

Meeting Minutes

Mtg. Facilitator: Samantha Sweet, Cheryle Wilcox, Alison Krompf		Where: AHS – WSOC Beech	
		Date: 1/10/2020	
		Start Time: 10:00pm	
		End Time: 11:30pm	
Attendees			
Those marked were in attendance in person or by phone			
Name	DA/SSA/Dept.	Name	DA/SSA/Dept.
☉ Samantha Thomas	NCSS	Carolyn McBain	DMH
☉ Megan Shedaker	NCSS	☉ Dillon Burns	VCP
☉ Virginia Havemeyer	LCMH	☉ Gretchen Pembroke	CMC
Diane Bugbee	DAIL	☉ Laura Kass	RMH
Lindsay Mesa	Pathways	☉ Danielle Payton	RMH
Kate Lamphere	HCRS	Paul Dilonno	UCS
Julie Pagglicia	UCS	☉ Matt McNeil	HC
Tim Gould	NKHS	Noreeen Shapiro-Berry	NKHS
☉ Lisa Dobkowski	CSAC		

On the phone: Lisa Dobkowski, Laura Kass, Danielle Payton

Regrets: Carolyn McBain, Diane Bugbee, Kate Lamphere

Agenda Item	Discussion Notes	Next Steps
Updates: <ul style="list-style-type: none"> • ANSA Subcommittee • Regional 	ANSA Subcommittee: <ul style="list-style-type: none"> • The group has met and looked at items for Vermont and other states. • Focused on what should be included and how to keep the ANSA as brief as possible. • They are meeting two more times in the next three weeks—working hard to get the Vermont ANSA language done. • Currently Praed is updating their ANSA-such as using gender neutral terms and changing MR to intellectual disability. Alison reached out to find out their timeline and they just sent her yesterday updated language, so we have that. • Alison passed out one-page worksheet that shows current items, core (if we do not have the core items on ours we cannot call this an ANSA or compare to other states data) options, and some preliminary draft decisions to run by this group. • Hospitalization questions discussion: from the ANSA 	Discussed the process for decision-making. It is important for members of this group to communicate decisions and updates back to their leadership so the vetting occurs as we move along.

Number of psychiatric hospitalizations in the past 180 days			
0	1	2	3
This rating indicates zero hospitalizations in the past 180 days.	This rating indicates one hospitalization in the past 180 days.	This rating indicates two hospitalizations in the past 180 days.	This rating indicates three or more hospitalizations in the past 180 days.

Number of psychiatric hospitalizations less than 30 days long within the past two years			
0	1	2	3
This rating indicates zero hospitalizations in the past two years that were less than a 30 day stay.	This rating indicates one hospitalization in the past two years that were less than a 30 day stay.	This rating indicates two hospitalizations in the past two years that were less than a 30 days stay.	This rating indicates three or more hospitalizations in the past two years that were less than a 30 day stay.

Number of psychiatric hospitalizations greater than 30 days long within the past two years			
0	1	2	3
This rating indicates zero hospitalizations in the past two years that were greater than a 30 day stay.	This rating indicates one hospitalization in the past two years that were greater than a 30 day stay.	This rating indicates two hospitalizations in the past two years that were greater than a 30 days stay.	This rating indicates three or more hospitalizations in the past two years that were greater than a 30 day stay.

- o Discussed there are a number of folks who end up in hospitals and no longer meet that acute level of care but there is no place in the community to discharge them. It is important to consider this in making the decision about what to include on the ANSA.
- o **Decision: Keep just the 180 days and 2-year question about hospitalization**
- o We want to be sure we are measuring acuity rather than volume.

Number of psychiatric crisis episodes <i>(A crisis episode is defined as a crisis requiring a face to face assessment or de-escalation over the phone. It may or may not equate to number of crisis contacts, depending on whether a person's crisis episode is handled in multiple visits and phone calls, or through one interaction.)</i>			
0	1	2	3

Make sure to highlight decision points along the way and use notes from meetings for meetings

Commented [KA1]: This would be removed

Commented [KA2]: This has been vetted and determined it can be removed to leave only one question about hosp in last two years.

We will continue moving through items at our next meeting

See attached ANSA Vermont

	This rating indicates zero psychiatric crisis episodes in past 90 days.	This rating indicates one psychiatric crisis episode in past 90 days.	This rating indicates two psychiatric episodes in past 90 days.	This rating indicates three or more psychiatric crisis episodes in past 90 days.	Development Worksheet
NCSS sharing about their pilot of the ANSA-Samantha Thomas and Megan Shedaker	<ul style="list-style-type: none"> Discussed how to rate this (and needing to go into the EMR to find this information) and if it should stay in. Folks doing the ANSA may not know the answer to this question. Some agencies want this included because it can show a baseline and place to start. Showing the number of contacts also shows positive treatment outcomes e.g. calling First Call rather than the police. This question also provides an opportunity for a conversation with the client to get more information and rate together. The rating isn't a judgment-it is just the fact that it is happening. If we don't have it that could eliminate having really good information Decision: Bring this discussion back to agency teams given there was a variety of opinion in the room about the value of having this in or out. Bring back thoughts next month for final decision. <p>Medical: these are not part of Core, but the subcommittee felt it was important to have in the Vermont ANSA.</p> <ul style="list-style-type: none"> Medication Compliance: is a CORE item. Additional language can be added, but we can't change what is in the definition. In the CANS it is called Medication Adherence—we removed the word psychotropic medications and made it just medication. Could we do this for the ANSA? Review everything in the medical domain—all four could come off. Please consider this. <p>Risk Behaviors:</p> <ul style="list-style-type: none"> Subcommittee felt like having Command Hallucinations would be helpful to have-it is not required as a Core item. Decision: Members of this group concurred to having this included 				See attached ppt.

	<ul style="list-style-type: none"> • Haven't done reports yet through their system • The version in Praed for the ANSA 2.0 can be used for certification-ours will be easier since it will be shorter but folks can start doing the certification when they are ready. • Shared that attending the annual TCOM conference is a great way to get a national perspective and see how others are using the ANSA. There are a variety of workshops on both the CANS and ANSA. • They are making sure the foundation of rolling out the ANSA is grounded in the TCOM philosophy before focusing on the tool. • Talked about the use of technology to partner with training on the tool. An example was a workshop Sam attended at this past year's TCOM conference. The workshop used an app called kahoot where different folks can login and then given a scenario to score as a group. It was a fun way to create energy and have conversation. 	
Wrap Up and Next Steps	<p>Next month:</p> <ul style="list-style-type: none"> • Hear from other agencies how they are doing • Discuss training ideas 	