

This meeting was not recorded. Five members are needed for a quorum.

3/11/2024

Adult State Program Standing Committee Minutes

FINAL

Present Members: Ann Cooper (she/her) Bruce Wilson Christopher Rotsettis (he/him) Dan Towle (he/him)
 Lynne Cardozo (excu) Marla Simpson (she/they) (excu) Michael McAdoo (excu) Thelma Stoudt (excu) Zach Hughes (he/him)
DMH/State Staff: Lauren Welch (she/her) Eva Dayon (they/them) Trish Singer Katie Smith (she/her)
Public: Jessica Kantatan (she/her) Anne Donahue Eric Ruiz (Vermont Care Partners)

Agenda

- 12:30 SPSC Business: Introductions and Review Agenda, Statement on public comment, Announcements, Vote on minutes
- 12:45 Discuss: Coordinated Specialty Care for Early Episode Psychosis
- 12:55 Assign questions for UCS visit
- 1:00 Agency Designation Q&A: United Counseling Servies
- 2:20 BREAK
- 2:25 Draft Letter to Commissioner
- 2:40 Discuss: Local System of Care Plan timeline proposal
- 2:50 Public Comment
- 2:50 Closing meeting business and planning next meeting agenda

Agenda Item	Discussion (follow up items in yellow) Facilitator: Ann Cooper
Opening Committee Business	Meeting convened at 12:34. Quorum was not met. Introductions were made. Announcements <ul style="list-style-type: none">• Christopher received approval to walk in his graduation in May.• Deputy Commissioner Krompf will be leaving DMH in June 2024.<ul style="list-style-type: none">○ There is a position open for her replacement. Posting closes tonight, Monday March 11th at midnight.• Appointment terms are ending for the following members:<ul style="list-style-type: none">○ Lynne (received resume)○ Marla (received resume)○ Christopher (received resume)○ Ann○ Zach○ Michael

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	<ul style="list-style-type: none"> ○ If you would like to continue as a member of the committee, please submit updated resumes to Lauren when you can. She will do the rest of the work. ● Update: Administrative Rule on Agency Designation is in the 2nd Draft stage <ul style="list-style-type: none"> ○ A 6-week public comment period will occur around 4/24/24 – 6/12/24 ● Vermont Psychiatric Survivors Listening Tour is coming up, so be on the lookout for more info. <ul style="list-style-type: none"> ○ Still in planning phase, but anticipating in-person in May. ○ Look out for opportunity give feedback. ● Alyssum is still looking for more staff, especially night shift. Also looking to hire a new Executive Director. <ul style="list-style-type: none"> ○ Executive Director position has evolved to be potentially part time if need be. <p>Comments on February 2024</p> <ul style="list-style-type: none"> ● Create action item grid ● Follow up on questions for DMH leadership <ul style="list-style-type: none"> ○ Send ECT question to medical director ○ Are there any plans to change or expand ECT? If there are, are leaders consulting peers and people with lived experience of ECT? <p>Designation question assignment</p> <ul style="list-style-type: none"> ● Dan: Housing and Quality Improvement ● Christopher: Staffing and FAST model ● Zach: Peer Support ● Ann: Suicide Prevention, “Accessing Data”, and Housing (backup)
<p>Discuss: Coordinated Specialty Care for Early Episode Psychosis</p>	<p>Wilda did not end up joining the call. Lauren read the blurb Wilda had emailed. See just below</p> <p>Question for follow up: Is this project being funded by the bloc grant earmark for early episode psychosis?</p> <p>Blurb:</p> <p>Please consider completing a survey, which can be accessed at this link, to help the Vermont Department of Mental Health develop and implement additional services and programs for young people experiencing first episode psychosis.</p>

