

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

	<p>Question for DMH/ Dr. Klein: At what threshold of polypharmacy is there a problem? Is it about a number of medications?</p> <p>Who ranked the best places to work? https://vermontbiz.com/news/2022/april/06/50-businesses-ranked-best-places-work-vermont-2022</p> <p>Question for DMH: Do Designated Agency or Specialized Service Agency staff have access to the registry of Advance Directives?</p>
<p>DMH Leadership Update:</p> <p>988 Check in with Alex Raeburn, Data and Outreach Coordinator</p>	<p>The lifeline is relatively new-being answered in Vermont. It was a longer number and was updated in July to be three numbers- 988. After launch of 988, call volume increased 30%. 988 is available to anyone, regardless of age.</p> <p>Staffing coverage for lifeline has been consistent in Vermont (not the case in all states). This is reflective of infrastructure being put in place over the past year and intentional planning on how to support staff working the line.</p> <p>Some concerns have been heard from the peer community about the use of this number, which may be based on misinformation. DMH has heard that:</p> <ul style="list-style-type: none"> • Geolocation can be used to identify caller’s location without them consenting → DMH would like to clarify that geolocation is not currently possible. This may be a feature added at some point in the future. • That police/rescue teams are being deployed without the consent of callers → DMH would like to clarify that there have been no deployments of rescue services without the consent of the caller <p>Have more feedback? alexander.raeburn@vermont.gov</p>
<p>SPSC Response to DMH leadership update</p>	<ul style="list-style-type: none"> • Geolocation of callers is not recommended. • It was shared that there is a need for more voluntary services in Vermont. Any service that could become involuntary at any point is not a voluntary service, and this means some individuals will not be comfortable using it. • There were kudos shared for transitioning this service to being answered by majority staff in Vermont, and for the consistently staffed hours since • Two trainings were recommended for all staff working the lifeline: <ul style="list-style-type: none"> ○ Alternatives to Suicide ○ Intentional Peer Support (IPS) • A recommendation was made for coordination between 988 and police departments so police response isn’t “call the Emergency Services screener” • The committee recommended tracking if the use of 988 reduced the number of mental-health focused calls to 911

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	<ul style="list-style-type: none">• The committee requested:<ul style="list-style-type: none">○ Any performance measures being tracked currently (what they are and what they show)○ For DMH to review the following post for accuracy: https://www.muchmadnessllc.com/blog/988○ An update on 988 progress in 6 months
Public Comment	No members of the public present today.
Closing Meeting Business	<p>Members discussed the agency review question development process. There was interest in picking a few (3) topic areas and exploring those in depth across all agencies. There was also interest in a hybrid approach- part broad themes, part direct questions. Today's question development only focused on specific questions. Ward will share the suggested changes to the process made by the subcommittee on the agency designation process.</p> <p><u>Next Meeting Draft Agenda</u></p> <ul style="list-style-type: none">• Future meeting- invite someone to speak about psych advanced directives (outside the state?)• System of care priorities – continue to narrow down meaning of terms• 'Open forum' discussion with commissioners<ul style="list-style-type: none">○ Update on covid protections• Conversation styles (especially over email) within SPSC <p>Motion to Adjourn by Marla, seconded by Christopher. Meeting ended at 3:33pm.</p>