

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

Monday, September 12, 2016

MINUTES

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

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

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

PATH-WAYS VT: Lindsay Casale, Housing First Program Manager
Maura Collins, Board President
Rebeka Lawrence-Assistant Director
Hilary Melton, Executive Director

Facilitator: Marla Simpson

Marla reviewed the agenda. Uli Schygulla volunteered to be timekeeper. After introductions, the Standing Committee members reviewed the minutes of the meeting on August 8, 2016. Clare Munat made a motion to accept the minutes as submitted, and Uli seconded it. The motion was approved unanimously.

Departmental Update: Mourning Fox and Emma Harrigan

Fox to Leave DMH. Fox told Standing Committee members that he will be leaving the department at the end of next week (that is, the week ending September 23) to become Executive Director of Collaborative Solutions, based in Williamstown. There, he will be working with Mary Moulton, Executive Director of Washington County Mental Health Services, and others on new ideas for new projects. Emma Harrigan said that the vacancy has not been posted yet, but she will let the Standing Committee know when she has word from the Department of Human Resources. Clare asked to see a job description. Emma said that she will send one to Melinda Murtaugh to circulate to the Standing Committee.

Fiscal Year 2018 Budget. State government is working on a budget that anticipates essentially level funding for next year, Fox said. What that really means is that some items/programs are going to be targets for cuts, but we do not know which ones yet, he continued. The 2% increases for designated agencies in Fiscal Year 2017 have to be absorbed in the figures assuming level funding. In addition, we are looking toward a new administration come January, and further changes may depend upon who wins the gubernatorial race in November.

New Duty to Warn. In response to a question from Thelma Stoudt about a recent Vermont Supreme Court decision that seems to establish broader criteria for providers' duty to warn others of possible risks presented by individuals who are discharged into the community, Karen Barber said that there have been no new developments and there is no set timeline for what happens next.

Waiting Times for Emergency Rooms. Uli asked for information about long waiting periods in Emergency Rooms for individuals awaiting admission to a psychiatric unit in one of Vermont's hospitals. Fox characterized July and August as "pretty tough" months. The state also experienced a shortage of Level 1 inpatient beds during that time. Currently, the situation has improved somewhat, he added. Emma added her own perspective on a generalized fear in the community and increased public pressure for hospitalization in situations in which it might not have been considered in the past. Trish's sees the state as experiencing greater addiction involvement along with mental-health issues this year. Causation is very difficult to pinpoint for such complex issues, she said. In addition, Fox observed that the Rainbow Festival earlier this summer added to the increase in referrals. Vermont has 188 inpatient beds in all; even five or ten individuals can have a large impact on such a small system, he added. Karen observed that providers are even more reluctant to discharge individuals from inpatient care after the "duty to warn" decision. Summing up the present status of the system, Emma said that we are not "where we want to be" now, but, overall over the past three years, waiting times and clients waiting have been on the decline. Still, there is more room for improvement.

The State's Crisis Beds. Uli asked if low utilization of crisis beds might be related to the situation with hospital Emergency Rooms. Emma explained that crisis beds have been operating at 65-70% of capacity lately. The state's expectation is 80% occupancy. DMH understands that occupancy rates of crisis beds is a complex issue. Housing, acuity, and access are all factors in utilization. Clare asked how many crisis beds there are in Vermont. Thirty-nine or forty was the answer.

Nursing Staff at the Vermont Psychiatric Care Hospital (VPCH). Fox said that VPCH is fully staffed now, although VPCH is still using a significant number of traveling nurses to fill positions. Additional resources for additional nurses would still be helpful.

Lack of Access to Psychiatrists for People with Addictions? Dan asked about what he perceives as too few psychiatrists to serve individuals struggling with addictions. Emma answered that Dan is probably talking about a nationwide issue: a growing shortage of psychiatrists as those practicing in the field currently retire and fewer medical students are choosing psychiatry as their specialty. One possible approach to alleviating the shortage is advocacy for more Advanced Practice Registered Nurses (APRNs) working under the supervision of board-certified psychiatrists.

New Crisis Text Line. A new Crisis Text Line has been introduced in Vermont, Emma said. The number is 741741. It is a crisis-intervention hotline that is available twenty-four hours a day, seven days a week.

Designation of PathwaysVermont's Housing First Program: Pathways Staff

Maura Collins, the President of the Pathways Board, thanked the Department of Mental Health for its continued involvement with the Housing First model in a rural state like Vermont. Interventions have been life-changing for clients, she said, and they would not have been possible without Pathways' pursuit of status as a Specialized Services Agency (SSA) designated by DMH. She finished her introductory remarks with additional thanks for the continuing dialogue, noting that the whole process has been a learning curve for everyone involved.

