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

1/9/2023
Adult State Program Standing Committee Minutes **FINAL**

Present Members: ☐Bert Dyer (he/him) (ex)☒ Ward Nial (he/him) ☐Kate Hunt (she/her) (ex) ☒ Bruce Wilson
☒ Marla Simpson (she/they) ☒Dan Towle (he/him) (ex) ☒Lynne Cardozo ☐Zach Hughes (he/him) (ex)
☒Christopher Rotsettis (he/him) ☒Ann C Cummins (she/her) ☒Michael McAdoo ☒Alexis McGuiness (she/her)
DMH/State Staff: ☒Eva Dayon (they/them) ☒Dylan Frasier ☒Samantha Sweet ☒Chris Allen ☒Trish Singer
Health Management Associates: ☒Moira Muir ☒John Volpe ☐Raisa Alam
Public: ☒Jessica Kantatan (she/her)

Agenda

- 12:30 SPSC Business (introductions, review agenda, vote on public comment today, vote on previous meeting minutes, time for gratitude, SPSC system of Care Priorities for FY2023, conversations over email, alternatives to emergency department, AMH SPSC annual report)
- 1:50 BREAK
- 2:00 Agency of Human Services Update: Conflict Free Case Management with Dylan Frasier, Department of Vermont Health Access Deputy Director of Medicaid Policy
- 2:30 Agency of Human Services Update: Mobile Crisis Quality Measures with Health Management Associates: Moira Muir, John Volpe, Raisa Alam, DVHA: Dylan Frasier, DMH: Samantha Sweet, Mental Health Services Director
- 3:15 Public Comment
- 3:20 Next Meeting Draft Agenda

Agenda Item	**Discussion** (follow up items in yellow) **Facilitator: Marla** **Timekeeper: n/a**
Opening and AMH SPSC Business	Meeting convened at 12:33pm. Introductions and Review of Agenda occurred. The committee held space for gratitude. **Motion** to allow public comment throughout the meeting at their discretion. Made by Lynne, seconded Alexis. All in favor. Motion passes. **Motion** to pass the November minutes as written. Made my Ward, seconded by Michael. All in favor. One abstention. Motion passes.

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	Motion to pass December minutes as written. Made by Lynne, seconded by Ann. All in favor. One abstention. Motion passes. The Committee discussed the definitions for priorities for FY 2023.
Agency of Human Services Update 1	**Conflict Free Case Management** with Dylan Frazer Deputy Director of Medicaid Policy for the Department of Vermont Health Access (DVHA) Conflict free case management is about ensuring case management services (including treatment planning, clinical assessments) happen with a different provider (such as a Designated agency) than other services (such as therapy, for example). The Center for Medicare and Medicaid services is requiring Vermont come into compliance within three years. Our system is currently built for integrated care, which is contradictory to this separation. Since July, Vermont has been engaging in a Request for Proposal process to bring in a contractor for this process. Health Management Associates (HMA) was selected as the contractor for this work- they have been working with the State since mid-November. The current step in this project is creating an advisory committee to guide the work- an application has been developed and will be shared with the group. Slide shared from a presentation from CMS in 2019 – screenshot below. 

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	Links shared in chat (CTRL + click to follow): • HCBS Conflict of Interest Presentation Part I (January 2016) • HCBS Conflict of Interest Presentation Part II (July 2018) • Mitigating Conflict of Interest in Case Management: Outcomes to Date (July 2019) Alaska and South Dakota have come into compliance with this requirements and have similar rurality to Vermont. New York was able to implement a separate system to come into compliance and tracked data to show CMS that this has a negative impact on access to services. New York reimagined which services were considered "State Plan" as opposed to "Home and Community Based Services (HCBS)" (only HCBS services are required to come into compliance).
Agency of Human Services Update 2	**Mobile Crisis Quality Measures with Health Management Associates** Shared slides – attached below. Members note that the term 'behavioral health' is not used in Vermont. 'Behavioral health care professional' can be state defined. In Vermont this can be a Bachelors level education if trained to do this work. Any comments for HMA can be provided to Dylan Frazer who will facilitate communication to the team. Dylan's email is Dylan.Frazer@vermont.gov. Comments on the Quality Measures slide: • The reason there is a higher expected community based evaluation for youth is the opportunity to intervene in schools and safety for staff visiting a family at home is different than visiting a single adult in their home. Youth also tend to have more supports in place for youth (school, family, etc). • The caller determines when a crisis assessment is indicated • 'Average response time' factors in travel
Member Responses to Mobile Crisis Quality Measures	• Average response time should be less than 60 minutes • Target for inpatient rate for adults should be less than 30% • Continue to encourage the representation of peer voice in planning

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Public Comment	Comment about crisis response services and inpatient hospitalizations- metrics should be reviewed periodically. I would want to ensure there are alternatives to inpatient psychiatric hospital settings available, so the State/Agencies are not held accountable for not meeting metrics if the only option for care available is inpatient.
Closing Meeting Business	**Agenda for next meeting** **Motion** to include introductory discussion, short leadership update focused on legislation with handout in advance, schedule up to 30 minutes for question formation for NCSS, then use the rest of the time on developing 2023 priorities, Motion made by Lynne, seconded Michael. All in Favor. Motion passes. Mental Health Advocacy Day in January 30. It is virtual and free. Please register! **Motion** to adjourn made by Christopher. Dan seconded. No opposed or abstentions. Meeting ended at 3:35pm.

