This meeting was not recorded.

12/13/2021
Adult State Program Standing Committee Minutes **DRAFT**
Present
Members: ☒Bert Dyer (he/him) ☒ Malaika Puffer (she/her) ☒ Ward Nial (he/him) ☒Kate Hunt (she/her)
☒ Marla Simpson (she/they) ☒Dan Towle (he/him) ☒Lynne Cardozo (she/her) ☒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) ☒Nicole DiStasio (they/she) ☒Daisy Berbeco ☐Shayla Livingston ☒Steve DeVoe
☒Dr. Trish Singer (she/her) ☒Katie Smith
Public: ☐Steve Walsh ☐Joanna Cole ☐Rachel Hobart ☒Alexis McGuiness ☒Dillon Burns

Agenda
12:30 SPSC Business:

- Standing items: introductions, review agenda, announcements, vote on November minutes
- New items: Process for Agency Review, LCMHS document review, LPSCs: Discuss August Public Comment, AMH SPSC annual report, process for reviewing public comments that come in over email to DMH, update on self-neglect workgroup, subcommittee on process for involvement in agency designation

2:30 DMH Leadership Update: • Residential Bed Request for Information (RFI) Legislative Report Review: Daisy Berbeco, Senior Policy Advisor; Shayla Livingston, Director of Policy • DMH response regarding last month's topics: Steve Devoe, Director of Quality and Accountability- SPSC participation in designation site visits, compensation for non-salaried members for work between meetings
3:10 Public comment
3:20 December draft agenda
3:30 Adjourn

Agenda Item	**Discussion** (follow up items in yellow) **Facilitator: Christopher --- Timekeeper: n/a**
Opening and AMH SPSC Business	Public comment: • **Motion** to allow public comment throughout Marla motions. Zach seconds. Vote: all opposed, one abstention. Motion fails. • Members of the public should hold input until the public comment period. • Alexis (member of public) requests draft minutes sent after the meeting. Left the meeting due to inability to participate vocally throughout.

This meeting was not recorded.

	- Members discussed public comment during meetings. Current practice is a motion at the start of each meeting to “allow public comment throughout the meeting, with discretion, prioritizing members of the committee”. Previous practice was all public comments held until the public comment period, second to last item on the agenda. **Motion** to allow public comment throughout at the discretion of the chair, providing there is time for committee do their work within time allotted. Ann motions. Seconded by Bert. All in favor. No opposed. One abstention. Motion passes. Minutes: **Motion** to approve November minutes from Zach, Erin seconds. All in favor. No opposed. No abstentions. Motion passes. This committee’s process for Agency Designation discussed. **Proposal** by subcommittee that members review DMH reports in their own time, but not focus specific questions on these reports. Instead, to choose a few priority areas agreed upon by the committee to focus on this cycle. Share those topics with the visiting agency and have a discussion with more depth. - The previous process was to review all shared reports in detail during the meeting, form questions for the agency and share these with the agency before their visit - The committee considered the frequently asked question themes from the previous designation cycle, many of which are covered in the agency review report - Potential priority areas for deeper discussion this cycle: - Stigma and discrimination - Turnover, staff morale, wages Members discussed the process for LCMHS this cycle and formed questions: - Keep the 90-minute time slot with agency spend some part of that on specific questions and some part on topic discussion <u>Questions/Discussion Areas for the LCMHS Visit to the AMH SPSC</u> The standing committee acknowledges that the majority of the reports from DMH are positive, and that there are many strengths of this agency to be revisited when writing the letter of recommendation to the commissioner. The questions below are intended to engage LCMHS in dialogue. The agency should self-select with staff should attend this meeting based on the content being discussed.

This meeting was not recorded.

