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	<p>Questions for DMH/DAIL regarding older Vermonters? Committee would like acknowledgement of the immense needs of older Vermonters with mental health needs. Too many assumptions that elders don't need mental health support. Need to always spell out acronyms, write out numbers in phone numbers (1 800 "VT TALKS"). Threshold for "older" is 60 years old.</p> <p>Internal Discussion following suicide presentation- "gatekeeper"- defer to later in the meeting</p> <p>AMH SPSC Annual Report: committee undecided whether to proceed. Feels like a lift. Erin/Nicole willing to try. Could be:</p> <ul style="list-style-type: none"> • Major topics discussed • Membership overview • Priority areas members agreed on
<p>UVM Medical Center Peers in the Emergency Department led by Robert R. Althoff, M.D., Ph.D</p>	<p>Would like to move people (children and adults) through the Emergency Department quickly, and discuss ways to support individuals while they wait for placement. Currenting using peer support for substance use (Turning Point) at UVM, but not much beyond this currently. Would like to offer as an option to those waiting. Positive reception from staff in UVM network.</p> <ul style="list-style-type: none"> • Members shared personal experience with waiting in the Emergency Department. Need care, compassion, consideration. • Encouraged use of peers. Model for training peers suggested: Intentional Peer Support (IPS). This model could also be helpful training for nursing staff. • Physical space: <ul style="list-style-type: none"> ○ Rooms without a window/without daylight are disorienting. ○ Other items in room- not beige walls, plant, pictures, something to bring in warmth. Not having to lose clothes while waiting. ○ Alyssum/Soteria both good models for seeing what a physical space can look like ○ Sensory experience- auditory and scents important too (fragrance challenging for others) ○ Creative options ○ Pet therapy • Frequent check-ins not just about safety- how are you doing as a person? • Broad training in respectful communication- regardless of disability status • Encourage simultaneous launch in all UVM-affiliated locations • TCA at CVMC is extremely unpleasant – encourage spending a night there as a leadership staff • Connect with other partners who have done this work- such as NKHS (previously had peer cadre), connect with Designated Agencies such as Howard Center, Washington County Mental Health Services. Utilize peer run and peer staffed organizations such as Pathways Vermont. • Possibility of doctors/staff/nurses being open about their mental health challenges with each other and with patients/clients. Covid is helping to open this door for medical staff nationally.

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	<ul style="list-style-type: none"> • Having someone with lived experience with mental health challenges to speak to staff about stigma. Jesse Gold recording from UVM Psych Grand Rounds. There is a specific staff development Grand Rounds. • Relationship quality matters. • Access to exercise spaces in hospital • Are there barriers to peers? COVID was tricky. Credentialing. Barriers can be overcome.
<p>Cause and Effect Tree</p>	<p><u>Current State:</u> Since the requirement is that the Standing Committees are majority individuals with lived experience and family, DMH relies on this committee to be a feedback point from this key stakeholder group. DMH staff have heard that at the local and state level this may not be working as effectively as intended.</p> <p><u>Roots:</u> Causes</p> <ul style="list-style-type: none"> • Wide range of topics discussed in committee • Limited meeting time (already a long meeting, once per month) • Limited power/influence (recommendation body) • Limited scope of individuals experience (and diversity of current committee) • Current medical model • Power differential • Admin Rules that govern committee archaic • Access to technology • Access to time (meetings during state work day) • Regional limitations – not all catchment areas represented • Tax returns/background check requirement (even if not enforced) • Application process and resume component • Local committees: some run by staff, less balance of voice • Causes may vary for local committees since they are each run differently <p><u>Leaves:</u> Effects</p> <ul style="list-style-type: none"> • Appreciate quick turn-around in application process- ability to participate in committee before formal recognition from governor’s office • Limited voices heard • Some meetings challenging (topics can be large emotional lift for some) • Lack of respect • Local side necessary for program-level feedback. Effectiveness depends on how committee runs • Low participation (overall at state committees)

