

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

Monday, February 8, 2016

MINUTES

Location of Meeting: Beech Conference Room, NOB 2 North, Waterbury

MEMBERS Clare Munat, Malaika Puffer, Uli Schygulla, Marla Simpson, Thelma Stoudt,
PRESENT: and Dan Towle

DMH Melissa Bailey, Karen Godnick Barber, Mourning Fox, Emma Harrigan,
STAFF: Melinda Murtaugh, Frank Reed, Judy Rosenstreich, and Trish Singer

Facilitator: Malaika Puffer

Malaika reviewed the agenda, after which members introduced themselves. The Standing Committee approved the minutes of the meeting of January 11, 2016 as amended. Clare made the motion and Malaika seconded it; approval was unanimous.

Commissioner's Update: Frank Reed

General Assembly Testimony. Frank said he spent a good deal of time last week with two different House committees in Montpelier: Appropriations and Human Services. In Appropriations, the budget for Fiscal Year 2017 was the primary topic. Frank offered three hours of testimony on designated agencies in the public mental-health system and their capacities, along with information about inpatient hospitals, DMH's secure residential program in Middlesex, and private providers as well. The proposed budget encompasses a unified funding plan for the Department of Mental Health (DMH) and the Department of Vermont Health Access (DVHA). If the unified funding plan is adopted, it should not have a negative impact on anyone, Frank said.

In the Committee on Human Services, the legislators' interest fastened on a provision that includes annual savings projected to be \$5 million for DVHA's budget through shortening the amount of time from inpatient admission for psychiatric care to court-ordered medication for individuals for whom medication is clinically indicated as part of their treatment plan. DMH supports timely treatment for inpatients who need it.

Update on Vermont Psychiatric Care Hospital (VPCH). The hospital has made good progress on increasing its nursing staff. It has been back to its full bed capacity of twenty-five for about six weeks now, Frank added. In all, Vermont has 188 inpatient beds, counting both voluntary and involuntary (Level 1) beds.

New Deputy Commissioner. Melissa Bailey introduced herself, beginning with her start in the Child, Adolescent and Family Unit (CAFU) in 2001 and moving through several positions in other departments and outside state government as well until her return to DMH as Deputy Commissioner last fall. In response to a question from the Standing Committee, Melissa said that she is really passionate about children and families, health care reform and how mental health fits into the larger picture, and her dogs.

Parity of Mental Health Care with Physical Health Care. Frank responded to Clare's question about the status of parity in Vermont by observing that the state is still experiencing the same sorts of problems that it has had in the past. He mentioned as examples lack of insurance coverage for care management and social services.

Suicide Rate in Vermont. Frank responded to Marla's question by noting that the state is proposing an additional \$77 million for prevention efforts in Fiscal year 2017. Emma noted that Vermont data on suicides are several years behind. In Calendar Year 2013, the rate was 16.9 per 100,000 population (or about 130 suicide deaths in the state that year).

Ups and Downs (Savings and New Expenditures). DMH realized savings through:

- ⌘ Reduced workmen's compensation claims paid
- ⌘ Closure of the Green Mountain Psychiatric Care Center in Morrisville
- ⌘ New contracts with the University of Vermont Medical Center

New expenditures are going into:

- ⌘ Higher salaries for nurses at VPCH
- ⌘ Increased funding for peer support after the end of the Mental Health Transformation Grant
- ⌘ Continued support for the Vermont Cooperative for Practice Improvement and Innovation, and various other projects
- ⌘ Additional funding for suicide prevention

Other expenses include fees for space, Human Resources support, PNMI (private, non-medical institutions) payments for children, and DMH-supported housing programs around the state. The overall budget DMH is requesting for in FY 2017 is \$221 million.

Involuntary Psychiatric Medication. Frank talked about recommendations that DMH is preparing to make on means for more timely administration of court-ordered psychiatric medications for adults in need of treatment for mental illness. He began by recognizing the legal protections that people have if they want to refuse these medications and stating that DMH does not want to see people receiving psychiatric medications that they do not need. Malaika said that the United Nations regards "forced drugging" as torture and it is an important issue to her.

Frank said that the issue is perfectly legitimate. The language of the state's proposal is now in the big bill. Trish volunteered to try to find the big bill language for SPSC members to review. Efforts to expedite treatment of Act 114 patients began a couple of years ago, Frank continued, but the threshold for expedited treatment is very high. As a result, those

efforts have had little or no discernible effect on timely treatment. A more general discussion of differing points of view on involuntary psychiatric medication ensued. DMH will hold a forum in the Waterbury State Office Complex on Tuesday, February 9, to gather public input on the proposed changes in Vermont law.

