

**State Program Standing Committee  
for Adult Mental Health  
Monday, April 11, 2016**

**MINUTES**

Location of Meeting: Beech Conference Room, Waterbury State Office Complex

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

DMH STAFF: Frank Reed, Emma Harrigan, and Patricia Singer

**Facilitator: Clare Munat**

Clare Munat facilitated the opening of the meeting, which began at 12pm. The minutes from the previous two meetings were reviewed. In regards to the 2/8/16 minutes, after a short discussion led by Malaika, a motion was made by Marla, seconded by Thelma, to approve the minutes with the deletion of the “Special Note” section. This motion was unanimously approved, no abstentions. A motion was made by Thelma, seconded by Dan, to approve the meeting minutes of 3/14/16. The motion was unanimously approved, no abstentions.

**Commissioner’s Update**

Frank Reed, the Commissioner of Mental Health, described current legislative activities.

- ⌘ Budget – The appropriations bill has not yet passed. Will go to legislative committees as needed to finalize. Currently still in the bill: Youth in Transition (YIT) funding for peer supports, funding for Vermont Cooperative for Practice Improvement and Innovation (VCPI), and 2% increase in Medicaid. Not funded: suicide prevention initiative. DMH is advocating for continued support of this initiative. Funding for expansion of the peer support warm line is not in the budget proposal.
- ⌘ Changes to regulations regarding involuntary medications – this policy change, which was attached to the budget bill, is not moving forward.
- ⌘ S.107, the bill which splits Vermont’s Agency of Human Services (AHS) into 2 agencies – The proposed split will separate health care from social programs. The bill passed the Senate. It is now sitting in the House Human Services Committee and will be reviewed this week. Marla interjected that the Governor’s Poverty Council does not endorse this bill. Frank Reed stated that the cost estimates for the reorganization are less than \$2 million.
- ⌘ H. 64 – safety protocols. This bill has passed from the House to the Senate Health and Welfare Committee. The safety protocols pertain to direct-delivery personnel. There are no provisions for administrative staff. The bill was drafted in response to Lara Sobel’s death

last year. The standards are similar to many that are already in place; the bill proposes to make these standards requirements.

- ∞ Secure Residential Facility (Middlesex Therapeutic Community Residence) – Act 79 legislation in 2012 supported development of the current (temporary) facility. Act 158 required a proposal for a permanent structure in 2015. Act 26 asked the Agency of Human Services (AHS) to do a study regarding permanent placement of this facility. This report was submitted to a legislative committee this year. The proposal is for a maximum of 16 beds. (Upon questioning from Malaika, Frank Reed affirmed that this number of beds is required to meet the need for step-down residential services following hospitalization.) The proposed target population includes some individuals in Corrections who require mental health treatment. Still to be determined: where the facility will be located, and whether it is to be a state-run facility or a public-private partnership. Next step: Request for proposals (RFP) will be posted this summer. In January 2017, a more defined proposal and budget will be submitted. Funding will be proposed for the FY18 budget.

Meanwhile, DMH has asked the town of Middlesex to extend the tenure of the temporary facility. There has been one meeting with the town, with discussion that included safety concerns over the current residents. There are no particular concerns about past events (one elopement). Another meeting with the town will occur at the end of the legislative session. As distinct from other intensive residential programs, this facility is the state's only residence that is locked and requires that placement be a condition of an order of non-hospitalization (ONH). The majority of admissions is from psychiatric hospital stays. The average length of stay is 4 months. It was suggested that a future visit from the director, Taryn Austin, would be informative for Standing Committee members.

Veterans Hospital, White River Junction - DMH is meeting with Veterans Administration (VA) staff to support expansion of their inpatient services to include involuntary hospitalization. DMH is working with them on training and policy development.

Long-term care facilities – DMH is working with the Department of Disabilities, Aging, and Independent Living (DAIL) and the Department of Corrections (DOC) to address the need for long-term care facilities. There are licensing concerns, especially in regard to individuals with DOC involvement. Discussion includes how to augment nursing services—perhaps with support from designated agencies (DAs)—and development of transitional services with long-term care providers.