- Discussion topics:
    - Reducing stigma and discrimination
        - How do staff get support through the pandemic and outside of it?
        - Are staff able to receive services at LCMHS or are there agreements with other DAs to support staff in receiving services?
        - Designation Site Visit report p. 5 “Supervisors shared that a valued voice is worth more than monetary compensation at another agency. Retention is driven by support and an influential voice.”
        - What are you doing to retain employees other than (or including) time off?
        - Regarding the LCMHS staff union- How does this impact the ability to support clients the catchment area?
    - Grievance and appeals
        - Agency review report (p. 11) “The number of grievances (six, three of which came from the same client) and appeals (zero) reported since 2018 is lower than DMH would expect from a community mental health organization”.
        - Designation Site Visit Report (p. 6) Supervisors: “Some participants shared that families would ask staff before filing the grievance if the act of filing will achieve the solution they want. In some cases, staff explain that the grievance will be heard, but the outcome will not change as a result. They observe that families are less likely to file when they are informed of these supposed constraints. ”
        - Designation Site Visit Report (p. 5) Supervisors: “Two areas that commonly become grievances for adults are around representative payees and concerns about previous involuntary hospitalizations, both of which can be complex to resolve.” How do these manifest as grievances?
    - Local program standing committee (adult mental health only)
        - How many members do you have on your LPSC?
        - How many LPSC members are also staff at LCMHS?
    - COVID-19 response
        - What went well in the transition to telehealth?
            - What was challenging in this transition?
            - What flexibilities do you hope to keep post-pandemic?
    - Onboarding and training:
        - There was some mixed/negative feedback from staff about onboarding training in the Agency Review survey results. Is this an area the agency is planning to improve?
        - Do clients/families have input to training and program design?

This meeting was not recorded.

<table>
<tr>
<td></td>
<td>

Specific questions:

The homelessness rate in Lamoille County is higher than the statewide average (Agency Review Report p. 11 from MSR). Does this impact how LCMHS designs or delivers services?
Agency review report p 12: In fiscal year 2020, 100% of people who responded to surveys at discharge reported improvement (MSR). That is unusually high. Does LCMHS think this is an accurate representation of services during this time period?
Would the agency comment about any of the following survey results from AMH staff (p. 13 Agency Review Report)?

Three staff (25%) reported policies against retaliation in the workplace are not upheld.
Four staff (33%) said they do not know if there is a procedure in the event of a breach of client confidentiality.

Does Executive director review happen annually? What is the process?
Would the agency comment about the overview pivot table on Agency Review page 22 combining results from all programs staff and supervisor responses?

Three questions formed by the committee (regarding supervisor survey results written into the Agency Review Report, number of grievances reported to warehouse, and Children’s Local Program Standing Committee survey results) were omitted because they related to the child, youth, and family program, which is under the purview of the Children’s Standing Committee.
Question for committee members- this question was formed but not found in any reports for LCMHS. Is it related to a report or a system- level question? Some clients are upset about Orders of Non-Hospitalization (ONH)/involuntary hospitalizations. How are these concerns are being addressed with clients?
</td>
</tr>
<tr>
<td>DMH Update
Daisy Berbeco, Shayla Livingston, & Steve Devoe</td>
<td>
Would like to speak to commissioner and deputy commissioner on a regular basis.
Preference to avoid the term Behavioral Health.
Residential Bed Request for Information (RFI) Legislative Report Review

Reviewed slides regarding RFI – attached to bottom of minutes
Aware of the seven community centers/peer respite (peer run and staffed entities) white paper- was this sent specifically to this group? DMH: This was sent publicly. There was no response from the peer workforce development initiative.
What did these RFI responses NOT speak to, that they should?
What should we highlight about these responses?

</td>
</tr>
</table>

This meeting was not recorded.

<table>
<tr><td></td><td>
Concern from one member of the committee that support for any of the responses to the RFI would diminish support for the community center/peer respite proposal. Member was encouraged to write this directly into survey response to be included in the legislative support verbatim

DMH response regarding last month's topics: SPSC participation in designation site visits, compensation for non-salaried members for work between meetings

Members discussed designation site visits- members appreciated the willingness from Steve to hear and discuss participation on site visits
Are you reconsidering the Application requirements for the EIP committee? Steve will follow up. Specific issue discussed by members included- peers (and only peers) are required to divulge tax returns.
Members discussed the reimbursement policy
Proposal: could a private citizen add funds to an account to pay committee members for time outside of meetings spent working on committee business.

Steve offered that on an ongoing basis anyone who could like a private audience is welcome to email.
Steven.DeVoe@vermont.gov
</td></tr>
<tr><td>Public Comment</td><td>No members of the public present.</td></tr>
<tr><td>Closing Meeting Business</td><td>
January Draft Agenda
12:30-1:00 Opening & Committee Business – get on same page about time/questions for LCMHS
1:00-1:30 DMH Leadership Update: Legislative update? Would prefer commissioner or deputy commissioner
1:30-3:00 Meeting with LCMHS Agency Representatives
Draft Letter of Recommendation?
3:00-3:10 Public Comment
3:10-3:30 Plan Feb Agenda

Appreciation to everyone who attended the VPS annual meeting.