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	<p>The purpose of the survey is to learn from families their thoughts about current treatments and interventions for children, adolescents, and young adults experiencing first episode of psychosis, and where families believe there are gaps in services and treatments.</p> <p>By completing the survey, you will contribute to enhancing the care and support provided to young people experiencing early episode psychosis.</p> <p>The survey was created by Wilda L. White Consulting, who the State of Vermont has retained to assist in the development and implementation of Coordinated Specialty Care for Early Episode Psychosis (CSC-EEP).</p> <p>Coordinated Specialty Care for Early Episode Psychosis (CSC-EEP) is an evidence-based, multi-element, team-based approach to providing early intervention for psychosis related to mental illness. CSC-EEP is intended primarily for adolescents and young adults between the ages of 15 and 30. CSC services are typically offered over a two-to-three-year period following the onset of first episode psychosis.</p> <p>For questions or concerns, feel free to reach out to Wilda L. White at (833) 777-4557 or wilda@wildalwhite.com.</p>
<p>Agency Designation Q&A: United Counseling Servies</p>	<p><i>Lorna Mattern, Executive Director</i> <i>Ryan Murphy, Director of Adult Mental Health, CRT and SU Services</i> <i>James Reilly, Assistant Director of Northshire Services</i> <i>Alya Reeve, Medical Director</i> <i>Amy Fela, Director of Operations (Tentative)</i> <i>Julie Pagliccia, Director of Northshire Services (Tentative)</i> <i>Joanna Mintzer, Member of the Board of Directors</i> <i>Lee Romano, Member of the Board of Directors</i> <i>Keili Trottier, Clinical Manager</i></p> <p>Staffing, Training, Recruitment</p> <ul style="list-style-type: none"> • 3.5% turnover since January 2024; annualized to 13.9% • Compensation project (paid for by 8% increase from DMH) to bring wage for over 90% of staff to market mid-point. • Halved vacancy rate since implementation <ul style="list-style-type: none"> ○ Helps improve morale because staff aren't as overworked for picking up other people's workloads ○ Grants created about 40 new positions in the past year (which increased vacancy rate for a bit)

