

This meeting was not recorded. Six members are needed for a quorum.

2/13/2023

Adult State Program Standing Committee Minutes

FINAL

**Present Members:**  Bert Dyer (he/him) (resigned)  Ward Nial (he/him)  Kate Hunt (she/her) (ex)  Bruce Wilson  
 Marla Simpson (she/they)  Dan Towle (he/him)  Lynne Cardozo  Zach Hughes (he/him)  
 Christopher Rotsettis (he/him)  Ann C Cummins (she/her)  Michael McAdoo  Alexis McGuiness (she/her)

**DMH/State Staff:**  Eva Dayon (they/them)  Alison Krompf  Trish Singer  Lauren Welch

**Public:**  Jessica Kantatan (she/her)  Anne Donahue

Agenda

- 12:30 SPSC Business: Introductions and Review Agenda, Vote on public comment participation, vote on previous meeting minutes, Prep questions for NCSS visit, SPSC system of care priorities for 2023
- 2:20 BREAK
- 2:30 DMH Update: Deputy Commissioner Alison Krompf Legislative Session Goals
- 3:00 Public Comment
- 3:10 Closing meeting business and planning next meeting agenda

Agenda Item	Discussion (follow up items in yellow) Facilitator: Zach Timekeeper: n/a
<p><b>Opening and AMH SPSC Business</b></p>	<p>Meeting convened at 12:33pm. Introductions and Review of Agenda occurred.</p> <p><b>Motion</b> to allow public comment throughout the meeting at the committee’s discretion, for this meeting and ongoing until the committee decides otherwise. Made by Marla, seconded Michael. All in favor. <b>Motion passes.</b></p> <p><b>Motion</b> to pass the January minutes (one type corrected). Made my Lynne, seconded by Marla. All in favor. <b>Motion passes.</b></p> <p><b>Membership Update</b></p> <ul style="list-style-type: none"> <li>- Bert resigned.</li> <li>- Eva to follow up with the Governor’s office to send Lynne letter and certificate from previous appt.</li> <li>- Eva to resubmit Alexis for another three year term, given that she was entered into a previous member’s term in the governor’s office files, and that term expires this month. Eva will resubmit resume as a “reapplication”, knowing she is just continuing her first term. Members have no concerns with this decision.</li> <li>- Lynne and Kate up for reappointment- have not decided whether to proceed. Member shared appreciation for the committee members and the work this committee does.</li> </ul>

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	<ul style="list-style-type: none"><li>- There is no requirement to attend any number of meetings each year, members are required to let DMH know if they will not be able to attend. Three meetings missed with no communication in advance results in membership termination.</li></ul> <p><b>NCSS Question/Theme Formation</b> <u>Include the following themes:</u></p> <ul style="list-style-type: none"><li>- Staffing levels, training, and retention</li><li>- Peer Support Staff</li><li>- Housing</li></ul> <p><u>Consider the following themes used with previous agencies:</u></p> <ul style="list-style-type: none"><li>- Police Involvement</li><li>- Client and Family Involvement</li><li>- Suicide Prevention</li><li>- Strategic Plans</li><li>- Paperwork burden</li></ul> <p>Specific questions for NCSS:</p> <ul style="list-style-type: none"><li>- Would want to know about staff morale and retention.</li><li>- Would like to know about grievance – client handbook update.</li><li>- Number of clients served decrease over time- reason for this?</li><li>- Focus on area of concern identified in the agency review</li></ul> <p>Committee discussed potential CCBHC implementation and specifically peer support certification in VT.</p> <p><b>System of Care Priorities FY 2023</b> Members discussed the purposed of this priority list:</p> <ul style="list-style-type: none"><li>- To guide meeting agendas</li><li>- To prioritize visits from members of the AHS/DMH leadership team</li><li>- To share with the DMH leadership team</li><li>- To share with the general public via the Mental Health Awareness Month Newsletter</li></ul> <p>Members will vote to rank the following priorities:</p>
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	<ul style="list-style-type: none"> <li>• Housing</li> <li>• DA employment of individuals with lived experience (peer)</li> <li>• Law enforcement</li> <li>• Suicide Prevention</li> <li>• Crisis/drop in centers</li> <li>• Normalize recovery/reduce stigma</li> <li>• Expand sotheria model</li> <li>• Reduce isolation/increase healthy relationships</li> <li>• Reduce coercion</li> <li>• Meaningful oversight of MH system of care</li> <li>• Trauma training/ expertise at agencies</li> <li>• CCBHC model of care</li> <li>• Peer-run respites (like Alyssum)</li> </ul> <p>Members used meeting time to complete the ranking via survey. Results will be compiled to share with the committee in an upcoming meeting.</p> <p><b>Draft public comment statement:</b> The adult state program standing committee has voting members, staff attendees from the Department of Mental Health, and members of the public. Members of the public are welcome to ask questions or join discussion throughout the meeting. Priority in discussion and questions will be given to voting members. Space will be reserved at the end of each meeting for comments from the public.</p>
<p><b>DMH Leadership Update</b></p>	<p>Legislative Priorities from Alison Krompf, Deputy Commissioner</p> <p><b>Budget</b></p> <ul style="list-style-type: none"> <li>• <b>Suicide prevention (CDC grant shared with the Department of Health)</b> Seeing increased funding for 988 Lifeline, due to increased volume of calls, chat, and text. 85% of calls response to by the two centers in VT. DMH is tracking data on how many calls require police response (1.2% of calls). 32 people received police response (if there is a weapon involved, if no weapon a crisis team may respond, some utilizing an embedded mental health specialist for the role), of those, only 5 did not consent to the police response. Present budget \$448,000, DMH is seeking a \$248,000 increase. DMH notes that both 988 and VT Support Line serve different purposes and both are important to continue funding.</li> <li>• <b>Peer Support Credentialing \$375,000</b> to create a state plan amendment and staff time to create a system for monitoring for peer support credentialing and implementation. Last year’s ask included the creation of peer respite</li> </ul>

