**9/11/2023**

**Adult State Program Standing Committee Minutes DRAFT**

**Present Members:** [ ]  Bruce Wilson [x]  Marla Simpson (she/they) [ ] Dan Towle (he/him) (excu) [ ] Lynne Cardozo (excu) [x] Zach Hughes (he/him)

 [x] Christopher Rotsettis (he/him) [x] Ann Cooper (she/her) [x] Michael McAdoo

**DMH/State Staff:** [ ] Eva Dayon (they/them) [x] Lauren Welch (she/her) [x] Trish Singer [ ] Katie Smith (she/her)

**Public:** [ ] Jessica Kantatan (she/her) [ ] Anne Donahue [ ] Thelma Stoudt (potential member)

**Agenda**

* 12:30 SPSC Business: Introductions and Review Agenda, Statement on public comment, Vote on minutes
	+ Assign questions
* 1:00 Agency Designation Visit: Clara Martin Center
* 2:30 BREAK
* 2:40 Draft Letter to the Commissioner
* 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** | Meeting **convened** at 12:32. **Quorum** was met. Introductions made.Zach **motioned** to approve June minutes. Marla **seconded**. All in favor. **Approved**.Marla **motioned** to approve July minutes. Ann **seconded**. All in favor. **Approved**.Marla **motioned** to approve August minutes. Ann **seconded**. One abstention. All others in favor. **Approved**.Announcements* Vermont Psychiatric Survivors October 28th 10:30-2:00 at Rutland Library (with remote options)
* Request for Proposals posted: Trauma Informed Supports for Interpreters [Vermont Business Registry and Bid System - Bid Detail](http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=58225) due 9/25/23.
* NAMI Vermont Conference is coming up on November 15th in Burlington. [NAMI Vermont 2023 Conference - NamiVT](https://namivt.org/nami-vermont-2023-conference/)
* Membership subcommittee update: there is someone interested in attending the October meeting.
* Plan to vote on Thelma’s membership in October meeting.

CMC Visit Questions assignments:* CCBHC: Christopher
* Staffing: Zach
* Peer support: Marla
* Housing: Michael
* Agency Review Report: Zach
* Suicide prevention: Marla
* Continuous improvement: Ann
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| **Agency Designation Visit: Clara Martin Center** | Gretchen Pembroke, Director of Adult and Health Integration ServicesKristen Briggs, Director of Access and Acute CareIntroductions made all around.CCBHC* Advice for other agencies?
	+ Better to consider how CCBHC can work at your agency than to anticipate the undertaking. In fact, a lot of the requirements for CCHBC are like DMH requirements.
	+ If there are services that your agency can’t provide, consider how the agency can link with partners to meet client needs.
	+ CCBHC provides flexibility to provide a package of services to anyone who comes through the door. Provides financial support for services that CMC was already interested in pursuing.
	+ Tight collaboration and communication with staff at all levels to ease the transition and implementation.
* Things that worked well? Not so well?
	+ Exciting to be the first agency in the state, but it’s tough to invent the wheel when neighboring agencies couldn’t share experience.
	+ Grant started immediately, so there was no ramp-up process which would have made the transition more slowly.
	+ Even positive change is a change, so move forward with intention and seek input from all levels of staff to support staff as they process changes.
	+ NOMs assessment was required for new clients and again every six months, presenting a big administrative burden to staff. CMC provided feedback to CCBHC model to narrow the requirements for this assessment and ease staff burden for future CCBHCs.

Staffing* Staff morale and turnover?
	+ Leadership team has celebrated that CMC is returning to pre-Covid turnover rates. Meaning that the agency can maintain well-trained, experienced staff.
	+ CMC protects existing staff when there are vacancies so that they aren’t overburdened. Staff is the number one resource, so CMC provides wellness opportunities to take care of staff.
	+ Recent optimization review has led to ongoing efforts to reduce admin burden and reallocate tasks to more appropriate positions.
	+ Engaging staff with professional development to help staff pursue their interests.
* Teaming and interpersonal conflicts
	+ CMC system is made up of several small teams so staff get to know each other very well. Also means that staff vacancies are closely felt.
	+ Intentionally finding ways that people can get together and build close relationships when work can feel more siloed than ever before.
	+ Onboarding includes efforts to forge relationships early.
	+ Weekly supervisions allow staff to discuss any conflict that arises and strategize how to handle tough situations. Encourages proactive, respectful communication. Consider that all staff are present to help the community, so that forms the foundation of mutual respect.
	+ Employee assistance program through KGA to give lots of different supports to employees who are struggling.

