

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

11/14/2022

Adult State Program Standing Committee Minutes

FINAL

Present Members: Bert Dyer (he/him) (ex) Ward Nial (he/him) Kate Hunt (she/her) Malaika Puffer (she/her) Marla Simpson (she/they) Dan Towle (he/him) (ex) Lynne Cardozo (ex) Zach Hughes (he/him) Christopher Rotsettis (he/him) Ann C Cummins (she/her) Michael McAdoo Alexis McGuinness (she/her) Erin Nichols (they/she) (resigned September, to be removed before December if not returned)

DMH/State Staff: Eva Dayon (they/them) Nicole DiStasio (they/she) Katie Smith (she/her) Puja Senning (she/her)

Public: Bruce Wilson Jessica Kantatan (she/her) Simone Rueschemeyer, Vermont Care Partners Brett Yates

Agenda

12:30 SPSC Business: Choose new facilitator, Introductions & Review agenda, Vote on public comment participation today, Vote on previous meeting minutes, Member application voting: Bruce W., Drafting Questions for Washington County Mental Health Services visit in December (60 minutes?), Choosing a person with lived experience (and backup?) to sit on Emergency Involuntary Procedure committee: Options: Zach, Marla, Conversations over email- discussion on how/when to speak as an individual vs. committee representative, use norms, Peer Voice in State Initiatives – discussion and start draft?, SPSC System of Care Priorities for Fiscal Year 2023: ensuring each item has a short description (may defer to January)

2:30 DMH and Vermont Care Partners Leadership Update: Discussion of Certified Community Behavioral Health Centers

3:00 Public Comment

3:10 Closing Meeting Business and Draft Next Agenda

Agenda Item	Discussion (follow up items in yellow) Facilitator: Marla Timekeeper: n/a
Opening and AMH SPSC Business	<p>Meeting convened at 12:35pm.</p> <p>Motion to allow public comment through the meeting with discretion, allowing public to ask questions, made by Ward, seconded by Kate, all in favor. Motion passes.</p> <p>Motion to pass previous meeting minutes (October) made by Christopher, seconded by Ward. All in favor. Motion passes.</p> <p>Membership discussion about what types of individuals should be encouraged to apply or whether spots should be held (for providers? BIPOC folks? Regional diversity within Vermont?). Potentially seeking family members/providers.</p>

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	<p>Question formation for WCMHS:</p> <ul style="list-style-type: none"> • Wait times for therapy/psych long (p. 13 agency review report) • Praise for Mary Moulton as Executive Director • Staff concerns about wanting more training • Staff concerns about paperwork burden • Operating well through the pandemic including the Local Program Standing Committee • Generally good services. Good collaboration between mental health/substance use services • potentially use the general question list (themes document)- could choose some to prioritize <p>Motion to focus on general question themes, specifically: Police involvement, peer support, local standing committee, suicide prevention, strategic planning, made by Ward, Seconded by Ward. All in favor. Motion passes. Any additional questions to these? Or modifications?</p> <ul style="list-style-type: none"> • Interested in WCMHS' vision for the future. • Does WCMHS have ideas about ways to reduce paperwork burden? • Is Trauma 101 class still being offered to staff? <p>The Committee heard from Bruce Wilson about his background and why he would like to join this committee.</p> <ul style="list-style-type: none"> • Motion to go into executive session made by Ward, seconded Zach to discuss Bruce's application. All in favor. Motion passes. Executive session lasted for ten minutes. • Motion to recommend Bruce on the committee made by Zach. Seconded by Michael. No opposed or abstentions. Motion passes. <p>Table the conversations about conversations over email to allow for more members to be present.</p> <p>Members discussed Peer voice in state initiatives draft, specifically the Suicide Prevention work at DMH, and decided not to proceed at this time.</p> <p>Discussed conversation about Emergency Involuntary Procedure Committee representative- one member shared lived experience with EIPs. Zach was selected as the rep for the committee, with Marla as backup.</p>
<p>DMH Leadership Update:</p>	<ul style="list-style-type: none"> • Overview of Certified Community Behavioral Health Clinics (CCBHCs), which is a national term, and would be changed to potentially remove 'behavioral' if it were implemented in Vermont. • Similar to current Designated Agencies but with expanded services that prioritize integration/collaboration with primary care and substance use services. Developed to create more sustainable financing to CMHCs and increased