Motion to adjourn made by Zach, Marla seconds. Adjourn at 3:28pm
</td></tr>
</table>

This meeting was not recorded.

REQUEST FOR INFORMATION (RFI)

RESIDENTIAL BEDS FOR INDIVIDUALS DISCHARGED FROM INPATIENT PSYCHIATRIC CARE

This meeting was not recorded.

RESIDENTIAL BEDS FOR INDIVIDUALS DISCHARGED FROM INPATIENT PSYCHIATRIC CARE

Act.50, Sec. 27. *Legislative Intent: expanding a State-owned or -operated facility should always include or identify resources to support Vermont's community mental health system*

(a) On or before August 1, 2021, the Department of Mental Health shall issue a request for information from designated and specialized service agencies and peer-run agencies for developing and implementing programming for unlocked community residences for transitional support for individuals being discharged from inpatient psychiatric care or for intervention to prevent inpatient care. Responses to the request for information shall be provided to the Department of Mental Health not later than December 1, 2021 and shall include provisions that address the need to develop and implement community residential programming for youths.

This meeting was not recorded.

RFI PURPOSE AND SUBMISSION QUESTIONS

1. In your region, what **programming** would you propose to develop and implement for unlocked community residences for transitional support for individuals being discharged from inpatient psychiatric care or for intervention to prevent inpatient care? Please specify the population this programming would serve (children, youth, and/or adults)

2. Is there a **payment methodology** which would assist in your ability to implement this programing?

3. What **performance measures** should be adopted to monitor and ensure the effectiveness of your programming?

4. What actions are you currently taking that other regions could consider adopting to ensure children/youth and/or adults are supported to **prevent inpatient care** or upon discharge from inpatient care?

5. What supports and resources are needed to facilitate seamless transitions into and out of inpatient settings and to reduce the likelihood of multiple hospitalizations?

6. **What partnerships could be established** to provide the services needed by individuals and their families (including but not limited to mental health, developmental services, education, medical/dental, substance abuse treatment, recreation, family partnership, independent living skills, and community transition)?

7. How would your programming enhance current utilization review to ensure after-care plans are made early, progress is monitored and lengths of stay in residential or inpatient (when required) are reduced?

8. Describe how your proposal would incorporate, coordinate and/or collaborate with other regional or state initiatives/pilots.

This meeting was not recorded.

SUMMARY OF RESPONSES

	SETTING	PEER ROLES	POPULATION SERVED	PERFORMANCE MEASURES	PREVENTING INPATIENT NEED	TRANSITIONAL SUPPORTS AND AFTER CARE	BUDGET/PAYMENT METHODOLOGY	PARTNERSHIPS
RUTLAND MENTAL HEALTH COMMUNITY CARE NETWORK	Group Home- Level 3 community care 5-Beds	Staff (peer support)	Aging Adults	Census, client satisfaction surveys, LOCUS/ANSA scores, discharge status, use by client of ED, crisis services and inpatient psych unit	Crisis Stabilization and Inpat. Diversion,	Transitional housing and supports	$1.06M+$83k renovation costs Incorporate cost of staffing into existing case rate, additional costs come from resident room and board fee	Residents would first have to be declined by local community care homes.
WASHINGTON COUNTY MENTAL HEALTH SERVICES (WCMH)	Level 3 community care Capacity-based model	Staff (peer support)	Aging adults	Monthly, Quarterly and Annual Rept or Evals. Individual outcome measures and program level indicators	Early discharge planning and wrap around services at discharge.	Regular resident progress on care plan review.	Title XIX Client room and board Additional funds from DMH	Rehab, CVMC, other community care partners.
COUNSELING SERVICE OF ADDISON COUNTY (CSAC)	Living Room/ Mobile Crisis Support ER Diversion	Staff (peer support)	Youth and Adults	Utilization Perceived diversions Tracking of ER days Participant and provider surveys	Open Dialog Low barrier access (streamline intake process)	Flexible and transparent teaming during the course of hospitalization. Options for intensive support upon discharge.	$308k Daytime + $255k overnight Cost based flexible case rate structure that can withstand variable utilization	

This meeting was not recorded.

