

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

Monday, June 13, 2016

MINUTES

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

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

DMH

STAFF: J Batra, Mourning Fox, Emma Harrigan, Melinda Murtaugh

OTHERS: Michael Sabourin

Facilitator: Thelma Stoudt

Thelma reviewed the agenda. Malaika volunteered to be timekeeper. Standing Committee members put off the usual initial items in order to give Mourning Fox more time for the departmental update before a meeting at the Vermont Psychiatric Care Hospital in Berlin.

Departmental Update: Mourning Fox

Fiscal Year 2017 Budget Bill. Governor Shumlin signed the FY 2017 budget bill last week, Fox said. Now it is up to the state employees to see that everything works within the funding appropriated by the legislature, he added.

Community Mental Health Services Block Grant:

- ∞ Block grant funding is up again slightly for Federal Fiscal Year 2016 (which ends on September 30); Vermont's FFY 2016 allocation is \$896,094. Vermont's Mental Health Block Grant Planning Council met in April and voted on priorities to receive the additional money; those priorities will become part of the Department of Mental Health's Block Grant application for FY 2016.
- ∞ A team from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Mental Health Services (CMHS) will be making a site visit to Vermont next week to assure compliance with statutorily mandated monitoring of the Mental Health Block Grant by the federal government every five years. The dates of the visit are June 21-23. This is the first time the monitors will be making a three-day visit, as opposed to five days in previous years. This visit will also be a combined visit, another first, covering both Mental Health and Substance Abuse programs that receive funding from federal block grants for their services. Vermont's Mental Health Block Grant Planning Council will meet with the monitors on Wednesday, June 22.

Middlesex Therapeutic Community Residence (MTCR). Fox said that the Agency of Human Services intends to issue a request for proposals (RFP) to move forward in siting a new, permanent facility. A request for information (RFI) was issued several months ago, he continued. The exact location of the new facility is yet to be determined. Responding to a question, Fox reported that the new facility will likely be state-operated, but all proposals will be evaluated. Some capacity for short-term emergency procedures is also being explored as part of the proposal.

DMH Decision Not to Apply for Federal Grant. For a time the Department of Mental Health considered applying for a new grant from SAMHSA for assisted outpatient treatment but then decided against the application because Vermont already has a mechanism established by statute, orders of nonhospitalization (ONH), that serves much the same purpose. Instead, SAMHSA will offer technical assistance to take a closer look at Vermont statutes with a view to making them more useful for the state. The general feeling currently is that ONHs do not help motivate people to stay in treatment. Clare registered her opinion that advance directives are much better. Fox agreed, with the usefulness of advance directives and noted that they may not be honored in emergency situations.

Redesignation for Counseling Service of Addison County (CSAC): Preliminary Discussion

Standing Committee members want to hear more information and other details from CSAC representatives on the following topics at the meeting on Monday, July 11 (page references are to the *Agency Review Report*):

Community Rehabilitation and Treatment

- Affordable housing: What is the situation currently with vouchers and the Section 8 waiting list? (page 17)
- Why are there no challenges in Dialectical Behavioral Therapy at CSAC? (pages 18-19)
- Why are there no data on clients in Integrated Dual Disorders Treatment (IDDT)? (page 19)
- Explain the differences between Evergreen and the other program offered at 17 Court Street.
- What does “competitive consumer-driven employment” mean? (page 19)
- Give examples of “pivot table aggregate data” and “ability to drill down where/when needed.” (page 20)
- Explain the meaning of this statement on page 21: “CRT staff make immediate service and program development needs priorities; time for more systematic reviews is sometimes challenged by these immediate needs.”
- How does CSAC maintain IDDT fidelity without bringing in an independent reviewer? (page 23)
- Why does the Client Advisory Team not have any family members?

- Might another name be better to indicate what the committee/CAT actually does?
- There are other organizations that could be included in feedback from the community—for example, Vermont Psychiatric Survivors (VPS) (page 29)
- How many clients of CSAC are students at Middlebury College?
- Which state funding structures work against a fluid, integrated, outreach-oriented approach to IDDT? And how do they work against it? (page 30)
- Give updates on all five priority areas listed on pages 31-32.
- Requirements on page 34: What is the agency doing to assure regular performance evaluations for CRT staff? What is the agency doing to assure local program standing committee compliance with membership requirements of Vermont's *Administrative Rules on Agency Designation*?
- Why is the percentage of CRT clients with Medicaid so low? (page 35)
- What models of psychotherapy are used at CSAC?
- Give an update on Open Dialogue.