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<p>Nicole DiStasio, DMH Policy Director and Simone Rueschemeyer, Executive Director of Vermont Care Network on Certified Community Behavioral Health Centers (CCBHCs)</p>	<p>access to integrated services. There has been greater access to services through the states that have implemented this model nationally.</p> <ul style="list-style-type: none">• CCBHCs have to provide 9 services:<ul style="list-style-type: none">○ Crisis mental health services○ Screening, assessment, and diagnosis○ Patient-centered treatment planning○ Outpatient mental health and substance use services○ Outpatient clinic primary care screening and monitoring○ Targeted case management○ Psychiatric rehabilitation services○ Peer support, counseling, and family support○ Intensive mental health care for those in the military and veterans• There is stringent criteria for meeting access timelines, quality assurance metrics.• Agencies receive flexible funding to allow to cost to expand services. Based on actual and anticipated costs (the current model is built off services that have already occurred).• Focus on comprehensive care- such as 24/7 365 mobile crisis services. Focus on easy access to care. Expanded care coordination. Strong commitment to peer and family involvement.• Vermont Care Partners and the State of Vermont is working with National Council to learn about what CCBHCs are and determine if this is a good fit for Vermont. VCP and SOV are trying to understand: Would this be more financially sustainable, provide a more stable workforce, and ultimately better serve Vermonters?<ul style="list-style-type: none">○ There is an option available (with stipend) for standing committee members to attend or watch recorded policy academies to learn more about CCBHCs. Also to receive the recordings of the policy academies that have occurred.• Right now there are two tracks to move toward CCBHC model:<ol style="list-style-type: none">1. Planning/implementation grants for individual organizations<ul style="list-style-type: none">○ Currently, four community health centers in Vermont have received planning grants○ Any organization can apply to becoming a CCBHC, it is not limited to Designated or Specialized Service Agencies. Having said that, it would be unlikely for an organization that was not a DA/SSA to meet the requirements to become a CCBHC.2. planning grants for states<ul style="list-style-type: none">○ Currently there are 10 demonstration states (nationally) that are implementing CCBHCs. The federal government is has put out an opportunity for 15 states to receive a planning grant of \$1 million to consider moving toward being fully in the CCBHC model.
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	<ul style="list-style-type: none"> ○ In 2024 an additional ten states will receive demonstration grants. The demonstration grant allows for an enhanced federal rate for at least four years. <p>DMH is seeking input: How to get feedback from those with lived experience about the ultimate decision- whether to move forward, as a state, to become a CCBHC state. Type of feedback sought is still to be determined but will include: What is working well in the system currently we would want to retain?</p> <p>Committee members recommend:</p> <ul style="list-style-type: none"> ○ Connecting with peer organizations such as Another way, Vermont Psychiatric Survivors, Alyssum, Soteria, Pathways Vermont, Local Program Standing Committees at Designated Agencies. ○ A series of town halls, with enough context to be able to understand CCBHC model. Ask for input before the decision has been made. ○ Prioritizing diversity, equity, and inclusion in any systemic changes.
<p>AMH SPSC Business (Continued)</p>	<p>Comment to DMH leadership more generally: Would like to know about the Alternatives to Emergency Departments Request for Proposal. The committee discussed how to prioritize the DMH leadership update time.</p> <p>There is a document from 2017 about recommendations of alternatives to the emergency department. The committee would like this to be reviewed by DMH. Ward can share.</p>
<p>Public Comm.</p>	<p>No public comments today.</p>
<p>Closing Meeting Business</p>	<p>Agenda for next meeting</p> <ul style="list-style-type: none"> ● Voting on Malaika ● Priorities discussion (continued) ● Visit with WCMHS (plan for 90 minutes, may be able to wrap up earlier) ● Request for next meeting from DMH leadership: <ul style="list-style-type: none"> ○ What is on DMH radar for legislative session. ○ Update for initiative on embedded mental health workers with state police. ○ Update on request for proposal for Alternatives to Emergency Department <p>For the January meeting:</p> <ul style="list-style-type: none"> ● AMH SPSC Annual Report ● Time for gratitude ● Conversations over email <p>Motion to Adjourn by Kate, Seconded by Malaika. All in favor. Meeting ended at 3:31pm.</p>