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AGENDA

+ Overview of Mobile Crisis Services enhanced Model & Federal Requirements
+ Stakeholder Engagement & Needs Assessment Findings
+ Review of suggested quality measures
+ Questions

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OVERVIEW OF CURRENT MOBILE CRISIS SERVICES

Who provides the services?

- Crisis services are delivered through one Designated Agency (DA) in each region

What do the core services include?

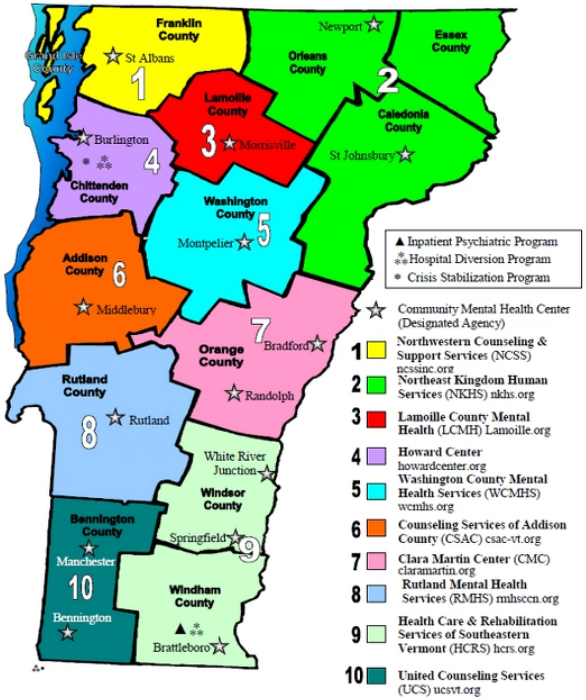
- crisis response
- inpatient screening
- court screening
- community emergency disaster response
- reassessment
- *mobile outreach*

When are services available?

- 24/7 in the DA's assigned region

How/Where are services delivered?

- Telephonic or Community (hospitals, community, courts)



KEY FEDERAL REQUIREMENTS

- **Administrative Costs:** States can get federal matching funds for activities related to delivery of community-based mobile crisis, call centers, other crisis stabilization services, and 988 system integration.
- **Key services**: Where appropriate, provides screening and assessment, stabilization and de-escalation, and coordination with and referrals to health, social and other services and supports, as needed, and health services as needed. Available **24/7/365**.
- **Follow-up care:** Delivered by mobile crisis teams is eligible for enhanced funding.
- **Service Settings**: Services must be provided **outside of a hospital** or facility setting.
- **Team Composition**: Services must be delivered by a multi-disciplinary team that includes **at least one behavioral health care professional** qualified to provide an assessment within their authorized scope of practice under state law and should also include other professionals or paraprofessionals with expertise in behavioral health or mental health crisis intervention.
- **Training**: Ensure team is trained in trauma-informed care, de-escalation strategies, and harm reduction.

STAKEHOLDER ENGAGEMENT

- A significant stakeholder engagement effort occurred in the first half of 2022 which included a **town hall, surveys, focus groups, interviews**, and more.
- For a summary of stakeholder engagement efforts and results please see the June 2022 Vermont Mobile Crisis Needs Assessment Report.
- Further details on the community survey can be found in the July 2022 Stakeholder Engagement Survey Quantitative Results.

NEEDS ASSESSMENT FINDINGS

- **Findings**
  - MCT services are not consistently available in the community 24/7
  - In most instances, services are delivered by a single person
  - Follow-up services are not consistently provided

- **RFP for community based mobile crisis services was issued on November 1, 2022.**
  - Responses are due December 30, 2022
  - New service launch late summer 2023

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SUGGESTED QUALITY MEASURES FOR COMMUNITY BASED MOBILE CRISIS TEAMS

+ SAMHSA's national crisis care guidelines address the importance of monitoring system and provider performance. These guidelines stress that in addition to monitoring fidelity to best practice, states should develop a systemic process to continuously analyze data for performance evaluation.

Quality Measure	Target
Average response time	60 minutes
Location of intervention (e.g., home, school, MCT office etc.)	Adult: 80% community based/20% MCT office based
	Youth: 85% community based/15% MCT office based
Response Time % within 60 Minutes **From Time of Readiness*	85% within 60 minutes, all locations
Percentage of individuals who are not admitted to 24-hour level of care, who receive follow up services by the MCT within 48 hours	75%
Disposition of the case	Adult: 70% Diversionary service/30% inpatient (or referred for IP screening by DA ES)
	Youth: 80% Diversionary service/20% inpatient screening (or referred for IP screening by DA ES)

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Substance Abuse and Mental Health Services Administration (SAMHSA), "National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit Knowledge Informing Transformation," SAMHSA.gov, 2020.