Mental-health parity – Clarifications to the federal law from the Center for Medicare and Medicaid Services (CMS) go into effect at the end of May. There will be a state-sponsored gathering involving state agencies and CMS staff to discuss how parity is implemented in other states.

Discussion of parity led to a discussion between the Commissioner and Malaika of the value and appropriateness of involuntary medication as part of hospital treatment and the role of judges in ordering psychiatric medications. Frank Reed stressed that psychiatric patients should not be left untreated.

## **Preliminary Discussion of Redesignation for UCS**

### **Review of Designation Report.**

The draft *Designation Report* for United Counseling Service of Bennington County was reviewed with DMH Quality Director Emma Harrigan, with special focus on the “Action Required” sections. Completion of some of the sections (4.7 and 4.9) is pending completion of the Minimum Standards (chart review) report.

### **Review of Agency Review and Inquiries for UCS team**

#### **GENERAL:**

##### ***Workforce:***

Does UCS believe that the mix of staff education levels and expertise is balanced appropriately? Top heavy? (Dan)

Overview of staff openings – what are the present staff hiring/employment challenges? Morale? Retention? (Clare and Marla)

What are the staff trainings? (Marla)

##### ***Open Dialogue:***

Describe the implementation of Open Dialogue at UCS. (Dan)

##### ***Suicide Prevention:***

Overall rates of suicide? (Compared to overall to state rates.) Approach? (Marla)

#### **COMMUNITY REHABILITATION AND TREATMENT (CRT):**

##### ***Local Program Standing Committee (LPSC):***

Review CRT requirement regarding the Local Program Standing Committee (LPSC) (p.31).

According to the LPSC, the community is not satisfied with the agency. How? What is UCS doing about it? (p.20, Dan)

##### ***Dialectical Behavioral Therapy (DBT):***

UCS notes that the agency is short-staffed. What impact does that have on the quality of care? (p.17, Marla)

Has the DBT coordinator been replaced? (p.20, Clare)

##### ***Family Psychoeducation:***

Is it available? (p.20, Clare)

##### ***Medication Reduction and Alternatives to Medication:***

What is the agency doing to support medication reduction or treatment alternatives to medication (avoidance)? (Malaika)

### ***Non-traditional Approaches:***

How is the agency accommodating non-traditional frameworks for mental illness? For example, Open Dialogue, Hearing Voices, treatment approach at South Street group home. (Malaika)

### ***Employment***

Are UCS clients affected by recent change in Vocational Rehabilitation's (VR) focus? (Marla)

What utility does the agency see in Supported Employment? (Emma)

How is Open Dialogue used with employment? (p.21, Dan & Thelma)

Program for cleaning and moving? What does that mean? (p.30 (Malaika)

### ***Local System of Care Plan***

What are the time frames? The (SMART) objectives? (Dan)

The Standing Committee members would like to see a copy of UCS's Local System of Care Plan before meeting with UCS team.

### ***Review of CRT data:***

The percentage of Medicaid enrollment is low compared to other DAs. Please explain. (p.32, Malaika)

Prevalence of personality disorders at 40% is high compared to other DAs. Reflection of clinical practice? (p. 32, Malaika)

Why is the use of therapy proportionally higher than at other DAs? (p.32, Malaika)

To what do you attribute the low employment rate? (p.33, Clare)

### **ADULT OUTPATIENT SERVICES (AOP)**

Stakeholders indicated that there are needs for additional mental health services in your region. What specifically does this mean? (p.35, 5<sup>th</sup> bullet, Marla)

What are their strengths in AOP? (p.36, Dan)

Describe measures of effectiveness. (p. 37, Dan)

What is the new outcome measure of client progress toward goal? Helpful? (p.38, Dan)

"Personal call from director" when clients leave contact information on surveys - effective use of her/his time? Ask more about this. (p. 38, 3<sup>rd</sup> bullet under Strengths, Dan)

"Strong working relationships with DMH, families, and other stakeholders" - talk more about this. (p.39, 5<sup>th</sup> bullet, Dan)

