

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

5/8/2023

Adult State Program Standing Committee Minutes

DRAFT

Present Members: Ward Nial (he/him) Bruce Wilson Marla Simpson (she/they) (excu) Dan Towle (he/him) (excu) Lynne Cardozo Zach Hughes (he/him) Christopher Rotsettis (he/him) Ann Cooper Cummins (she/her) Michael McAdoo (excu) Alexis McGuiness (she/her)

DMH/State Staff: Eva Dayon (they/them) Lauren Welch (she/her) Trish Singer Katie Smith (she/her) Alex Frantz (she/they) Emily Hawes (she/her)

Public: Jessica Kantatan (she/her) Anne Donahue Sarah Couture? ([Burlington Housing Authority](#))

Agenda

- 12:30 SPSC Business: Introductions and Review Agenda, Statement on public comment, Vote on minutes
- 1:00 Q&A with Rutland Mental Health Services (RMHS)
- 2:30 BREAK
- 2:40 Draft recommendation letter to the Commissioner
- 3:00 Green Mountain Care Board update from Commissioner Hawes
- 3:20 Public Comment
- 3:25 Closing meeting business and planning next meeting agenda.

Agenda Item	Discussion (follow up items in yellow) Facilitator: Lynne Cardozo Timekeeper: n/a
Opening and AMH SPSC Business	Meeting convened at 12:40pm. Quorum was not met. Edits requested for April minutes. Deferred: Voting to accept April meeting minutes. Announcements <ul style="list-style-type: none">• Introduction of Alex Frantz (she/they), the new DMH Communications Director• May 20th opening for 8000sqft Art So Wonderful gallery and performance space at the University Mall 4pm-6pm• May is Mental Health Awareness Month. Eva will be sharing weekly newsletter. First two newsletters are available on DMH website here: 2023 Mental Health Awareness Newsletters Department of Mental Health (vermont.gov)

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

<p>Q&A with Rutland Mental Health</p>	<p>Attendees Dick Courcelle (he/him), Chief Executive Officer Hilary Ward (she/her), Director of Adult Services</p> <p>Mission, Goals, Objectives</p> <ul style="list-style-type: none"> • Very strategic organization, operating on a three-year strategic plan. • Participants in Project Vision • Workforce issues, crafting responses to community needs (e.g., expanding elder care services) • Certified Community Behavioral Health Center (CCBHC) grant recipients, this is the best model of mental health care delivery and financing for the future. • Elder care: <ul style="list-style-type: none"> ○ Expanded from two-person team to serve Rutland and Bennington ○ More services targeting loneliness, provided in-home, case management, age-in-place, therapy, some psychiatry, substance abuse therapy. ○ Drop-in center for social connection and wellness programming (daytime hours only), not a living room model (see reference resource: https://smiadviser.org/knowledge_post_fp/what-is-the-living-room-model-for-people-experiencing-a-mental-health-crisis) • Substance abuse resources: <ul style="list-style-type: none"> ○ Substance use programming is now incorporated under adult services; new clients are screening for mental health and substance use at intake. ○ Working to make referrals more fluid, distributing flyers and pamphlets about services. <p>Staffing</p> <ul style="list-style-type: none"> • Adult services turnover has been pretty good recently. Except for residential positions for which Rutland struggles to be competitive employers • Never seen anything as bad as the staffing crisis in mental health (compared to other industries) • Crisis Stabilization (CSID) and Maplewood Intensive Residential have lost staff so Rutland is struggling to keep beds available for crisis stabilization. <ul style="list-style-type: none"> ○ Opened drop-in center on Main St to fill gap in emergency services. ○ Emergency department is culturally the default resource for mental health crises. <ul style="list-style-type: none"> ▪ More than 80% of people in mental health crisis arriving at ED require hospitalization – Rutland would like to divert this and get people help before rising to the level of hospitalization. • Keeping current employees: <ul style="list-style-type: none"> ○ Wellness programming, compensation study, team building and leadership training.
--	--

