

This meeting was not recorded.

11/8/2021

## Adult State Program Standing Committee Minutes

**FINAL**

### Present

**Members:**  Bert Dyer (he/him)  Malaika Puffer (she/her)  Ward Nial (he/him)  Kate Hunt (she/her)  
 Marla Simpson (she/they)  Dan Towle (he/him)  Lynne Cardozo (she/her)  Zach Hughes (he/him)  
 Christopher Rotsettis (he/him)  Ann C Cummins (she/her)  Erin Nichols (they/she)  Michael McAdoo

**DMH/State Staff:**  Eva Dayon (they/them)  Nicole DiStasio (they/she)  Sheila Leno  Cindy Chornyak  Steve Devoe  
 Dr. Trish Singer (she/her)  Katie Smith

**Public:**  Steve Walsh  Joanna Cole  Rachel Hobart

**Senator Sanders' Office:**  Erhard Mahnke  Beth Stern

## Agenda

12:30 SPSC Business:

- Standing items: introductions, review agenda, announcements, vote on October minutes
- New items: DMH quality team update on Psychiatric Advance Directives and Person-Centered Planning form chart review, Subcommittee update: AMH SPSC process for involvement in agency designation, discuss timing or recommendations, Update on Mental Health Block Grant Planning Council, Update on Town Halls at Washington County Mental Health Services, feedback on member involvement in DMH hiring processes, VPS/Counterpoint

1:30 Housing Update from Senator Sanders' office

2:00 DMH Leadership Update: Intro to Steve Devoe, Director of Quality and Accountability, and DMH Data: [Public facing scorecards](#) and [other reports](#) by Sheila Leno, Chief of Research and Statistics, and Cindy Chornyak, Data Analyst

2:30 SPSC Business continued

3:10 Public comment

3:20 December draft agenda

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<b>Agenda Item</b>	<b>Discussion</b> (follow up items in yellow) <b>Facilitator: Christopher</b> --- <b>Timekeeper: n/a</b>
<b>Opening and AMH SPSC Business</b>	<p>Announcement- Vermont Psychiatric Survivors- returning to membership meeting- virtual space. Time TBD. On Nov 29. Motion to allow public comment throughout as long as it is short. Made by Zach seconded Bert. Motion passed. Motion to approve October minutes subject to word change and addition of name of person who made the public comment. Made by Zack, seconded Marla. Bert abstain. Minutes pass.</p> <p>DMH Quality shared information about psych advance directives: <u>Psych Advance Directives</u> Chart Review Requirement: Ensuring that there is an advance directive in chart or clear evidence that client and staff discussed advance directives and the client did not want more support or information. Since 2018, four DAs (CMC, CSAC, and USC in 2018 and PVT in 2019) did have plans of correction. All were resolved successfully within the allocated timeframe.</p> <p><u>Person Centered Planning</u> Chart Review requirement: Person/family centered planning is defined on pages 63-66 of the Mental Health Provider Manual (<a href="#">on this page of the website</a>). Since 2018, 6 DAs (CSAC, HC, and UCS in 2018, LCMHS and NKHS in 2020, RMHS in 2021) did have plans of correction. All were resolved successfully within the allocated timeframe.</p> <p>Update from subcommittee: process for involvement in agency designation, discussing timing or recommendations:</p> <ul style="list-style-type: none"><li>• Chart shared by Ward about current timing of designation – added to the end of the minutes</li><li>• The following was shared with a screen share during the meeting:</li></ul> <ol style="list-style-type: none"><li>1. The ASPSC determines what our priorities (or perhaps priority- singular) are for the upcoming redesignation cycle.</li><li>2. 1-2 representatives from the ASPSC <a href="#">are invited to</a> join DMH on the DA/SSA site visit and are paid a stipend for their time.</li></ol> <p>DMH: We discussed this extensively with leadership at DMH and the decision is a no on direct involvement in the site visit. Reasoning for that decision is available if desired (one pager to be shared). However, there are other options for involvement:</p>

