

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

Monday, May 9, 2016

MINUTES

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

MEMBERS Joe Gallagher (by telephone), Clare Munat, Malaika Puffer, Uli Schygulla,
PRESENT: Thelma Stoudt, Marla Simpson, and Dan Towle

DMH

STAFF: Emma Harrigan and Melinda Murtaugh

UCS: Amy Fela, Peg Gregory, Victor Martini, and Dr. Alya Reeve

OTHERS: Anne Donahue, *Counterpoint*

Facilitator: Thelma Stoudt

Thelma reviewed the agenda, item by item. Dan volunteered to be timekeeper. Clare told members about the NAMI Vermont annual conference that will be held at the Lake Morey Inn in Fairlee, Vermont, on Tuesday, May 17. Following a motion from Clare, seconded by Marla, the Standing Committee unanimously approved the minutes of the April 11 meeting as submitted.

Commissioner's Update: Emma Harrigan (for Frank Reed)

Legislative Developments. The legislature adjourned a little early at the end of last week, Emma told the Standing Committee. A few of the Department of Mental Health's priorities included the following this legislative session:

- ✓ **S. 107:** Senator Jane Kitchel's proposal to create an Agency of Health Care did not pass the House. There is to be a study, Emma said, of the cost and implications of such a rearrangement of state agencies.
- ✓ **H. 74:** Enhances worker safety protocols for employees of designated agencies
- ✓ **Medicaid Reform:** Emma said that Deputy Commissioner Melissa Bailey is the best person to tell the Standing Committee about the essentials of Vermont's negotiations with the federal government for an all-payer waiver and a "Medicaid Pathway."

Mental Health Awareness Month. May is Mental Health Awareness Month, Emma said. Trish Singer is working on an advocacy package to be distributed soon.

Vermont Psychiatric Care Hospital (VPCH). In response to Uli's request for an update on VPCH, Emma replied that (1) the hospital is currently operating at close to its full

capacity of twenty-five beds. (2) Ongoing talks on salaries for nurses are approaching their conclusion possibly later this week. The hope is that the new pay rates will be closer to the market so that VPCH will be seen as a more competitive employer than has been possible up until now. (3) VPCH is making progress on implementing electronic medical records (EMRs).

Fiscal Year 2017 Funding. Marla asked about funding for the Wellness Cooperative and Another Way next year. Emma provided a link, to be forwarded to Standing Committee members, to the Big Bill, which should have this information.

Waiting Times for Adults in Emergency Rooms at Vermont's Hospitals. In response to Uli's question, Emma said that Vermont is in a relatively static trend at the moment, but waiting times are significantly lower than in the past. Some children have particularly long waiting times at the Brattleboro Retreat for a variety of reasons, she added.

Update on Pathways—Vermont. In response to another question from Uli, Emma said that Pathways—Vermont is still on provisional status as a specialized service agency (SSA). It is working on a plan of corrective action (PCA) in regard to finances, bylaws, requirements for internal audits, and other issues. About four months remain on the PCA. Emma is hopeful that Pathways will be in a good position for full designation as a SSA by August, at which time the matter will be brought before the Standing Committee as for other agency designations.

Funding for Designated Agencies Next Fiscal Year. The General Assembly passed DMH's request for an increase of 2 percent for designated agencies in the community in Fiscal Year 2017. Emma said she believed that some wording of the bill specified that the additional funding is to go to direct-service staff salaries, but she was unsure of the final language. DMH is considering the best way to make the allocations in that fashion because funds are allocated to designated agencies for services rendered, which would mean changes in rates.

Redesignation for United Counseling Service of Bennington County (UCS)

Staff from UCS participated in today's Standing Committee meeting via teleconference. The discussion of redesignation for the agency included the following points:

- Low Medicaid enrollment in UCS's Community Rehabilitation and Treatment (CRT) program: Victor Martini said that the staff find out clients' Medicaid status upon their enrollment in CRT. He did not know why the numbers, taken from DMH's annual *Statistical Report*, appeared so low (2%) in comparison with statewide numbers (75%) in the *Agency Review Report*.
- Staff morale and retention: Morale is generally good, Peg Gregory said. She thinks that both morale and retention are improving in the Bennington Adult Outpatient office, but perhaps not so much in the Northshire office. Agency leadership is offering help with the implementation of EMRs, she added. Victor said that he shares Peg's feelings

in regard to CRT staff; they are dedicated and satisfied with their jobs. Still, he admitted, vacancies are hard to fill because salaries elsewhere are generally higher than the agency can offer. Amy Fela said that Human Resources calculates staff turnover according to two different methods: (1) including vacancies, turnover is 20.6%; (2) not including vacancies, the rate is 24.6%. These figures come from the fourth quarter of Fiscal Year 2015 (April-June 2015).

