

Order of Non-Hospitalization Study Committee  
November 15, 2018  
9:30 – 11:30, Oak Conference Room

Attendees: **Members:** Frank Reed, David Gartenstein, Calvin Moen, AJ Ruben, Emma Harrigan, Jeff Wallin, Jill Martin, Sandy Steinguard, Ed Paquin, Jack McCullough, Mary Cox  
**Phone:** Phoebe Wagner  
**Public:** Jennifer Rowell, Amy Guidice, Anne Donahue, David Horton, Michael Sabourin, Samantha Sweet, Adam Arcoleo, Matt Viens

Introductions took place around the room.

**Review Agenda ~ 10/25/18 Minutes Review**

No comment

**Review of Draft Report**

Comment: Add note to Section I. Summary of Report Expectations: 7. Report extension date of December 1, 2018.

Comment: Not clear if the report is coming from DMH or from the committee. Doesn't feel that it is a balanced document of all the members. The report is supposed to come from the committee.

Comment: Thought that the report set forth various recommendations and the dialogue from the committee and didn't think it was misrepresented.

Comment: This report seems consistent with other committees where the Department is staffing committee members and the Department did a good job of inputting language into it.

**Section II. Executive Summary**

After a discussion and vote [Yes =6/No=4/Abstain=1/Absent=1] it was decided to add a note: The strengths and weaknesses given are perceived by individual members or groups and was not an overall consensus/opinion of the committee.

**Section IV. Existing Laws pertaining to orders of non-hospitalization**

Question: Do we want case law added in this section? It was decided yes, and Jack will get case links to Frank.

**Section V. Existing studies and reports on patient outcomes**

Comment: Materials submitted had various other submissions containing additional studies, and those citations need to be attached as well.

Comment: Meant to capture what articles the committee submitted and not necessarily all available research on ONHs.

Comment: The bold section under #3, referencing that the study was subsequently found to have methodological and analysis flaws, is an instance of editorializing. This needs to be reflective or what was shared with the committee members. Frank will delete the subsequent article citation.

Comment: This should be an unbiased report.

Comment: Study #5 – change font to match the rest of the document.

Comment: Study #7 – Sandy would like to include a different link for this and will send that to Frank.

Comment: Pilot #2 is not credible.

## Section VI. Existing data pertaining to orders of non-hospitalization

After a discussion on Page 8, paragraph 4, the last sentence: Remove last sentence as it was found to be confusing.

Add comment: The data assessed was done per year and not multiple years.

Comment: Understand the public safety aspects for the State Attorney's, there have been no specific alternatives opposed, I think other states are having success with outpatient treatment programs, it comes as a package. NY is finding the number of AOT issued is declining dramatically, they are getting fed into a system with lots of services. Proposing more of a long term working group after this committee. What about another system that would be noncoercive?

Comment: Agrees that it needs to be dealt with going forward, would be interested in continuing the dialogue.

Comment: Proposal for AGs office and MH law project at getting together at the hospital level, could there be a dual representation, the AG could be involved at that time. It was the State Attorneys objection that this didn't go through two years ago. We need to say there is place for us to be involved but at the same time get the AGs office involved.

Comment: Needs better coordination, I routinely communicate with the AAGs who are handling these going forward.

Comment: Not just communication but a place at the table for consultation. I don't see the communication as well as you do. The focus has to shift in the hearings.

Comment: There is substantial logistical issues to have two counsels representing client.

Comment: Office of Defender General was not opposed to this from two years ago.

## Section VII. Propose a pilot project for the purpose of improving the efficacy of orders of non-hospitalization

### Pilot #1 – Alternative Enhanced Voluntary Treatment

There was a discussion and vote [Yes=8/No=0/Abstain=2/Absent=2] about the wording in the first paragraph and it was decided to change the the 2<sup>nd</sup> to last sentence to "The pilot projects would use person-centered, recovery-based approaches for individuals who would otherwise be on an ONH in the community".

Comment: Helpful to define more of what is real, active and sensitive outreach. I feel like the community support is what we are doing. We are trying to sustain a system of care and we want everyone to get this. The turnover of case managers is so high and can interrupt the services.

Comment – this came out of a statute in CT without reducing to coercive means. The approach is to shift from ONH to the services you do provide and give adequate funding for less turnover of case managers, more services.

## Pilot #2 – Assisted Outpatient Treatment (AOT) Model

Comment: Concerns about the data for this model. I think the data is wrong. There are misconceptions here (judges) not always an annual rotation. Ultimately this seems to fly in the face of pilot 1. There is nothing that stops anyone from requesting a conference from the court on a person on a current ONH. Revised forms and procedures to allow us to identify cases that need that attention. Think this can be met within the existing system.

After a discussion and vote for Pilot #2 to be removed from the report [Yes=6/No=0/Abstain=4/Absent=2] it was decided to remove Pilot #2 in its entirety from the report.

## Section IX. Identify statutory changes necessary to implement recommended changes to orders of non-hospitalization

### 1. Elimination of ONH's in Vermont

Comment: Minus the 1<sup>st</sup> paragraph, would like to see this all stricken from the report and give space to summarizing what it was that VPS was proposing, all of the rationale and argument and support from the committee. Doesn't feel it was presented fairly as the other positions were.

Comment: Excellent point, prefer to see DMH's position in a separate statement.

Comment: Everyone should get an equal weight in this section.

It was recommended and approved to:

- ✓ Add VPS's paper in its entirety to this section.
- ✓ Keep the first paragraph and change the word augmentation to alternative.
- ✓ Add to addendums: DMH, VCP, Judiciary positions

### 2. Family and Criminal Court ONH

After a discussion, it was recommended and approved to change (4) (c) last sentence – take out state and insert Agency of Human Services.

Comment: Propose to create an extended working subgroup to work on these issues. It was recommended to add a clinical voice to that group.

Public Comment: So far it is what is just happening in the court, no one is looking after the care providers. If I have a problem with the doctor doubling my medication, the only thing I can do is say no and go against the ONH. Windham – if you get sprung (only on Friday's) there is no services on a Friday.