	SETTING	PEER ROLES	POPULATION SERVED	PERFORMANCE MEASURES	PREVENTING INPATIENT NEED	TRANSITIONAL SUPPORTS AND AFTER CARE	BUDGET/PAYMENT METHODOLOGY	PARTNERSHIPS
INNER FIRE, INC. (BROOKLINE, VT)	Therapeutic Care Residence 8-12 Beds	Lead and Direct. Also @ partners	Adults	Successfully tapering off meds Qualitative, individual goals	Therapeutic, person-centered care	Include TCR in planning efforts at state level Employment support and training	Pro-rata annual tuition reimbursed by DA/SSA.	Across Community and Agencies
DON SMITH— QUALITATIVE INPUT ON OVERALL SYSTEM IMPROVEMENT	Enhance provider ability to support client self-resilience and worth. Streamline care coordination, intake and discharge planning.	Recommends peer model of support throughout individual recovery.	N/A	Improved stability Decreased hospital stays Increased independence and self satisfaction	Referrals to residential are increasingly violent people Better workforce supports to prevent burnout Enhanced care coordination and discharge planning	Timely discharge Need realistic clinical recs on discharge Increase emphasis on community of supports-not meds	State contribute funding that has resulted in saved money due to avoiding longer hospital stays and homelessness, motel use, etc. Medicaid is the other current funding source for Crisis Beds and TCR's	System is not conducive to partnerships with lengthy intake and referral process; HIPAA restrictions. Must streamline to interface.
BETTY AND CHRIS BARRETT (NEK)	Mental Health Inpatient Treatment Center	Not noted	Adult and Youth	Board of Directors Established Bi-Laws Established Policies and Procedures State statutes governing Mental Health Treatment for Children, Youth and/or Adults	Follow up treatment /program planning with NKHS or private MH Councilors	After-Care Plans can be enhanced and utilized by the support from family, friends, church, community and Professional Providers.	State, Federal grants, local donations	Multiple community stakeholder organizations noted

This meeting was not recorded.

WHAT HAPPENS NEXT

(b) The Department of Mental Health shall convene a steering group of interested stakeholders, including individuals with lived experience, to consider and provide input to the Department's prioritization process in determining the area of highest need across the mental health system of care with regard to additional bed proposals described in subsection (a) of this section.

- You will receive an e-mail survey from Eva & Daisy
  - Indicate elements of submissions that are critical to highlight to the legislature as they consider next steps.
  - Share anything that the responses did NOT include, that is important to you or our system of care.
  - Other thoughts and input.
  - Your survey will be included in our annual reporting to the legislature (anonymously if requested).
  - Remember we are not ranking these submissions.

This meeting was not recorded.

A.50, Sec. 27. RESIDENTIAL BEDS FOR INDIVIDUALS DISCHARGED FROM INPATIENT PSYCHIATRIC CARE

(a) On or before August 1, 2021, the Department of Mental Health shall issue a request for information from designated and specialized service agencies and peer-run agencies for developing and implementing programming for unlocked community residences for transitional support for individuals being discharged from inpatient psychiatric care or for intervention to prevent inpatient care. Responses to the request for information shall be provided to the Department of Mental Health not later than December 1, 2021 and shall include provisions that address the need to develop and implement community residential programming for youths.

(b) The Department of Mental Health shall convene a steering group of interested stakeholders, including individuals with lived experience, to consider and provide input to the Department's prioritization process in determining the area of highest need across the mental health system of care with regard to additional bed proposals described in subsection (a) of this section.

(1) a review of all responses received pursuant to the request for information issued pursuant to subsection (a) of this section;

(2) a bed needs assessment for all levels of care in the mental health system, including an update to the statewide bed needs assessment conducted pursuant to 2019 Acts and Resolves No. 26, Sec. 2 with regard to inpatient beds and community residences;

(3) a summary of the input provided by the stakeholder steering group pursuant to subsection (b) of this section; and

(4) an analysis of opportunities under the American Rescue Plan Act of 2021, Pub. L. 117-2, for capital or operational bridge funding for additional unlocked community residential capacity described in subsection (a) of this section or additional similar community capacities.