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	<p><b>Option 1:</b> Before the designation site visit, DMH shares aggregate data with SPSCs and invites members to add any questions they have for the Local Program Standing Committee specifically</p> <ul style="list-style-type: none"><li>○ Aggregate LPSC survey responses (more detail than the final agency review report)</li><li>○ Aggregate composition of LPSC committee</li><li>○ One year of minutes for the agency’s LPSC (after reviewed for public consumption by legal)</li><li>○ Planned question list for the LPSC during the designation site visit</li></ul> <p><b>Option 2:</b> Before the designation site visit, DMH shares the final Agency Review report with SPSC and invites members to add any questions they have for any group. <u>Challenge:</u> this takes significant time in the meeting, or option time outside of meeting, and may be out-of-order with multiple agencies in various stages of review simultaneously.</p> <p>3. DMH prepares the reports they've always prepared and SPSC members can read the reports if they wish to but are not expected to;</p> <p>a. OR, reading the DMH reports could be a task for one person which is rotated and includes a stipend so the committee can be alerted to any important information;</p> <p style="padding-left: 40px;">DMH: DMH leadership has reviewed the reimbursement policies and the interpretation is that compensation can only be for the items already described, if not otherwise reimbursed:</p> <ul style="list-style-type: none"><li>● \$50 per meeting attended, with a max of \$50/day (this can include interviews attended on behalf of the committee),</li><li>● meal stipend at the state rate if meeting in person over a mealtime, and</li><li>● mileage if meeting in person at the state rate.</li></ul> <p style="padding-left: 40px;">[The following was emailed to one member prior to the meeting but not reiterated in the meeting due to time constraints: DMH staff appreciate the time committee members spend working and acknowledges that unpaid time outside of meetings should be kept to a minimum. DMH Quality Team offers our knowledge about process improvement and facilitation support if the committee would be open to exploring how to restructure meetings so all planned work can be done during paid time. Or how emails between meetings can be kept to a minimum, or any other changes that would reduce the burden on members.]</p> <p>b. OR, DMH prepares a 10 minute summary of the most important information in the written reports</p>	
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DMH: Regarding the overview of reports: If the committee is seeking a verbal report out or screen share of documents that is a doable ask. If the committee is seeking an additional document created that highlights the reports, the quality team asks that we revisit this request again after seeing the new agency review report format, because we hope it has become more accessible.

c. Questions will not automatically be provided to the DA/SSA prior to the meeting but could if it seems appropriate. DA and SSA will already have the priorities for that designation cycle. Perhaps a high level agenda with high level objectives could be shared with the DA/SSA

4. Representatives from the DA (representatives from the LPSC are also invited) join the ASPSC for a discussion focused on the ASPSC's priorities for that redesignation cycle. This would be a conversation, with topics shared before the meeting so the agency knew which staff to invite.

5. Based on the information learned during the process, the ASPSC will do the following.

- a. ASPSC may make recommendations or comments, in writing, of any kind we deem appropriate to shared with the DA and/or to DMH.
- b. ASPSC would not necessarily need to weigh in on the redesignation status per se (ex: redesignation with minor vs. major deficits).

DMH: This piece (b) directly conflicts with Administrative Rule as it is currently written. We can talk around workarounds, like voting that the recommendation is always “redesignate with minor deficiencies” unless the committee says otherwise.

6. At the end of the redesignation cycle we could reflect on the conversations we've had about our priorities with all the DAs and issue a report/summary of our findings and recommendations.

7. The SPSC then re-evaluates priority areas for the next redesignation cycle.

This topic yielded a complex discussion with DMH and the standing committee. Members expressed in the chat concerns about DMH’s decisions and stated they will respond to DMH directly and in future meetings. Prioritizing for the next meeting: members would like to know the process for appealing DMH decisions about stipend policy and attendance on agency designation site visits.

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	<p><b>Mental Health Block Grant Planning Council Update</b></p> <p>The council has increased in power and the amount of money overseen has increased over time. Goals have changed over time- housing was top priority for a long time, now this has dropped in priority (perhaps due to funding limitations of the grant?). Council meets 6-7 times per year. Peer services was in the top four priorities and fell to number twelve this year. Results from 2021 survey of priorities:</p> <ol style="list-style-type: none"> <li>1. Reducing Emergency Departments as mental health parking lots</li> <li>2. Suicide prevention</li> <li>3. Department of corrections pre-custody mental health screening and evaluation</li> <li>4. Crisis intervention- team two trainings etc</li> <li>5. 988 National suicide prevention lifeline</li> <li>6. Kids respite</li> <li>7. Mental health services for people in custody</li> <li>8. Mental health and reducing stigma/discrimination</li> <li>9. Housing</li> <li>10. Youth in transition</li> </ol> <p>Council objects to some language that SAMHSA uses such as terms SED/SMI and lumping BIPOC and LGBTQ+ representation Encourage all members of this committee and interested parties to join in the Mental Health Block Grant Planning Council if interested.</p> <p>Town halls at WCMHS- are ongoing on a monthly basis. Discussing screener team, peer services, housing. Client suggestion that this occur.</p> <p>Involvement in DMH Hiring Process- Process has gone smoothly (two interview processes completed so far, one occurring this week). It would be helpful to see the previous (round 1) interview questions. From the DMH perspective, it was valuable to have standing committee members participate in the interview process. Appreciated having a chance to discuss candidate’s lived experience with mental health.</p> <p>VPS/Counterpoint- VPS will be doing their membership meeting (previously discussed in minutes). Other issue is Counterpoint- changes that have been made – editor Anne Donahue no longer there. Reduced from 8,000 to 1,000 physical copies around the state to focus on online version. Counterpoint is written and focused on people and family members with lived experience. By reducing the numbers printed, reduced the ability to reach interested parties. Hard to navigate digitally. VPS remains open to feedback from the editorial board. VPS acknowledges technology feedback.</p>
<p><b>Senator Sanders’ Office</b></p>	<p><b><u>Bipartisan infrastructure bill (not much impact on housing)</u></b></p> <p>Passed the senate first, house last night. Mostly about transportation. Some funding for low-income weatherization.</p>

