

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

**7/11/2022**

**Adult State Program Standing Committee Minutes**

**FINAL**

**Present Members:**  Bert Dyer (he/him) (ex)  Malaika Puffer (she/her) (ex)  Ward Nial (he/him)  Kate Hunt (she/her)  
 Marla Simpson (she/they)  Dan Towle (he/him)  Lynne Cardozo  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)  Nick Nichols (he/him)  Dr. Trish Singer (she/her)  Katie Smith (she/her)  
 Lauren Welch (she/her)  Alison Krompf (she/her)  Alex Karambelas (she/her)

**Public:**  Yuri R  Jin Li Chan  Dillon Burns

**Agenda**

12:30 SPSC Business:

- Standing items: introductions, review agenda, announcements, vote on June and 5/17 minutes and July public comment, vote on returning/new member applications- Alexis
- New items: names and pronouns (short), FY23 System of Care Recommendations

1:00 DMH Leadership Update with Suicide Prevention Focus

2:00 BREAK

2:10 HCBS Conflict Free Case Management Corrective Action Plan

2:40 SPSC Business Continued

3:10 Public Comment


3:15 August draft agenda and closing meeting business

Agenda Item	Discussion (follow up items in green) Facilitator: Zach                      Timekeeper: n/a
<b>Opening and AMH SPSC Business</b>	<p><b>Meeting convened at 12:35pm</b></p> <p><b>Motion</b> to allow public comment through the meeting with discretion. Dan motions, Marla seconds. All in favor. Passed.  <b>Motion</b> to approve June minutes. Christopher motions, Dan seconds. All in favor. Motion passes.  <b>Motion</b> to approve May 17 minutes. Ann motions, Michael seconds. All in favor, two abstentions. Motion passes.</p> <p>Table Alexis member voting until a future meeting when Alexis is present.</p> <p>Discussion about names and pronouns. Request to gently correct folks that make mistakes outside of meeting time.  Request to share tutorial to MS Teams to all members. [resolved 8/1/22]</p>

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<p><b>DMH Leadership Update</b></p>	<p>Nick Nichols, Vermont Department of Health Substance Abuse Program Manager and Alison Krompf, DMH Deputy Commissioner</p> <p>See presentation sides attached below.</p> <p><b>Which agencies not participating in Zero Suicide Currently? Alison/Alex to follow up.</b></p> <p>Suggestion to promote the <a href="#">Alternative to Suicide</a> approach to suicide prevention.</p> <p>For questions or further conversation: <a href="mailto:nick.nichols@vermont.gov">nick.nichols@vermont.gov</a>, <a href="mailto:alexandra.karambelas@vermont.gov">alexandra.karambelas@vermont.gov</a></p>
<p><b>HCBS Conflicts of Interest</b></p>	<p><b>Home and Community Based Services Conflict of Interest Corrective Action Plan</b> with Dylan Frazer, Deputy Director of Medicaid Policy</p> <p>See presentation slides attached below.</p> <p>Update that mobile crisis project is likely a year delayed from the planned finish date (plan to finish now fall 2023). The goal is to continue to work with Health Management Associates (HMA). Completing the deliverables is taking more time than anticipated. HMA is planning to stay on through the project with no further cost.</p>
<p><b>SPSC Business Continued</b></p>	<p>FY23 System of Care Recommendations- Eva will send a survey to the group with a two week turn around request. [resolved]</p> <p>Are folks interested in meeting in person? Revisit this question for September meeting.</p>
<p><b>Public Comment</b></p>	<p>Conflict Free Case Management is a deep concern for DA network in terms of workforce and client experience.</p>
<p><b>Closing Meeting Business</b></p>	<p><b><u>August Draft Agenda</u></b></p> <ul style="list-style-type: none"> <li>-identify new chair</li> <li>- voting on Alexis’s application</li> <li>- FY23 SPSC recommendations</li> <li>- HCRS documents- could invite the HCRS LPSC at the same time</li> </ul> <p><b>Motion</b> to Adjourn made by Marla second by Lynne passed 3:34pm.</p>

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A stylized sun graphic consisting of a solid yellow circle with several short, dashed yellow lines radiating from its top edge, set against a large orange curved background element.

