

**State Program Standing Committee  
for Adult Mental Health**

**Monday, January 11, 2016**

**MINUTES**

Location of Meeting: First-Floor Conference Room, Redstone Building

MEMBERS    Clare Munat, Malaika Puffer, Marla Simpson, and Thelma Stoudt (by tele-  
PRESENT:    phone)

DMH            Karen Godnick Barber, Mourning Fox, Emma Harrigan, Melinda Murtaugh,  
STAFF:        and Trish Singer

OTHERS:      Joe Gallagher and Dan Towle, prospective members

CLARA  
MARTIN

CENTER:      Linda Chambers, Christie Everett, Melanie Gidney, and Gretchen Pembroke

**Facilitator: Malaika Puffer**

After introductions, Malaika reviewed the agenda and members approved the minutes of the meeting of December 14, 2015, as written. Malaika made the motion and Clare seconded it.

**Commissioner's Update: Mourning Fox (for Frank Reed)**

**New State Office Complex in Waterbury.** The movers came on Saturday, Fox said, and the central office staff of the Department of Mental Health began to move into their new workspaces in Waterbury today (that is, January 11, 2016). Staff of the Child, Adolescent and Family Unit (CAFU) as well as Integrated Family Services (IFS) staff will move in the week of January 18. The new buildings show how far modern construction can go to unite the new glass, granite, and steel space with many of the older brick buildings that have been through reconstruction and renovation since Tropical Storm Irene. The tunnels are gone, but indoor above-ground passageways connect most of the structures on the new state campus. Recycling and composting practices are fully in compliance with new state environmental statutes.

**Electronic Health Records at the Vermont Psychiatric Care Hospital (VPCH).** VPCH has recently contracted with Computer Systems & Programs, Inc. (CPSI) to create electronic health records (EHRs). The new system is expected to be operational by this summer.

**The 2016 General Assembly.** The first week of this year's General Assembly involved a lot of education for the lawmakers who gathered in Montpelier. DMH's Business Office is currently working on budget adjustments. DMH is keeping a close eye on health care legislation coming up in this session. In response to a question from Clare Munat, Fox said that DMH has not formulated an official position on legalization of marijuana. He directed Standing Committee members to the Vermont Department of Health's Website for a multidisciplinary report regarding potential health impacts of marijuana. Find the home page at [healthvermont.gov](http://healthvermont.gov).

### **Redesignation for the Clara Martin Center (CMC)**

Standing Committee members and guests from the Clara Martin Center introduced themselves. Linda Chambers explained that CMC has already amended its bylaws to take account of the deficiency noted for § 4.2.3 of the *Administrative Rules*. The same policy covers all programs at CMC, she said, and added that the agency is pretty much up to date on evaluations.

Other topics discussed were taken from a list of issues and questions raised in an earlier Standing Committee meeting that reviewed CMC's *Agency Review Report* of June 9, 2014. The topics included:

- CMC's "philosophy of recovery": Melanie Gidney said that she thinks the agency's use of recovery comes from the concept as used in treatment for co-occurring disorders of mental illness and substance abuse to inform other programs with the same concepts and practices. The agency wants to embrace resiliency and recovery in all programs, she continued, not just those for adults. The concept was added to the Results-Based Accounting format last year, she added.
- Question from Marla: Where does the agency see itself in five years? Christie Everett opened the discussion by mentioning efforts to decrease wait times to the same-day-access model for all programs. Linda said that she would approach the issue from where individuals come into the agency's programs. She mentioned CMC's emphasis on wellness, with follow-ups for medical care in all populations too. Wellness is specific to CRT right now, Gretchen Pembroke added, but she would like to see it in Adult Outpatient (AOP) services too.
- Clare asked about CMC's "graduation rate." Gretchen told the Standing Committee that Vermont's Act 79 provided funds for more-flexible case management, based on individual need, for AOP too. Linda added that it would be desirable to be able to reopen cases more quickly and easily down the road than it is currently. For example, reassessments once a person is discharged and then comes back for services are expensive and time-consuming. The system is very inefficient now, she said. There is some discussion of re-evaluating data elements for continuing relevance and "meaningful use."
- Marla asked for more information about the agency's Dialectical Behavioral Therapy (DBT) program. Gretchen said that the agency has put a lot of work into this area. CMC adheres to the Linehan model, but also has flexibility and offers modified skills

groups. Referrals go through the DBT consultation group and are applicable to a wider group than just clients with borderline personality disorder. The atmosphere is welcoming and the perspective is whole-person.