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	<ul style="list-style-type: none"> • Repeat participants on multiple committees can lead to burnout • Lots of time-consuming work- what is consuming is different for each individual <p>Parking lot items:</p> <ul style="list-style-type: none"> • idea parking lot: peer focused on mental health across the lifespan -- placed high enough within governmental structure to have authority and power • listening tour in addition to standing committee for specific items • what would we like power to look like? What would respect look like?
<p>DMH Update</p>	<p>by Sam Sweet, Director of Mental Health and Laurel Omland, Director of the Child, Adolescent and Family Unit</p> <p>The State of Vermont agency leadership want a comprehensive continuum of crisis services available to all Vermonters. State Planning Grant held by DVHA slated for one year (through September 2022). Connected with Technical Assistance utilizing Health Management Associates (HMA). Looking at best practices nationally, next phase is stakeholder engagement process. March 22nd is a town hall- information included below and emailed to committee members. There will also be surveys, focus groups, targeted interviews. Want the result to be multiple models targeted to specific regions or groups. Does not have to be the same across the state. There will be a final report with recommendations.</p> <p>The Agency of Human Services invites you to a virtual Town Hall on expansion of community-based mobile crisis intervention services on March 22, 2022 from 1pm – 2:30pm. Please register at: https://healthmanagement.zoom.us/meeting/register/tJ0rfuihqDooHNTfCExBfCOxRazblalaV73h</p> <p>The meeting will be recorded and posted publicly. Please contact Amanda Kanaley of Health Management Associates (HMA) for any questions or concerns, if you need accommodations to participate, or if you need Communication Access Real-Time Translation (CART) or American Sign Language interpretation. She can be reached at akanaley@healthmanagement.com.</p> <p><i>This meeting will be recorded. This recording and all paper and electronic copies of materials presented or shared on the screen will be subject to Vermont’s Public Records Act, 1 V.S.A. §§ 315 et seq., and will be made available to the general public upon request. Participants are responsible for ensuring that no confidential or proprietary information is presented or discussed in the meeting and associated materials. This recording may not be deleted or destroyed except as provided under record retention schedule of the Department of Vermont Health Access.</i></p>

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	<p>Mobile Response pilot- funding started in July, at this time 2 of 6 positions filled (case manager, clinician, manager). Would like a clinician & peer team (have the peer, not the clinician yet). Have been responding to support families that call with need in the area for mental health support. Modeled after a mobile response project in New Jersey.</p> <p>S197- LINK Envisioned to be a Mental Health mobile response working group to inventory crisis services in Vermont. Felt redundant with the state planning grant. The current version is asking for the legislator to see HMA’s assessment and recommendations. Other part of this bill focuses on supporting school children’s mental health needs and educator’s wellness. Would like to use funding ‘ESSER’ (COVID-19 relief funds for education) to be spent this way. Expanded/new programming for student social/emotional/mental health needs. Third component is a report on afterschool task force – how to support after school and summer programming with expanded access for school-age Vermonters.</p> <p>Embedded clinicians with law enforcement: The hiring for these clinicians is in various stages across the state and the recommended training list includes IPS. Agencies are at various stages in their intentional employment of peers for crisis de-escalation/response. DMH would like to see layering of peers in embedded response when appropriate.</p>
<p>Public Comment</p>	<p>No members of the public present on the call today.</p>
<p>Closing Meeting Business</p>	<p><u>April Draft Agenda</u> 12:30-2:00 Opening & Committee Business Potential topics:</p> <ul style="list-style-type: none"> • Vote on Dan/Bert member reapplications? • Update SPSC system of care priorities for 2022 • AMH SPSC Annual Report • Content Input on Mental Health Awareness Month Newsletter (goes live in May) • Retention and member wellness • Tax returns (pt. 2) (DMH to identify and invite an individual) • Processing conversation re: Ukraine Invasion • Continue conversation about SPSC input (roots & leaves) • Would like to hear from Fox about what kinds of crisis law enforcement is responding to: Domestic violence, mental health crisis, vehicle accidents (any related data if possible, open dialogue great too) <p>2:00- 2:30 DMH/DAIL Discussion Supporting Older Vermonters with MH Needs 2:30-3:00 DMH Leadership Update—Grievance and Appeals 3:00-3:10 Public Comment</p>

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	3:10-3:30 Plan April Agenda Motion to adjourn by Marla, seconded by Erin.
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