Peer Support* Integrating peers with lived experience, making positions equitable?
	+ CCBHC grant allowed expansion of peer supports beyond Safe Haven program. Hired supervisor of a peer support team who had lived experience to develop the team. Drafted terminology (“Support Assistant”) to make peer support an equal career experience.
	+ CCBHC no longer pays for team wages; just for the hiring process. But, CMC participated in Wilda White peer support report to advocate for Vermont Medicaid to fund peer services since they are so essential at CMC.
	+ Advocating that peers on disability should not be limited to a certain amount of money - rather a number of hours - for a more equitable solution. Also true of housing. Position listings are for both part-time and full-time
	+ CMC prioritizes participating in the larger advocacy conversations about peer supports.

Housing* Addressing lack of affordable housing?
	+ Maintaining good working relationships with local landlords to show that CMC commits to keeping affordable housing affordable and to make vouchers useful.
	+ Working with community partners (like Gifford) to explore ways to address staff housing needs together.
	+ Participating in housing meetings around the state as treatment providers and as housing provider (at Safe Haven and CRT housing units)
		- Conflict of interest mitigation: trying not to become main housing provider because that presents a difficult power dynamic that isn’t great for treatment.
		- What about payee services? There have been challenges holding the dual role. CMC currently subdivides the responsibilities on a team so that the payee staff is separate from the case manager. Working to return financial responsibility back to the client when indicated to pursue autonomy. Recognizing that not holding payee services can be a burden on clients.
	+ Successful conversations with local churches to open “warming shelters” for emergency shelter.

Agency Review Report feedback* How does CMC provide counseling at a greater rate than state average?
	+ My Avatar is the record management system that provides a lot of data report lenses that inform real-time decisions such as matching desired services with capacity to provide them.
	+ Pursuing treatment plans that are collaborative and emphasize client autonomy.
	+ Since Covid, CMC saw a lot more case management services for non-CRT/CSP clients who need help securing basic needs alongside or instead of therapy services.
* Embedded staff in VSP barracks?
	+ Orange County is served by two barracks. St. Johnsbury embedded position is filled, but Bethel has not been filled because it is challenging to fill and maintain staffing. Collaborating with HCRS to both recruit for the role.

Suicide prevention* How does CMC participate in suicide prevention?
	+ Coordinating Zero Suicide efforts.
	+ Working together across the state to systemize data and compare/contrast population needs at each DA. Also collaborating on firearm safety and non-judgment training (assume firearm ownership, then ask what the safety practices are) that start conversations rather than shutting them down.
	+ Robust trainings on assessing for suicide. Proactively identify staff to send to suicide symposium so that everyone gets a chance to attend.
	+ Staff-facing newsletter to acquaint staff with appropriate language and practices.
	+ Self-audit that included policy revision and data review to meet current best practices.
	+ Some prevention and postvention that will be wrapping up now that Covid is more a thing of the past.

Continuous improvement and strategic plans* Planned improvements for AMH and ES programs?
	+ Moving toward a same-day access model where first contact is client-centered and about treatment. Not just for emergency services. All staff have an impact on client access. Developing morning huddles to effectively address needs and coordinate access and termination of services. Same day assessments are available in a pilot program at one office (for substance use only)
		- Trying to flip the timeline so that care comes first before the 90 minute assessment and demographic meeting.
		- Working with UCS to learn about the FAST model and Collaborative Network Approach to achieve same day access.
	+ Wellness program/whole health model for CSP clients, hoping to expand to all clients, especially to children and families.
	+ Wanting to provide more services to aging adults.
* Five-year vision?
	+ In the process of developing strategic plan using feedback from staff and stakeholders. External partners (VCP) are helping to develop the plan.
	+ Listening tour held by Gifford to collaborate with them and Little Rivers FQHC on community needs assessment.
	+ Creating systems that don’t rely on unique staff relationships and are more resilient to staff turnover.

Feedback for the committee?* Helpful to see the questions ahead of time.
* Nice to be reminded of all the things that CMC has been working on and to brag about the wins and consider areas of continued need.
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| **Draft Letter to Commissioner** | Kudos:Overall caring and talented organization.Innovation and good at developing models that other agencies can use.Collaborating with other agencies on all sorts of issues. Learning from other partners.Providing useful feedback to CCBHC and then seeing actual change to the procedure.Care for staff wellness and training opportunities.Housing (from personal experience) - working with local landlords to build positive experience of housing for everyone.Learning collaborative network approach from UCS.Recommendation decision:Zach **motioned** to recommend redesignation with no deficiencies for Clara Martin Center. Marla **seconded**. All in favor. Recommendation to Commissioner will be redesignation with no deficiencies. |
| **Public Comment** | No members of the public attended. |
| **Closing Meeting Business** | Recruitment* Look into the meeting attendance policy. Is it official or solely verbal?
* Ask that each member reach out to at least one potential member before the October meeting.

**Agenda for next meeting (Oct 9, 2023)**Review Howard Center Agency Designation materials and formulate questions and kudosReview Value Based Payment dataDiscuss Conflict of Interest and CCBHCPotential visit from newly hired DMH Housing staffMarla **motioned** to adjourn. Michael **seconded**. All in favor. Meeting **adjourned** 2:38PM. |