What is an IPLAN? (p.40, Thelma)

Review of AOP data: question about distribution of diagnoses (p. 42, Thelma)

## **EMERGENCY SERVICES**

***Open Dialogue*** – use of O.D. in Emergency Services? (Malaika & Thelma)

***Workforce*** - 7 FTE's not filled. Explain. Clarify positions. (p.45, Dan)

***Battelle House?***

Programming? (Malaika)

Occupancy and referrals at Battelle House? (Marla)

Under challenges; ED physicians' inconsistent referral to Battelle House is listed. What's the issue? (p.47, Clare)

***Relationship with the community?*** (Marla)

### **Public Comment**

None.

### **CSAC site visit – June 7, 2016**

Request for participation at the CSAC site visit was met with interest by Dan, Clare, and Marla. Melinda will follow up.

### **Announcements**

*NAMI Connection program* – Dan announced that more facilitators are needed for the NAMI Connection program. There is currently 1 group at the Vermont Psychiatric Care Hospital (VPCH) and 1 community group. More are needed. The next training will be held in St. Johnsbury in early May.

*Creative Maladjustment Week* – Malaika shared that a Mad Pride march is planned for July 14 in Montpelier.

### **Membership**

Clare's term expires April 30, 2016. She is considering whether to continue serving, but is not making a commitment at this time.

### **Administrative Rules: Participation in Hiring of Key Departmental Management**

Emma Harrigan reviewed her handout on Administrative Rule Language on Hiring of Key Management. (See attachment.) This document describes the State Committee's advisory role in the hiring of key management. A short discussion ensued, including clarification of which positions must include the Standing Committee in the hiring process. Hiring of exempt positions that are filled by the Governor (e.g. commissioner and deputy commissioner) and contracted positions (e.g. Medical Director) do not mandate involvement of the Standing Committee.

Dan moved to approve the proposed addition to the Administrative Rules, seconded by Marla. The motion was unanimously approved, no abstentions.

**Agenda Items for May 9 Meeting**

- ⌘ Introductions, review of agenda
- ⌘ Review of 4/11/16 minutes (and operational discussion about minute-taking including deletion of section from 2/8/16 minutes)
- ⌘ Membership
- ⌘ Commissioner's update: Frank Reed
- ⌘ UCS team visit regarding Redesignation
- ⌘ Public Comment
- ⌘ Agenda items for June meeting

**Future Agenda Items**

- ⌘ J. Batra – wellness initiatives, suicide prevention
- ⌘ Taryn Austin – Middlesex TCR (secure residential program)
- ⌘ Brian Smith - housing

**Meeting adjourned.**

A motion to adjourn the meeting was made by Malaika, seconded by Thelma, at 2:49 p.m.

## State Program Standing Committee

### Hiring of Key Management

April 11, 2016

#### **Administrative Rule Language**

#### 3. State Program Standing Committee

3.3. The State Committee shall advise the department on the performance of the system with respect to the points below, based on a uniform evaluative format developed by DDMHS. Responsibilities of the State Committee shall include:

3.3.1. *Hiring of Key Management:* The Commissioner shall seek advice from the Committee in the appointment of a new Division and/or Unit director. The Division Director shall no less than annually seek feedback from the committee regarding program management

#### **What positions?**

The Department is required to seek the advice of the State Program Standing Committee in the hiring of key management positions:

- Mental Health Services Director
- Quality Management Director
- Children's Services Director
- Adult Services Director

The Department may seek advice from the SPSC for other classified positions.

#### **What does the SPSC's involvement look like?**

- The role of the committee is to advise the Department.
- When the Standing Committee is informed of the need to hire an eligible position within the Department, the Standing Committee will form a subcommittee of members interested in participating in the process.
  - ✓ Members will draft a list of questions that will be asked of candidates.
  - ✓ Subcommittee members will receive interview times from the hiring manager for final candidates. A call-in number will be provided if a committee member cannot attend the interview in person.
  - ✓ Vacant positions must be filled as soon as possible; the role of the Standing Committee cannot delay the hiring process.