- Malaika wanted to know more about how CMC is responding to the paradox of developments in which the medical model approach is intensifying with movements toward parity, managed care, etc., while at the same time more people are becoming critical of the notion of mental illness and there is a greater expectation that services be inclusive of people with different frameworks for understanding and dealing with their experiences. Linda talked about CMC's services, the agency's response to the community, and the role it plays in the community. Examples include groups that are offered. Can the agency continue to offer sex-offender treatment, for example? Maybe not, she answered herself. But it would be well to be very careful about movement entirely to the medical model of treatment and payment. She went on to note the rural character of CMC's catchment area and the many other state and community agencies it has to deal with over a wide area. Melanie mentioned parity and the demands of sustaining services in the CMC environment. She said that some staff are worried about state decisions about the designated system and the possibility of damaging essential infrastructure. Linda said that the fundamental question that DMH must ask is "What do you lose if you don't do such-and-such a thing?" CMC lost several licensed professionals last year to the Blueprint for Health; the reason was higher pay. Linda fears that designated agencies will no longer be able to train new work force for public mental health. As for parity, why not equalize pay at the same levels for providers at designated agencies and elsewhere? Agencies must have strong clinical supports in addition to community supports.
- CMC's Local Program Standing Committee came up for discussion because it does not meet requirements of the *Administrative Rules* for membership and for responsibilities assigned to it. The LPSC was also an issue in the 2011 *Designation Report*. CMC will work with central office staff at DMH to clarify the issues and get to an extra level of detail on these issues.
- Malaika asked about prescribing practices at CMC. She mentioned that recent research shows that psychiatric medications can be harmful over time. Gretchen replied that Kevin Buchanan, the agency's Medical Director, is well aware of these findings and is open-minded about considering other decisions. With opiates, he is especially wary because we do not know what the long-term effects of suboxone are.
- Malaika asked how CMC tries to be inclusive of individuals who feel threatened by a diagnosis of mental illness. Christie talked about the relationship that CMC has with the Vermont Law School. She described it as the "mental health is full health" approach. Linda talked about the person-centered approach and the basic philosophy of respect and engagement. People come first and staff are second, she finished.
- Melanie offered to share CMC's list of responses to all of the questions that were raised for possible discussion in respect to redesignation.

Clare made a motion to redesignate the Clara Martin Center with minor deficiencies. Malaika seconded it. Marla recused herself from the vote. The three remaining members of the Standing Committee voted in favor of the motion.

### **Points to note in the Standing Committee's recommendation to the Commissioner**

- ∞ CMC's impressive outreach to the community, not pathologizing clients
- ∞ The excellence of the presentation made by CMC staff to the Standing Committee
- ∞ Staff commitment to clients
- ∞ The client-centered, flexible, holistic approach to services
- ∞ Philosophy: warm, welcoming to clients, acknowledging that no one wants a label of mental illness
- ∞ An approach based on how the individual feels and what is going on in his/her life
- ∞ According to client surveys made annually, CMC has been consistently improving over time in the domain of respect for clients
- ∞ Its measured approach to prescribing medications
- ∞ CMC's support for advocacy (for example, local people who give testimony to the legislature and youth who recently received awards that were recognized nationally)
- ∞ SPSC acknowledges erosion of staff at CMC and Linda's concern over eroding dollars to develop the work force in years to come; remember that many other states look to Vermont as a model for public mental health

### **Public Comment**

Dan Towle wanted to know more about:

- ◆ The Youth in Transition grant
- ◆ The National Behavioral Health Council
- ◆ Mental Health First Aid vs. Emotional CPR training from (for?) designated agencies
- ◆ The Murphy bills on Capitol Hill

### **Items for February Agenda**

- ✓ Review of agenda and time slots assigned, introductions, approval of notes for meeting of January 11, appointment of a timekeeper
- ✓ Commissioner's update
- ✓ Preliminary discussion of redesignation for Howard Center (see *HC Agency Review Report* dated August 7, 2014)
- ✓ Finish operationalizing participation in hiring of key departmental management
- ✓ Public comment
- ✓ March agenda