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	<ul style="list-style-type: none">• Morale: UCS received HCBS grant to improve training and HR system to make HR and wellness more accessible to staff<ul style="list-style-type: none">○ Staff survey: time-limited focus groups – communication, psychological safety in the workplace, community safety in general. These groups will provide feedback to leadership shortly○ New training program to support staff in dealing with increasingly complex caseloads○ Retreats, return to office, social opportunities <p>FAST (Finding Access to Services and Treatment) Intake Model</p> <ul style="list-style-type: none">• How does it work: clients can walk in during working hours (M-F 8am-5pm), two to three teams are on shift (teams are composed of one clinician and one reflector), team uses Open Dialogue/Collaborative Network Approach, client leaves with a printed treatment plan that includes visit summary, self-care recommendations, crisis info, follow up appointments, etc.<ul style="list-style-type: none">○ What is a reflector: part of Collaborative Network Approach, uses active listening and motivational interviewing techniques to reflect back to a client what they are sharing. Clients say they feel heard for the first time. Sometimes, clients only need one session of FAST instead of long-term therapy○ Provides more immediate, short-term treatment○ Not designed to be “fast” as in speedy; it’s meant to be functional○ Incorporates well-known screening tools as part of intake• How can other agencies implement this strategy?<ul style="list-style-type: none">○ Dedication.○ Expect fluctuations in clients walking in.○ Sufficient staffing<ul style="list-style-type: none">▪ Used existing staff, distributed/rotated FAST coverage across teams to prevent burnout. Similar to physicians doing clinic hours• Not an urgent care model. It is a same-day access model. Same-day access is an umbrella term for same-day intake, mobile crisis, urgent care, as well as FAST.• It’s all about access. Being able to access what you need right now. <p>Peer Support</p> <ul style="list-style-type: none">• Currently employ two peer support staff providing about 15 hours each. One additional position that is vacant.<ul style="list-style-type: none">○ There have been a few staff who identify as peers or started as peers and now hold full-time positions.
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	<ul style="list-style-type: none">• Trained in Open Dialogue/Collaborative Network Approach (same as used in FAST model), some case management training, and all other trainings UCS staff receive. Receive clinical supervision along with other staff.• A couple peer-run groups such as a swimming group (which was an idea recommended by a member of the local standing committee) and a crafts group at the CRT building. Provide companionship for tough situations like medical appointments.• Peer-support staff salaries: receive same wage as other entry-level staff, subject to same compensation plan, not treated any differently from other staff.• What are UCS's thoughts on Intentional Peer Support/Peer Certification? Professionalizing peer support helps people take peer work seriously. Certification helps peer staff define professional and personal boundaries.• There are no formal peer positions in the emergency department, but there are peer volunteers and recovery coaches from Turning Point.<ul style="list-style-type: none">○ Appears that most hospitals in Vermont do not have paid peer support workers in the emergency department. But Dan brought up the Northeast Kingdom model at their medical center. <p>Housing</p> <ul style="list-style-type: none">• Feels like a somewhat unfair question to ask a DA since they are not currently expected to address housing issues.<ul style="list-style-type: none">○ UCS has a independent living department and a few group homes, but does not run its own general housing stock• UCS participates in Project Alliance to provide recommendations to state leaders. But unfortunately, recommendations have not received funding support.• UCS has good relationships with local realtors to assist new UCS staff relocating.• Battelle House? This is the crisis stabilization service where clients stay for a few days, but typically no more than a couple weeks. Not designed to be used for transitional housing. Open to clients and non-clients.<ul style="list-style-type: none">○ Can be used as a step-down from in-patient care to reaffirm readiness to return to community.○ One public inebriate bed with certain conditions for stay. <p>Suicide Prevention</p> <ul style="list-style-type: none">• UCS is leading development of awareness, trainings, and implementation of screening tools<ul style="list-style-type: none">○ Several staff are trained in CAMS strategy as to not leave any suicidal ideation unattended.○ Community events and outreach. Kevin Heinz came to speak to a local audience. Suicide prevention vigil. Robust materials on website.• UCS participates in national conversations
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	<ul style="list-style-type: none">• When a suicide does occur, UCS provides follow up care to those affected and/or involved. <p>Mobile Crisis</p> <ul style="list-style-type: none">• Community mobile crisis is state-funded and coordinated through HCRS• Two-person (occasionally one-person depending on situation) team is active 24/7. Recently doubled the number of responses from 30-40 to over 70 calls.• Embedded staff in Vermont State Police and one contracted with Bennington Police.<ul style="list-style-type: none">○ Calls come in earlier when a potential crisis arises, so UCS is able to intervene before situations escalate with police especially.• Staff are getting better at following up to mobile crisis calls in the following days.• Even prior to the state-funded mobile crisis, UCS has had a good mobile response team because the DA emphasizes the philosophy of meeting people where they are. <p>Continuous Improvement</p> <ul style="list-style-type: none">• UCS is in the midst of conducting its community needs assessment which will guide the development of the agency's strategic plan which will be rolled out July 2024<ul style="list-style-type: none">○ Case to care management training○ More efficient referrals and CRT engagement process○ Enhance services for clients with Medicare○ Become a CCBHC○ Payment equity for staff○ Accessibility for all clients○ Conducting internal review of cost and efficacy of services provided and how programs function• Certified Community Behavioral Health Center: not currently a CCBHC despite applying twice. Planning to reapply for a planning grant this year in May.<ul style="list-style-type: none">○ UCS has been a couple of points off in both applications – nothing really significant lacking• Community needs assessment: UCS also does client satisfaction surveys that are continuously open and accessible.<ul style="list-style-type: none">○ Net promoter score? Running about twice the national average for health care providers <p>Local Program Standing Committees</p> <ul style="list-style-type: none">• Called Peer Advocacy Committee. Meets monthly, very active. Participates in hiring key folks including recent hiring of Ryan Murphy. Very lively and engaged group of folks.
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	<p>Psychiatric Urgent Care for Kids (PUCK)</p> <ul style="list-style-type: none"> • Model designed to keep kids out of the emergency department. Not overnight. Coordinates with families and schools. • Helps return kids to community following inpatient care • Overlaps with FAST so families can take care of intake through FAST while kid received supports in urgent care • PUCK does not necessarily prevent a kid from being referred to the emergency department, but it is most effective at interrupting the cycle of repeated ED visits. • Trying to account for schools and parents that refer to PUCK before ED as well as schools and parents who refer to ED first and then call PUCK. This is an issue of promotion, outreach, and marketing. • Reduced ED utilization for kids by 30% in the first year. • There are grant funds for UCS to hire a family peer staff, but the position has not been filled. • Is UCS looking at urgent across the lifespan? Not at the moment. Committee suggested looking into the Washington County Access Hub model which Zach said is going very well • New emergency department facilities at Southwestern Vermont Medical Center (SVMC) <ul style="list-style-type: none"> ○ Hospital did community outreach as part of the update process, including discussing psychiatric and physical safety with UCS. Hospital responded by designing facility to be flexible and adjustable depending on the types of clients receiving care in the emergency department <p>Equine Assisted Therapy</p> <ul style="list-style-type: none"> • Equine-assisted psychotherapy • Equine-assisted learning • Equine-assisted EMDR (eye movement desensitization and reprocessing) • Groups for clients of DS services, for youth, and for adult individuals • A few one-off groups including a women’s group related to trauma treatment <p>Committee entered BREAK at 2:30</p>
<p>Draft Letter to Commissioner</p>	<p>Committee reconvened at 2:35</p> <ul style="list-style-type: none"> • Committee raised concern about ongoing CAP related to CRT chart review documentation. • Committee is also concerned about the lack of quorum and how this is a pattern for the committee. This is especially an issue when discussing and voting on agency designation recommendations. <p>Committee’s proposed recommendation: Re-designation with minor deficiencies</p> <ul style="list-style-type: none"> • Revisit in April