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	<p>spaces so the legislative request was for more funds. The legislature requested that these two initiatives occur at different times. Want to ensure we can draw down Medicaid funds when people with lived experience do work in Vermont. The use of this funding will be described in the finalized report from Wilda White. <b>Request to share the report, when final, with the committee.</b></p> <ul style="list-style-type: none"> <li>• <b>Mobile response team pilot</b> this was deployed in Rutland with a youth focus last year. Medicaid will give an enhanced match (more money per service) to do mobile crisis in a specific way. Specifics include that it must be 24/7, outside of the emergency department, needs to include a two-person team, with a peer as one of part of that team, and that it must be able to respond to substance use crisis as well as mental health crisis. The budget ask is to allow VT to stand up mobile crisis. Part of this funding is to fund a Program Director for Emergency and Crisis Services across the lifespan. This person would report to the Commissioner of Mental Health. DMH would like this to be available statewide, and we are aware it is already hard to staff Current services in VT. It is financially and potentially logistically impossible to staff 10 teams- so an Request for Proposals was put out to seek applicants. Likely there will be a phased rollout to achieve statewide coverage. This RFP has not been scored yet so final awardees have not been announced yet. Could dispatch from 988?</li> <li>• <b>Alternatives to Emergency Departments:</b> One model is the 'Front Porch' model. Another is additional Pediatric Urgent Cares for Kids (currently in one region of the state) as well as crisis supports for adults.</li> </ul> <p>DMH stance on housing bills currently in house/senate? No bill reviews written at this time. Press Release coming out today to speak to housing supports using ARPA funds.</p>
<b>Public Comment</b>	The public attending have no comment at this time.
<b>Closing Meeting Business</b>	<p><b>Draft public comment statement:</b> The adult state program standing committee has voting members, staff attendees from the Department of Mental Health, and members of the public. Members of the public are welcome to ask questions or join discussion throughout the meeting. Priority in discussion and questions will be given to voting members. Space will be reserved at the end of each meeting for comments from the public.</p> <p><b>Agenda for next meeting</b>  12:30 Opening &amp; SPSC Business:</p> <ul style="list-style-type: none"> <li>• Standing items: introductions, review agenda, announcements, vote on minutes</li> <li>• New items: prep for NCSS Q&amp;A</li> </ul> <p>1:00 DMH Leadership Update: Chris? Or delay until next months and replace with Priorities discussion. How director of suicide prevention is working along with VDH grants. Main focuses of time?</p> <p>1:30 BREAK</p>

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	<p>1:35 NCSS Visit; 3:00 Draft Letter to Commissioner re: NCSS 3:15 Public comment; 3:20 Draft agenda</p> <p>The committee thanks Bert for his service over the years and appreciates his continued work in the system of care. WCMHS Maple House Peer Crisis Bed has entered it's tenth year!</p> <p><b>Motion</b> to adjourn made by Lynne. Marla seconded. No opposed or abstentions. Meeting ended at 3:12pm.</p>
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