**6/12/2023**

**Adult State Program Standing Committee Minutes DRAFT**

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

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

**DMH/State Staff:** [x] Eva Dayon (they/them) [x] Lauren Welch (she/her) [x] Trish Singer [x] Katie Smith (she/her) [x] Steve DeVoe (he/him) [x] Allie Nerenberg (she/her) [x] Alison Krompf (she/her) [x] Alex Karambelas

**Public:** [ ] Jessica Kantatan (she/her) [ ] Anne Donahue [x] Lindsey Owen ([Disability Rights Vermont](http://www.disabilityrightsvt.org)) [x] Wilda White ([Wilda L. White Consulting)](https://wildalwhite.com/about/)

 [x] Brett Yates (Vermont Psychiatric Survivors)

**Agenda**

* 12:30 SPSC Business: Introductions and Review Agenda, Statement on public comment, Vote on minutes
* 1:00 Prep for Clara Martin Center visit
* 1:45 BREAK
* 2:00 Lived experience update
* 2:30 Leadership update: Peer Credentialing with Trish Singer
* 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:** Ann Cooper **Timekeeper: n/a** |
| **Opening and AMH SPSC Business** | Meeting **convened** at 12:35pm. **Quorum** was met. Introductions made.Lynne **motioned** to approve April meeting minutes. Zach seconded. All in favor. **Approved**.Zach **motioned** to approve May meeting minutes. Christopher seconded. All in favor. **Approved**.**Announcements*** VPS appointed Walter Wade as Executive Director
* VPS will hold annual meeting on October 28/29, 2023

**Recruitment discussion*** Marla is the only member of the Membership Subcommittee. Is it necessary to maintain this subcommittee?
	+ Zach and Christopher volunteered to join the subcommittee.
* Members can submit names and contacts to Eva and Lauren to pursue outreach.
	+ Encourage people who might be interested to join at least two meetings to see if they want to join.
	+ Referencing is still a key part of welcoming new members.
* Need representation from Northeast Kingdom, Franklin/Grand Isle, Windham/Windsor, Bennington
* Possibility of combining with Children’s State Program Standing Committee
	+ DMH wants to separate Children’s SPSC from the Act 264 Board because Act 264 should be managed by multiple agencies, not just DMH.
	+ General feeling that Adult’s and Children’s are distinct enough that merging the committees might not be straightforward.
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| **Prep Clara Martin Center visit** | **Questions for Clara Martin Center*** What advice would you give to other DAs that are pursuing the Certified Community Behavioral Health Center (CCBHC)\* model?
	+ What works? What doesn’t work?
* Ask for CMC comments on staff turnover.
	+ Question about how the “teamwork” model works in the face of staff turnover.
	+ How do teams address interpersonal conflicts?
* Peer support questions were sent by Dan ahead of the meeting.
	+ Kudos for “Support Assistant Team” position titles - removing the connotation of less valuable experience.
	+ Committee explored the connotations and shortcomings of “peer support” terminology.
* How is CMC able to provide counseling services at a greater rate than the state averages.
* What is CMC doing to keep the community healthy and prevent crises and emergency visits? What does prevention and health promotion look like at Clara Martin Center?
	+ How do staff coordinate emergency response effectively to best serve the client and avoid further trauma? Potential follow up about triaging and accountability.
* Make efforts to keep conversation with CMC fluid and open.
* Lauren will develop the final list of questions. Use time at July visit before CMC arrives to assign questions.
* Kudos for:
	+ Friendly and caring staff
	+ Two embedded clinicians with the police
	+ Flexible and responsive to client needs and unique lifestyles
	+ More kudos to be discussed at the beginning of the July meeting.

\*Members are not happy about the use of “Behavioral Health” in national/federal language.* Alternative language would be mental health and/or wellness.
* Concerns about historical injustices tied to behavioral hegemony.
* If Vermont chooses to pursue CCBHC models going forward (following the planning grant period), Commissioner Hawes intends to select a new name at the state level.