- In response to a question from Marla about what two things set UCS apart from other agencies, Victor offered the following information:
 - ◆ Collaboration between the agency and the Consumer Advisory Board, the name for the local program standing committee in Bennington, is very good
 - ◆ The CAB is more independent now than it used to be
 - ◆ The agency offers social events on Fridays for clients
- Dan asked about UCS's experience with the implementation of Open Dialogue. Vic said that the experiment has been going on for the past couple of years. The agency sponsors a number of events each year, reaches out to the public in a variety of ways, conducts training in Open Dialogue, and sent participants to an Open Dialogue Gathering last summer (2015) that was the first one held in the United States.
- Joe asked if all programs at UCS have an evidence-based model, and he wanted to know about the outcomes for individuals. Peg responded that all programs measure access, levels of depression, and levels of substance abuse, but these do not necessarily measure outcomes for individuals.
- The status of Dialectical Behavioral Therapy (DBT) at UCS is unclear at the moment. In CRT, Vic spoke of one person who is trained now and mentioned the possibility of starting a group again.
- Clare noted that the 40% prevalence of personality disorders among CRT clients at UCS is higher than at most other agencies. Victor said that the agency uses the DSM-V for diagnoses. Answering Malaika's question about new clients with diagnoses of personality disorders, Victor said that the diagnosis is kept only if the agency's initial assessment of the client supports the diagnosis. If the assessment does not support that diagnosis, then it is removed.
- Last year the Division of Vocational Rehabilitation significantly reduced its funding for employment services at designated agencies in Vermont. Victor said that the lost funding had quite an impact on UCS. The agency still has an employment specialist on staff, though, and recognizes the CRT employee of the month each month. The agency continues to encourage evidence-based Supported Employment for CRT clients.
- Dr. Alya Reeve, UCS's Medical Director, supports non-medical models of treatment and medication-reduction goals whenever they are possible. She integrates a lot with therapists in different programs and encourages clients to explore alternatives such as acupuncture, exercise, and other options. A number of CRT staff at UCS teach meditation as well. There are also shopping groups and walking programs, to mention other examples. The agency, including its residential programs, is a non-smoking facility.
- Malaika asked if informed consent includes information about possible long-term side effects, such as tardive dyskinesia. Dr. Reeve responded that conversations about

psychiatric medications are directed to individuals and their needs according to their own medication regimens.

- Marla asked what is done for clients with chronic pain. UCS has a few clients with chronic pain, but they usually go to the pain clinic at the local hospital.
- Peg Gregory talked about UCS's new universal access program designed to create entrance criteria in common for all programs. Screeners are trained to triage for all programs offered by the agency.
- Battelle House is UCS's crisis stabilization program for either hospital diversion or step-down after inpatient hospitalization. It has six beds. It is an unlocked facility, intended to be a safe and social place for clients.

Standing Committee's Recommendation to the Commissioner

Marla made a motion to send a recommendation to the Commissioner for redesignation with minor deficiencies for UCS; Uli seconded the motion. The Standing Committee members approved unanimously. They suggested the following points for inclusion in their letter to Commissioner Reed:

- ⊗ Openness and approachability of UCS staff to questions from the Standing Committee
- ⊗ The work that UCS has been doing with Vermont's Blueprint for Health, with an individual professional plan for each agency employee
- ⊗ UCS's exploration of Open Dialogue
- ⊗ Universal access criteria for all programs
- ⊗ Careful approach to medications based on needs of individual clients
- ⊗ Concern over staff turnover at UCS

Public Comment

None.

Items for June Agenda

- ✓ Review of agenda and time slots assigned, introductions, approval of notes for meeting of May 9, appointment of a timekeeper
- ✓ Departmental update
- ✓ Preliminary discussion of redesignation for the Counseling Service of Addison County; see CSAC *Agency Review Report*, Revised Draft with input from CSAC dated May 6, 2016
- ✓ Public comment
- ✓ July agenda

Items for Future Agendas

- ✓ Membership/recruitment issues: looking for an additional provider and an additional family member for now. Catchment areas currently unrepresented on the Standing Committee are the Northeast Kingdom, Northwestern Vermont, Lamoille County, Chittenden County, and Addison County.
- ✓ J Batra: (1) suicide prevention and (2) changes to orders of nonhospitalization
- ✓ Brian Smith: updates on housing (issues, developments, etc.)
- ✓ Melissa Bailey: Medicaid Pathway

The meeting adjourned at 2:45 p.m.