# Current State of Suicide Prevention Efforts at Dept of Mental Health

Alison Krompf, Deputy Commissioner  
7/11/22  
Suicide Prevention Coalition

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## ***H.740, An act relating to making appropriations for the support of government***

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**Funding request to expand Zero Suicide to all 10 Designated Agencies and two Special Service Agencies**

**Funding to support Statewide Leadership and Coordination with a full-time position**

**Funding to expand programs and supports for older Vermonters**



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## Additional Initiative



- Base budget increase includes funding to sustain the Lifeline
- Two Lifeline Centers (NCSS and NKHS)
- Currently at 85% in state call response

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## The Governor's Challenge

*VA/SAMHSA Governor's Challenge  
To Prevent Suicide Among Service Members,  
Veterans, and their Families*



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# Governor's Challenge Overview

**Summary:** The [\*Governor's Challenge\*](#) is a call to action, asking state military and civilian interagency teams to embark on a process of collaborating, planning, and implementing suicide prevention best practices and policies for SMVF state-wide. Technical assistance offered through this initiative is designed to provide a forum for states to consider how existing policies, practices, infrastructure, and resources influence the effectiveness of the systems that support SMVF.

## ■ OBJECTIVES

- Form an interagency military and civilian team of state leaders and policy makers to develop and implement a strategic action plan to prevent and reduce suicide
- Define and measure success, including defining assignments, timelines, and measurable outcomes to be reported

SMVF: Service members, veterans, and their families

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## FY23 DMH/CHL Grant Goals

- Support Public Education & Information
- Suicide Prevention Infrastructure, Policy, Stakeholder Engagement
- Advance Evidence-Based and Best Practices for Suicide Prevention
- Promote Social and Emotional Wellness





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# Public Education & Information



- Increase engagement with and use of resources, materials, trainings and events supported by this grant including HELP resources and 988 Promotion.
- Support public education and outreach efforts during National Suicide Prevention Month (September) and National Mental Health Awareness Month (May).

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## Suicide Prevention Infrastructure, Policy, Stakeholder Engagement

- VTSPC Coalition Expansion
- Data and Surveillance Work Group participation
- Child Fatality Review Board Participation
- Legislative Education and Outreach



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# Advancing Evidence-Based and Best Practices for Suicide Prevention

- Expanding Zero Suicide Implementation:
  - Expand to all 10 D.A.s and 2 SSA's by providing technical support and training for initiation, and implementation of Zero Suicide.
- Mini-grants
  - Incentive funding to onboard new providers, agencies and community-based organizations
  - Strong priority given to at-risk groups (LGBTQ, People with Disabilities, People of Color, rural communities, elders etc.)
- Collaborative Assessment and Management of Suicidality (CAMS) assessment and treatment training