Committee entered **BREAK** at 1:44. |
| **Lived experience update** | Committee **reconvened** at 2:00.Additional DMH leaders joined to listen.Alison Krompf, Deputy CommissionerSteve DeVoe, Director of Quality and AccountabilityAllie Nerenberg, Director of Adult Care Management Trish Singer, Director of Adult ServicesKelley Klein, Adult Medical Director**Committee member shared recent lived experience.****DMH response*** Clients who experience emergency involuntary procedures (seclusion, restraint, and/or involuntary medication) can have their cases reviewed by the state EIP review committee, which meets quarterly.
	+ Steve offered to walk through step-by-step to be X’s advocate.
* DMH acknowledged how meaningful it is that X shared their experience.
	+ Naming the power imbalance in this meeting
	+ A good approach would be to walk through the timeline and discuss what parts of the process made this experience so traumatic.
* DMH offered to mediate conversation with providers who initiated the involuntary status to understand the decisions that were made and to educate providers to do better in the future.

**Disability Rights Vermont (DRVT) response*** Lindsey encourages X to reach back out to Disability Rights Vermont because she wants to be helpful.
	+ lindsey@disabilityrightsvt.org
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| **Leadership Update: Peer Credentialing** | **Attendees:**Trish Singer, Director of Adult ServicesAlex Karambelas, Senior Policy Advisor (alexandra.karambelas@vermont.gov)Wilda White, Consultant and Author of Peer Credentialing Report (wilda@wildawhite.com, (802) 770-4050)* Overview
	+ Stakeholder sessions for standing up a peer credentialing program in Vermont.
	+ State supports the model proposed in the Wilda White report.
	+ Still honing learning outcomes and other processes.
* There are three steps in developing a peer credentialing system.
	+ Screening potential candidates (done by peer organization)
	+ Training (developed by peer organization?)
	+ Credentialing (joint oversight by peer organization and Office of Professional Regulation)
* State has prioritized answering questions and making decisions that will allow us to move on to phase two.
	+ No minimum number of hours to apply for certification.
	+ Criminal history will not preclude candidates from applying (reviewed case-by-case)
	+ Remaining questions will not prevent ability to move on to phase two (ex: recertification, references, supervision)
* Phase two: four meetings
	+ Overview of report and answering questions
	+ Develop code of ethics
	+ State-specific curriculum
	+ Review and develop draft application.
	+ Surveys will also be used in addition to these meetings.
* Stakeholder meetings included representation from almost all stakeholders (except for insurance companies, despite Wilda’s efforts)
	+ Research shows that peer support can become sustainable when private insurance agrees to cover it.
* Questions
	+ Grandfathering: current peer support workers will still need to pass a test developed specifically for them, making the process simpler but not automatic.
	+ Grievances/complaints: handled jointly by peer organization (for expertise) and Office of Professional Regulation (for legal/due process concerns)
	+ Recertification: in order for peer support to be covered by Medicaid, the program needs to include continuing education at least every two years. Wilda recommends continuing education every year since this field is quickly evolving.
	+ Maintaining social security or other benefits during peer employment: beyond the scope of what DMH can accomplish on its own.
		- Wilda is still open to being the clearing house for ideas such as these in the future.
	+ Vision for the future: Vermont is committed to peer certification (funds secured, legislative testimonies), anticipate ~60 new peers certified by the end of 2024.
* SAMHSA [National Model Standards](https://store.samhsa.gov/sites/default/files/pep23-10-01-001.pdf)
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| **Public Comment** | * Appreciation for this meeting being public and being informative.
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| **Closing Meeting Business** | Remaining questions* Commissioner Hawes was held in contempt of court in May (Eva will share more info)
* Is there a state budget yet? Scheduled for legislative session June 20-22, 2023.
* Should the committee keep the August meeting on the books? The children’s committee takes August off.
	+ Can be an opportunity to relax and take a vacation.
	+ Concern about absence of the stipend.
	+ Could intentionally schedule a special meeting that doesn’t require a quorum (ex: membership and recruitment, annual report/review of minutes and committee accomplishments)

**Agenda for next meeting (July 10, 2023)**Zach volunteered to chair in July.* Action item: bring potential member recommendations to July meeting.
	+ Continuing conversation about merging with Children’s State Program Standing Committee.
* Decide what to do about August meeting.
* Clara Martin Center designation visit.
	+ Assign questions and identify kudos prior to CMC’s arrival.
* Final Legislative/Budget Wrap-up?

Zach **motioned** to adjourn. Lynne **seconded**. Motion **passed**. Meeting **adjourned** 3:17. |