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

	<ul style="list-style-type: none">○ Challenging, given the increased workload○ Maintaining flexibility for hybrid workload and telework○ There are 300 current members, but the agency is down at least 40 positions.● Orientation with new employees: using NAMI to assist Rutland with training and recruitment. <p>Peer Support</p> <ul style="list-style-type: none">● Part time peer at Maplewood/CSID has started helping clients to transition back to the community.● Looking for two more part time peers at Wellness Center● Peer coordinator and veteran peer support are being recruited.● Training: goes through all the same training as full-time staff, WRAP training, open to state guidance about peer credentialing● Efforts to boost wages are hampered by limited funding and reimbursement rates.● Hiring staff with lived experience and/or disabilities? Peers cofacilitate groups and some other opportunities depending on comfort level, looking to turn more positions into peer positions. <p>Housing</p> <ul style="list-style-type: none">● Challenge for both clients and staff● Rutland region needs at least 1000 new units to meet housing demand.● Anticipating the end of hoteling funding. Over 600 adults and children depend on temporary housing support. Come May 31st, some 200 people will become vulnerable. <p>Suicide Prevention</p> <ul style="list-style-type: none">● Active Zero Suicide committee meets monthly – collaborates with Wellness Committee to incentivize staff CALM and CAMS training.● 6 staff attended You Matter training with the intention of bringing information back to Rutland.● Stronger relationship between crisis and adult outpatient teams● Mobile crisis: there are two staff who can go out and respond to crises. Two embedded clinicians with police● Data: how can reporting systems be improved to understand need and deliver better care in a timelier manner (and assess progress)● Social isolation due to the pandemic likely drove increase in suicide rate, so Rutland is developing safe community spaces to promote connection (see public comment section for more)● Respecting client choice? Keep offering, engaging, and trying to support clients.● Looking for ways to improve access and timeliness of interventions to get care to people at the soonest possible moment.<ul style="list-style-type: none">○ Crisis text line has been used by young people to engage in services.
--	--

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

	<ul style="list-style-type: none"> ○ Rutland is aware of how different generations engage with services and are looking for innovative ways of reaching people. ○ Question about how we can be just as innovative at reaching elders – alternative communication systems are available and marketed at all ages. <p>Continuous Improvement</p> <ul style="list-style-type: none"> ● Increasing peer positions and expand drop-in hours (to 7 days, 12 hours) ● Meeting needs of co-occurring substance use ● Data: diagnoses, service utilization ● 5-year vision: continue providing mandated core services while also meeting unique regional community needs <ul style="list-style-type: none"> ○ Viable, integrated partner ○ Leverage CCBHC grant to build new services. ○ How to use data more meaningfully at clinical level develop treatment and at system level to evaluate Rutland’s service delivery. <p>Mental Health Stigma</p> <ul style="list-style-type: none"> ● Working to break down diagnostic silos (between substance use, mental health, disability services) ● Less community stigma about anxiety and depression but persists for acute psychoses such as schizophrenia. <ul style="list-style-type: none"> ○ Defining these conditions as medical concerns, not simply behavioral issues <p>Additional questions</p> <ul style="list-style-type: none"> ● Overall challenges: staffing and money, “adapt or die.” ● Most proud of team resiliency and innovation, service quality and flexibility, client-first, getting-it-done-ness, evolution of the agency since last designation, working relationship with State of Vermont <p>Committee entered BREAK at 2:20.</p>
<p>Green Mountain Care Board update</p>	<p>Committee reconvened at 2:32</p> <p>Presenter: Emily Hawes, Department of Mental Health Commissioner</p> <p>Several years ago, Green Mountain Care Board allowed University of Vermont Medical Center to keep excess profits of ~\$25,000,000 to fund expansion of inpatient capacity. Some \$5,000,000 was used to plan expansion at Central Vermont Medical Center. Last year, this project was put on hold due to high health care costs. In March 2023(?), Green Mountain Care Board issued a requirement to partner with DMH to reinvest the remaining \$18,000,000 into mental health system. This does not have to be invested in inpatient care. Emily is here to seek the committee’s input about where to allocate this money.</p>