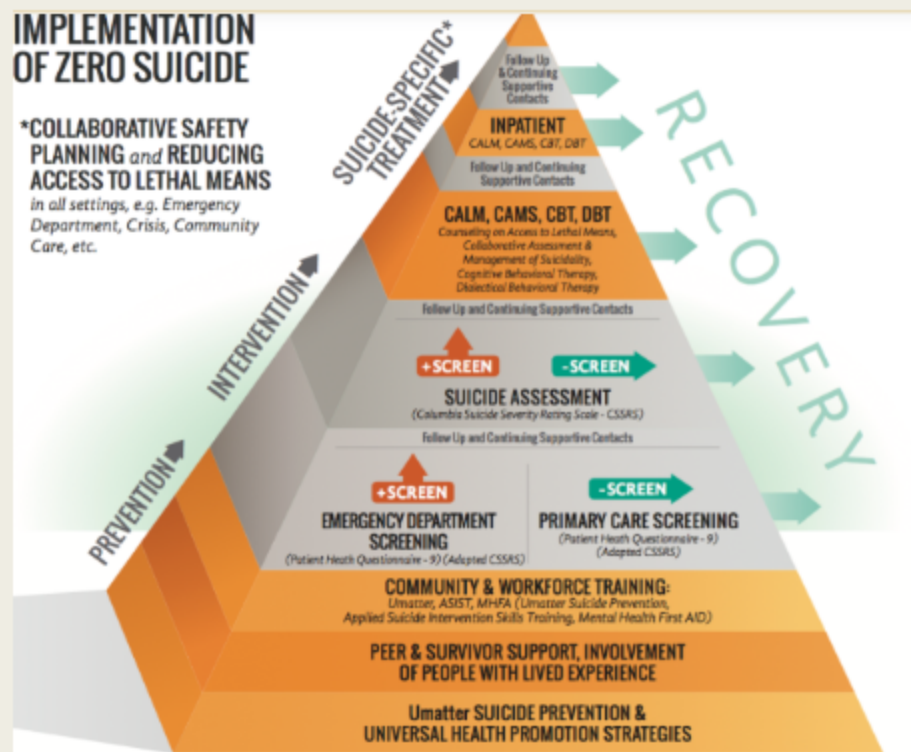


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# What is Zero Suicide?

ZS focuses on the evidence-based foundation that suicide is preventable.

- *Universal Screening*
- *Assessment & Referral*
- *Treatment of Suicidality*
- *Care Coordination, Follow-up and Caring Contacts*

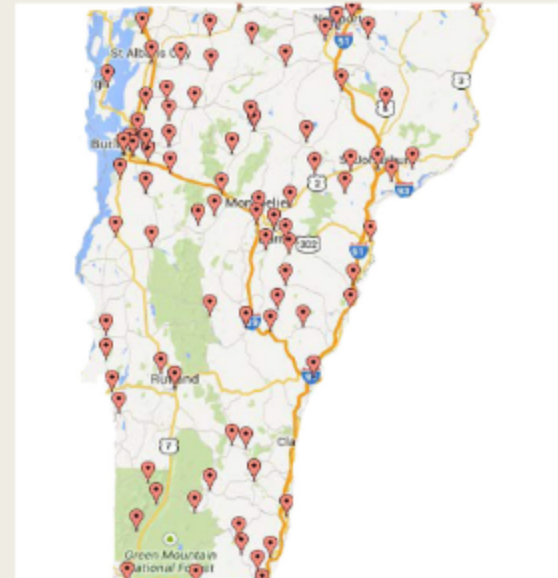


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## Advancing Evidence-Based and Best Practices for Suicide Prevention (continued)

- Counseling on Access to Lethal Means (CALM) participation tracking
- Zero Suicide Practice Institute
- Evaluation of Zero Suicide
- National American Association of Suicidology (AAS) Meeting Attendance
- Umatter for Schools
- Umatter Training of Trainers (ToT)

*Umatter for Schools Statewide Implementation*



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## Promoting Social and Emotional Wellness

- Umatter Youth and Young Adults

**Umatter**  
for Youth and Young Adults

Youth Learn About  
and Promote Mental  
Health Wellness



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## Comprehensive Suicide Prevention (CSP) Grant: Overview

- 5-year Grant from Center for Disease Control and Prevention: September 2020 – August 2025
- Implement and Evaluate Comprehensive Public Health Approach to Suicide Prevention for Vermonters Ages 15 – 64
- Expand prevention to focus populations
  - LGBTQ+, Rural, Men, Living with Disabilities
- Support suicide prevention in hospitals (ED's), healthcare, and other non-Designated Agency (DA) community programs
- Improve public awareness and access to suicide prevention resources

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## VT Comprehensive Suicide Prevention Grant: Upcoming Activities

### Facing Suicide Public Health Campaign:

- “Soft opening” in July
- Kickoff by September

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### Suicide Awareness and Supporting Training