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	<p>Key areas to highlight in letter:</p> <ul style="list-style-type: none"> • Revisit in April
<p>Discuss: Local System of Care Plan timeline proposal</p>	<p><i>Eva Dayon, DMH Assistant Director of Quality</i></p> <ul style="list-style-type: none"> • To prepare for changes brought on by CCBHC certification and Administrative Rule updates, DMH proposes to extend the deadline for DAs to submit their Local Community Services Plan (aka, Local System of Care Plan) by one year. This would mean that Year 1 (of a three year process) starts in May 2025 • Such a plan is required under current Administrative Rule and will still be required in the updated Rule. • DMH and DAIL both require agencies to draft this plan, but the guidelines for each department are very different and the resultant plans differ wildly. This is an area that needs quality improvement. • Does the committee have comments or concerns about this proposal? <ul style="list-style-type: none"> ○ Sounds like a good idea to extend the deadline as proposed to allow for quality improvement and standardization.
<p>Public Comment</p>	<p>No members of the public attended</p>
<p>Closing Meeting Business</p>	<p>RESCHEDULE THIS DUE TO THE ECLIPSE: Next meeting (April 1, 2024)</p> <ul style="list-style-type: none"> • SPSC Business <ul style="list-style-type: none"> • Revisit the end time question of committee. • UCS Designation Discussion and Draft Recommendation • Leadership Update: Suicide Prevention Strategic Plan • Leadership Update: Mobile Crisis launch and 988 outcomes data <p>Other Planned Agendas</p> <p>May 13</p> <ul style="list-style-type: none"> • Presentation: Psychiatric Advanced Directives <ul style="list-style-type: none"> ○ Disability Rights Vermont ○ Legal Aid/Mental Health Law Project • Leadership Update: Peer Certification <ul style="list-style-type: none"> ○ Trish Singer, Mental Health Operations Director • Review Agency Designation Materials: Counseling Service of Addison County <p>June 10</p> <ul style="list-style-type: none"> • Quick Update: CCBHC

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	<ul style="list-style-type: none"> ○ Laura Flint, DMH Senior Evidence Based Practices Evaluator ● Agency Designation Q&A: Counseling Service of Addison County ● Draft Recommendation Letter to Commissioner <p>July 8</p> <ul style="list-style-type: none"> ● Standing Committee System of Care Priority: Housing <ul style="list-style-type: none"> ○ HomeShare, Communications Director? ○ Adnan Duracak, DMH Housing Program Coordinator ● Review Agency Designation Materials: Pathways Vermont <p>August 12</p> <ul style="list-style-type: none"> ● Light meeting, summer vacation <p>September 9</p> <ul style="list-style-type: none"> ● Agency Designation Q&A: Pathways Vermont ● Draft Recommendation Letter to Commissioner <p>October 7</p> <ul style="list-style-type: none"> ● Leadership Update <ul style="list-style-type: none"> ○ Emily Hawes, DMH Commissioner ○ New Deputy Director?? ● Home and Community Based Services <ul style="list-style-type: none"> ○ August Weems, Adult Care Manager <p>Meeting adjourned 3:10PM.</p>
Links	<p>Early Episode Psychosis Survey Link: https://forms.gle/tvnhMJFgqevDjQs18 Wilda L. White Consulting website: https://wildalwhite.com/</p>
Parking Lot	<p>Committee would like more opportunity to discuss housing. Ask the communications director of HomeShare to visit the committee to raise HomeShare’s awareness of mental health and reduce stigma) Committee would like Chris Allen to return when he has more time to discuss Suicide Prevention in more depth.</p> <p>Other interests:</p> <ul style="list-style-type: none"> ● Advanced directives (especially related to how they’re enforced for mental health care) – possible visit from Legal Aid (look into Mental Health Law Project) or Disability Rights Vermont