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

	<p>DMH thoughts so far:</p> <ul style="list-style-type: none"> • Focusing on more upstream projects and managing potential backfill expenses down the road. • Are there small things the University of Vermont and Central Vermont can do to better serve more acute folks in their current units? <ul style="list-style-type: none"> ○ Addressing staffing challenges, safety, physical space constraints • Supporting other community partners like Pathways or NFI to potentially expand hospital diversion or peer respite. • Sign-on bonuses or retention bonuses, but research doesn't support this approach to addressing staffing challenges. • More funding for nursing home level care <p>Committee feedback:</p> <ul style="list-style-type: none"> • Supportive of idea to better serve more acute cases in existing units. • Suggestion to put money toward staffing River Valley Therapeutic Residence <ul style="list-style-type: none"> ○ But we may not be allowed to use this money for state projects. • Statewide peer support • Enhancing elder care work to provide support in the community. <ul style="list-style-type: none"> ○ Like bringing back day programs that were halted during the pandemic ○ Collaboration with Meals on Wheels? ○ Note from Eva: National Council on Aging is doing a full day focus on older adult mental health awareness this Thursday if any are interested. Multiple DMH staff are attending virtually. See here: https://www.ncoa.org/article/2023-older-adult-mental-health-awareness-day-symposium • New projects to use technology to make care more accessible. • More projects like Alyssum and Soteria
<p>Drafting letter to commissioner</p>	<p>Summary of committee impressions of Rutland Mental Health</p> <p>Committee Kudos</p> <ul style="list-style-type: none"> • Drop-in center. The committee encourages continued expansion of hospital diversion efforts. • Repairing reputation with community after "The Troubles" from a few years ago • Stay interviews, team building, communication improvements for staff retention. • Flexible and willing to consider alternative strategies for ongoing operations to meet needs and overcome challenges. • Resilience to overcome challenges of the pandemic. • Attendees didn't sugar coat responses and seemed down-to-earth.

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

	<ul style="list-style-type: none"> • Confidence in their willingness to be flexible and open to alternative strategies. • Good for Rutland for digging themselves out of hole from last designation cycle. • Embedded staff with Rutland state and city police. Don't let this go away. <ul style="list-style-type: none"> ○ One of the more courageous models for taking mental health forward in the future. ○ Incidentally, this is the topic of Christopher Rotsettis's grad school paper. Specifically in Lamoille County • Proactive efforts to train staff in suicide prevention. • Rutland is at least trying to increase peer support even if the program is still relatively small. <p>Committee Concerns</p> <ul style="list-style-type: none"> • Rutland Emergency Department seems to be the only place to go. • CSID is limited by the fact that they don't employ a full team of clinicians, so CSID is only a resource for certain types of crises. <p>Committee Recommendation Ann motioned to Redesignate with no deficiencies for Rutland Mental Health. Lynne seconded. All present in favor. Vote will continue via email to meet quorum needs.</p>
Public Comment	<p>From earlier conversation with Rutland Mental Health about causes of increasing suicide deaths: "I do not know the answer but is it possible that a declining quality of life has a lot to do with it? The cost of living and the recession we are entering seems likely to contribute. I agree COVID is a likely culprit. I have also heard that social media in general contributes greatly."</p>
Closing Meeting Business	<p>Agenda for next meeting (June)</p> <p>Ann volunteered to chair in June.</p> <ul style="list-style-type: none"> • Prep Clara Martin Center visit in July • Peer Certification Report with Trish Singer, Alex Karambelas, and maybe Wilda White • Final Legislative Wrap-up <p>Upcoming Opportunity: Older Adult Mental Health Conference on Thursday, May 11. https://www.ncoa.org/article/2023-older-adult-mental-health-awareness-day-symposium</p> <p>Meeting adjourned 3:26.</p>