for CSAC:   * CSAC leads the state in Open Dialogue/Collaborative Network Approach * Board participates in anti-racism training * Culture of “don’t worry alone”   Areas of concern for DMH:   * Survey response rates are low. * Share actual Value Based Payment numbers with committee. * The targets are low for the VCP survey measures. |
| **Public Comment** | Members of the public did not have any comments. |
| **Closing Meeting Business** | **Next meeting (June 10, 2024)**   * Meet with the Deputy Commissioner to raise priorities for FY26 budget (if not the new Dept Commissioner, then invite someone else from the leadership team at Emily’s recommendation) (20 mins) * Prep questions for CSAC (10 mins) * Agency Designation Q&A: Counseling Service of Addison County (75 mins) * Draft Recommendation Letter to Commissioner   **Other Planned Agendas**  July 8   * Quick Update: CCBHC   + Laura Flint, DMH Senior Evidence Based Practices Evaluator * Leadership Update: Peer Certification   + Trish Singer, Mental Health Operations Director * Legislative update * Standing Committee System of Care Priority: Housing   + HomeShare, Communications Director?   + Adnan Duracak, DMH Housing Program Coordinator * Review Agency Designation Materials: Pathways Vermont   August 12   * Light meeting, summer vacation   September 9   * Agency Designation Q&A: Pathways Vermont * Draft Recommendation Letter to Commissioner * Review Grievances & Appeals report   October 7   * Leadership Update   + Emily Hawes, DMH Commissioner   + New Deputy Commissioner?? * Home and Community Based Services   + August Weems, Adult Care Manager   Dan **motioned** to adjourn. Ann **seconded**. All in favor. Meeting **adjourned** 3:05PM. |
| **Links** | Men’s Sheds: <https://usmenssheds.org/>  Man Therapy: <https://mantherapy.org/>  American Association of Suicidology Annual Conference: <https://suicidology.org/aas24/>  Vermont Advance Directive Statute (Title 18): <https://legislature.vermont.gov/statutes/section/18/231/09700>  Vermont Department of Health Advance Directive Registry: <https://www.healthvermont.gov/systems/advance-directives/create-register-and-make-changes-advance-directive?gad_source=1&gclid=EAIaIQobChMI1uXOvpCLhgMV-zcIBR3MsQaZEAAYASAAEgLl0_D_BwE>  Template Advance Directives   * Vermont Legal Aid: <https://vtlawhelp.org/forms-advance-directives> * Vermont Ethics Network: <https://vtethicsnetwork.org/forms> * Vermont Department of Health: <https://www.healthvermont.gov/systems/advance-directives/create-register-and-make-changes-advance-directive> * Disability Rights Vermont: <https://disabilityrightsvt.org/advance-directives/>   988 Vendor, Vibrant Emotional Health: <https://www.vibrant.org/> |
| **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) |



