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<p><b>Housing Update</b></p> <p>Erhard Mahnke and Beth Stern</p>	<p>Money for sewer system upgrades and clean drinking water- helpful to mobile home parks.</p> <p><b><u>Build Back Better Bill (reconciliation bill)</u></b>            Not passed through either house or senate yet.            Expect \$150 billion in investments for housing (twice annual HUD budget). Priorities include 1) investments in public housing nationwide \$65 billion 2) increase national housing trust fund \$15 billion nationally (\$25 million to VT) would support folks with fixed income, community land trust (shared equity) home ownership. To encourage home ownership for those that wouldn't otherwise qualify for ownership 3) \$25 billion for rental assistance nationwide – some of which would be new vouchers for VT.            Focus on healthcare- especially for long term care (Home and Community Based services – HCBS). Expanding Medicare with focus on dental care and vision. Reducing prescription drug prices. Goal for 4-12 weeks paid family leave. Child nutrition. Higher education. Universal preschool. Not all of these topics will make it to the end version of the bill.</p> <p><b><u>Funds through American Rescue Plan Act (ARPA) regarding housing</u></b>            Governor has plans to appropriate additional funds to housing with emphasis on housing production. VT had a housing crisis before the pandemic, but the pandemic exacerbated it. Over \$150 million for housing creation going to non-profits, going into buying motels for micro-housing units. Federal Emergency Management Funds (through December 31) funds emergency shelter in motels through the pandemic. This may be extended. Most of this money has made it to Vermont.</p>
<p><b>DMH Update</b></p> <p>Sheila Leno, Steve Devoe, Cindy Chornyak</p>	<p><b>Steve Devoe-</b> most recently at UVM supporting clinical faculty with quality improvement projects. Masters in Mental Health Counseling and Public Health from UVM. Also trained as an EMT. Also been a client of mental health services. Currently also a per diem crisis counselor for Lamoille County Mental Health Services.</p> <p><b>Sheila and Cindy-</b> Where to find the <a href="#">scorecards on the DMH website</a>. Walkthrough of the DMH Scorecard. How to get to <a href="#">other data and reports on the website</a>. Weekly performance indicator reports used to go to an email list, now they are live-updated on the website and can be checked as desired.</p>
<p><b>Public Comment</b></p>	<p>Steve Walsh: Attended Mental Health Block Grant Planning Council Meeting previously. Concerned about quality assurance of designated agencies. Ten known entities each with their own mandate and governance. Vermont Care Partners can meet without public participation with designated agencies. Vermont Care Partners sits on the Mental Health Integration Council? Mental Health Block Grant Planning Council Vermont Law (<a href="#">42 U.S. Code § 300x-3 - State mental health planning council</a>). Federal government says council has a quality assurance function?</p>
<p><b>Closing Meeting Business</b></p>	<p>Zach motions to adjourn. Bert seconds. Adjourned at 3:32pm.</p>

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Timeline	DMH Action	SPSC Activities	Committee Time Spent
<p>? to 1.5 months before DA meeting                      ~1 year prior agency review report written                      ~1 month prior site visit and designation report written</p>	<p>DMH Quality Team performs the redesignation process with the DAs and creates reports</p>	<p>A one-off task that occurred in the last cycle was DMH welcomed input on question lists for site visit, especially for local program standing committee, prior to the site visit.</p>	<p>No input from committee.</p>
<p>1 month prior to DA meeting</p>	<p>DMH shares redesignation documents with the SPSC</p>	<p>Committee members read the documents on their own time. Individually members compile their questions about the documents.</p>	<p>At home. No Committee time spent                       Estimate up to 180 minutes to review at home.</p>
<p>One month prior to DA meeting</p>		<p>The committee meets to discuss the documents and prepare questions for the designated agency.</p>	<p>60-90 minutes</p>
<p>1 month to 2 weeks before Da meeting</p>	<p>DMH compiles the final list of questions and shares with the designated agency prior to the review meeting with the SPSC.</p>		<p>No Committee time spent</p>
<p>Time 0 meeting with Designated Agency</p>		<p>Committee meets with representatives of the Designated Agency.</p>	<p>10 min -Prep for meeting. Assign questions                      90 min meet with DA                      15 min compile letter to the Commissioner</p>
<p>Within one week after the meeting</p>	<p>DMH Quality Team finalizes letter to the commissioner</p>	<p>Provide any post-meeting thoughts</p>	<p>None</p>

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