- Now available via <https://vtspc.org/suicide-awareness-and-support-training/>
- Planning focused on LGBTQ, People with disabilities, Men, Rural Vermonters



## VT CSP Grant: Upcoming Activities

### Man Therapy (ManTherapy.com)

- Pilot Promotion in Rutland and Caledonia starting in the Fall
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### Emergency Department Quality Improvement Project

- All 14 VT hospitals completed Zero Suicide Org Assessment
  - Selection of QI project due in July
  - CALM training for key staff completed by December
- 

### Postvention Assessment and Planning

- Assessment and Strategic Plan completed in September

## VT CSP Grant: Upcoming Activities

### Outreach and Mental Health for Men and Rural Vermonters

- Peer Support for First Responders: <https://www.securepeer.org/>
  - Farm First development of peer support network: <https://www.farmfirst.org/peer-support>
  - Construction Industry Pilot starting in the Fall
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### Suicide Safe Care via Telehealth

- Training and Support for Clinicians to treat suicidality starting in the Fall

## Questions?

Nick Nichols, Suicide Prevention Program  
Coordinator

**Email:** Nick.Nichols@vermont.gov

**Phone:** 802-495-8756

**Web:** Healthvermont.gov

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# Home- and Community-Based Services (HCBS) Conflict of Interest (COI) Corrective Action Plan

Agency of Human Services

July 2022

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# What is Required?

## Vermont must ensure HCB service delivery is independent from:

- Evaluations of eligibility,
- Needs assessments, and
- Person-centered plan development
  
- 42 CFR 441.730(b)

## Vermont's five HCBS programs are:

- Choices for Care Program
- Brain Injury Program
- Developmental Disabilities Services Program
- Community Rehabilitation and Treatment Program
- Intensive Home- and Community- Based Services Program

## Exceptions

- If there are no other willing and qualified entities to provide case management activities, and the single entity sets up firewalls.
- These requirements only apply to HCBS. Mental health programs to consider State Plan rehabilitation as an alternative.

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## Federal Review: HCBS COI Corrective Action Plan

Submitted a 5-year plan to the Centers for Medicare and Medicaid Services (CMS).

- Included broad and robust stakeholder engagement
- Allowed more time for smooth transitions as programs come into compliance
- Allowed more time to account for the ongoing COVID-19 response and workforce shortages

**Dec. 2021**

CMS continues to review a revised 3-year plan:

- Includes broad and robust stakeholder engagement
- Complies with 3-year federal corrective action plan requirement
- Will be included in the 1115 Global Commitment to Health demonstration as Attachment Q once approved by CMS

**July 2022**

**May 2022**

CMS began commenting on the plan and said that a 5-year timeline was unacceptable:

- The corrective action plan should only be 3 years long
- Vermont already conducted stakeholder engagement and should not need to do much more
- Comments did not acknowledge each activity would be done five times over for each HCBS program

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# 3-Year HCBS Conflict of Interest Plan

Phased implementation begins January 1, 2025; estimated completion by end of year.

Publicly posted: [Draft HCBS Conflict of Interest Plan](#)

• Public comments accepted throughout this process: [ahs.medicaidpolicy@vermont.gov](mailto:ahs.medicaidpolicy@vermont.gov).

## Major areas of work:

1. Stakeholder Engagement
2. HCBS System Assessment
3. Establish New Eligibility, Assessment, Person-Centered Plan Development, and Service Delivery Systems
4. Reimbursement Methodologies and Financial Modeling
5. Statute, Policy, and Manual Review and Updating
6. Quality Management System Design
7. Implementation Planning
8. Implementation

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# Next Steps

July 26, 2022: Post Request for Proposals for technical assistance (TA)

September 1, 2022: Proposals due

October 15, 2022: Execute TA contract

November 2022: HCBS system assessment and stakeholder engagement begin

January 2023: Begin considering options for compliance across all HCBS programs

\*Dates are estimates and will be adjusted as needed.