Adult Outpatient Services

- ❖ Is the statement about core AOP services being “barely” available still true? (page 38)
- ❖ Has funding for AOP services improved in the last two or three years?
- ❖ What client outcomes does CSAC monitor for AOP clients? (page 40)
- ❖ What does “DSH” stand for? What does a DSH report look like? (page 40)
- ❖ What is a revised Operational Plan format? Why is that a strength? (page 40)
- ❖ What does CSAC's Results-Based Accountability (RBA) model look like?
- ❖ Tell more about the Adult Stabilization program created with Act 79 dollars. (page 43)
- ❖ What is CSAC doing to assure regular staff evaluations for AOP staff? (pages 42 and 45)

Emergency Services

- ◆ Give an update on peer positions. How many are there? In what programs are they employed? What are peer support job duties? What training do they receive? Supervision?
- ◆ Requirements: (1) What is the agency doing to assure that ES staff receive regular performance evaluations? (2) What is the agency doing to assure that communications from non-clinical staff to clients are easy for the clients to understand? (pages 51 and 55)

Psychiatry

- ⊗ What supports are available to clients for reducing, avoiding, or fully withdrawing from psychiatric medications?

Implementing the Zero Suicide Model in Vermont: J Batra

Dr. Batra, DMH's Medical Director, talked about the project he has been working on with several other partners in state government and communities too to implement the Zero Suicide model of suicide prevention in Vermont. The model is based on a national initiative backed by the Suicide Prevention Research Center and the National Action Alliance for Suicide Prevention. Zero Suicide is a public health approach to suicide prevention with the core aspects of the initiative being:

- ❖ Screening
- ❖ Assessment
- ❖ Suicide-focused care
- ❖ Follow-up after a crisis

Dr. Batra set suicide in the following context for Vermont:

- ∞ Vermont ranks seventh among states in the rate of death by suicide: 19.8 per 100,000 population
- ∞ Vermont's rate is the highest in New England
- ∞ 124 Vermonters died by suicide in 2014
- ∞ The rate is highest in three of Vermont's northernmost—and most rural—counties: 18.18-24.59%
- ∞ Suicide is the tenth leading cause of death across all populations
- ∞ Suicide is the third leading cause of death among individuals under eighteen
- ∞ Males are almost three times more likely than women to commit suicide
- ∞ Vermont's suicide rates in all age groups are significantly higher than the rates nationwide
- ∞ Only 21% of the Vermonters who died by suicide had received services from one of Vermont's designated agencies

The many participants in Vermont's Suicide Prevention Coalition include (but are not limited to):

- ✓ The Center for Health and Learning
- ✓ The University of Vermont
- ✓ All six departments within the Agency of Human Services
 - Health
 - Mental Health
 - Disabilities, Aging, and Independent Living
 - Corrections
 - Vermont Health Access
 - Children and Families
- ✓ Veterans Administration/National Guard
- ✓ Suicide survivors and family members
- ✓ Institutions of higher education
- ✓ Schools

- ✓ Agency of Education
- ✓ Office of Rural Health
- ✓ American Foundation for Suicide Prevention
- ✓ Designated agencies
- ✓ State legislators

Standing Committee members agreed to invite Dr. Batra back to another meeting this summer to finish his presentation and have time for further discussion of the Zero Suicide model. The Standing Committee also wants to hear from Dr. Batra about orders of non-hospitalization in Vermont.

Public Comment

None.

Items for July Agenda

- ✓ Review of agenda and time slots assigned, introductions, approval of notes for meeting of June 13, appointment of a timekeeper
- ✓ Departmental update
- ✓ Redesignation for the Counseling Service of Addison County, with participants from agency staff and leadership
- ✓ Public comment
- ✓ August 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) finishing discussion of suicide prevention and (2) recent changes to orders of nonhospitalization
- ✓ Brian Smith: updates on housing (issues, developments, etc.)
- ✓ Melissa Bailey: Medicaid Pathway

The meeting adjourned at 2:50 p.m.