Soteria House. In response to a question from Uli, Frank replied that Soteria now has four out of five beds filled. Emma added that DMH is getting quarterly reports on the program.

Murphy Bill. The House version is the one still circulating on Capitol Hill, Frank said. He had no other update information on its provisions at this time.

DMH Position on Legalization of Marijuana in Vermont. Clare asked if the Department of Mental Health has a position on legalization of marijuana. DMH does not have a position, Frank said.

Howard Center (HC) Redesignation

Standing Committee members based their input on HC's *Agency Review Report* of August 7, 2014. They made the following points:

Community Support Program (CSP)

- ◆ p. 22—How is HC dealing with permanent housing in general?
- ◆ p. 23—What was HC's experience with Recovery After Initial Schizophrenic Episode (RAISE)?
- ◆ P. 23—How is STEPPS (**S**ystems **T**raining for **E**motional **P**redictability and **P**roblem **S**olving) different from Dialectical Behavioral Therapy (DBT)?
- ◆ Where is HC's most recent strategic plan?
- ◆ What can we find out from DMH's Technical Report on Consumer Evaluations of HC?
- ◆ pp. 24-25—More details on "the unique and significant challenges" that HC's mental health programs in Burlington face because of the "transient population" that is attracted to the city
- ◆ p. 27—Tell more about the Supported Employment incentives for clients to gain and keep jobs
- ◆ p. 28—Does the agency have its own program for family education and support to supplement what NAMI—VT is already doing?
- ◆ p. 28—Tell more about the Consumer Advocacy Network (CAN).
- ◆ p. 29—Has staff morale improved since the *Agency Review Report* was written?
- ◆ p. 29—Tell more about the need for "a full continuum of wet, damp, and dry facilities" for clients with substance-use disorders.
- ◆ p. 33—Explain why HC's Supported Employment program needs to train all CSP staff in the individual placement model and motivational interviewing.

Emergency Services

- p. 51—Tell more about the START team and how its members see their role at HC.
- p. 53—Tell more about the training for the START team.
- P. 60—Statement about START training seems to contradict the statement made on p. 53.

Additional Items

- An overarching theme for staff at HC seems to be low pay and turnover. How is HC addressing these issues?
- Tell about the Church Street Marketplace team and what it does around Burlington.
- What does HC consider its greatest strengths and challenges for 2016?
- How is the START team incorporated into what the agency does?
- Tell more about crisis planning and how to incorporate it into treatment planning.

Updated Operating Guidelines: Melinda Murtaugh

Melinda distributed updated *Operating Guidelines* to Standing Committee members. The most recent changes have to do with updated contact information after DMH's move back to Waterbury in January. Melinda asked members to contribute any additions or changes they may have to suggest to the sections on Useful Websites, Glossary, and Acronyms and Abbreviations.

Public Comment

Clare told Standing Committee members that she and Thelma Stoudt will be visiting the Vermont Psychiatric Care Hospital after today's meeting as a preliminary to starting a NAMI-Connections support Group there. NAMI—VT already has Connections groups going at Rutland Regional Medical Center and the Brattleboro Retreat. Training for the new group will probably take place in April.

Conflict of Interest

After considerable discussion of conflict of interest, Standing Committee members voted to amend the *Operating Guidelines* to define the term as meaning employment by a community mental health agency or being involved in its oversight in some manner (for example, being on the Local Program Standing Committee or Governing Board of a local agency). Additionally, beyond these considerations, if an individual member feels that he or she has a conflict of interest for other reasons, he or she may say so without being specific about the reason(s) why. Members who have a conflict of interest with any agency in Vermont's public mental health system in regard to redesignation must recuse themselves from voting when that particular agency is under review. Malaika moved that these definitions and issues be adopted, Uli seconded the motion, and the members present voted unanimously in favor.

Items for April Agenda

- ✓ Review of agenda and time slots assigned, introductions, approval of notes for meeting of February 8, appointment of a timekeeper
- ✓ Commissioner's update
- ✓ Independent Report on Act 114: Flint Springs Consulting
- ✓ Break
- ✓ Redesignation of Adult Mental Health programs at Howard Center (see *HC Agency Review Report* dated August 7, 2014)
- ✓ Public comment
- ✓ April agenda

The meeting adjourned at 2:55 p.m.