Hilary Melton, Executive Director of Pathways, told Standing Committee members that the agency has been in existence for about six years. She gave credit to Brian Smith, DMH's housing specialist, for his early involvement with Housing First; his work with Sam Tsemberis, the founder of Pathways to Housing, to adapt the city-based model to a rural state; and their success in securing a small federal grant for a demonstration project in Vermont. Pathways has five programs and a presence all over the state with its various projects. The five programs are: (1) statewide work with the University of Vermont to prevent homelessness; (2) the Vermont Support Line; (3) the Wellness Cooperative, in Burlington; (4) Soteria House, also in Burlington; and (5) Housing First, in six of Vermont's counties.

Lindsay Casale, the Housing First Program Manager, explained that Housing First seeks to provide immediate access to permanent housing and support services for people who experience chronic homelessness and have mental-health issues. "Immediate," she clarified, means that there are no pre-established barriers for access. This year's budget is \$2,438,785. The program has capacity for 238 individuals in Addison, Chittenden, Orange, Washington, Windsor, and Windham counties. Clare said that she would like to see an application for Housing First services.

Standing Committee members discussed points that they want to emphasize in their recommendation to the Commissioner for designation of the Housing First program:

- The "great work" that Housing First does
- Today's exceptional presentation
- Increased hours for the Support Line
- The statutory mandate for a support line that operates twenty-four hours a day, seven days a week (the current support line is open from 11:00 a.m. until 1:00 a.m.)
- Appreciation for the value that PathwaysVermont places on the expertise of people with lived experience of mental illness
- Appreciation for the training choices offered, especially intentional peer support
- Encouragement for Pathways to seek additional resources to expand its "geographical footprint" in the state
- Concern over a possible conflict of interest because Housing First's psychiatrist is also an employee of the Department of Vermont Health Access (DVHA), the state's Medicaid agency

Clare made a motion to recommend designation for Housing First with no deficiencies, but noting the areas in which action is still required in the *Designation Report* of August 3, 2016. Malaika Puffer seconded Clare's motion. As an employee of the Pathways Support Line, Marla recused herself from voting on the motion. The other five members present at the meeting all voted in favor of designation with no deficiencies.

Membership Issues

Joe Gallagher emailed Melinda that he wishes to resign from the Standing Committee. Without Joe, the Standing Committee will have six members and will need three more to bring the number up to the minimum of nine specified in the *Administrative Rules on Agency Designation*. The Standing Committee needs two more provider members and one more family member. Marla offered to write another letter about the vacancies to *Counterpoint*. Judy Rosenstreich offered to publish a notice in the Commissioner's Mental Health Advisory.

Public Comment

None.

Items for October Agenda

- ✓ Review of agenda and time slots assigned, introductions, approval of notes for meeting of September 12, appointment of a timekeeper
- ✓ Departmental update
- ✓ Application for CRT Waiver: Emma
- ✓ Public comment
- ✓ Membership issues
- ✓ November agenda items

Items for Future Agendas

- ✓ J Batra: changes to orders of nonhospitalization, also the new Crisis Text Line
- ✓ Brian Smith: updates on housing (issues, developments, etc.)
- ✓ Kristin Chandler and Cindy Taylor Patch: Law enforcement/mental-health providers collaboration

Brief Update on Monitoring Visit from the Substance Abuse and Mental Health Services Administration in June

At Clare Munat's request, Judy Rosenstreich told Standing Committee members about SAMHSA's monitoring visit to the Department of Mental Health (DMH) and the Division of

Alcohol and Drug Abuse Programs (ADAP) of the Vermont Health Department the week of June 20, 2016. Under federal statute, visits of this kind to monitor Block Grants in all states and territories occur every five years. For the Community Mental Health Services Block Grant, the visits really cover the whole system of care for both adults with severe mental illness and for children and youth experiencing serious emotional disturbances and their families, and not just services and capacities funded by the federal block grants.

This year, for the first time, SAMHSA combined the visits for the Mental Health Block Grant and for the Substance Abuse Prevention and Treatment Block Grants. Originally scheduled to be five days, the duration of the visit was cut to three days not long before the monitors arrived in Burlington. Vermont was the first state in which this new format for monitoring the block grants was tested; it now applies to all states. DMH and ADAP are awaiting full, formal reports on the visit from SAMHSA. Judy thinks they should be here around October 15.

Judy offered to send Melinda a copy of the Entrance Conference PowerPoint presentation that DMH and ADAP prepared for the first day of the monitoring visit. It provides a comprehensive overview of the Vermont systems of care for mental health and substance abuse.

Malaika made a motion to adjourn this meeting early. Marla seconded it. Members voted unanimously in favor. The meeting adjourned at 2:45 p.m.