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MEMORANDUM

TO: Representative Bill Lippert, Chair, House Committee on Healthcare
FROM: Sarah Squirrell, Commissioner, Department of Mental Health
DATE: April 9, 2021
SUBJECT: Testimony follow up

Testimony Follow-Up Regarding DMH Advisory Committees

During testimony on April 1, 2021, the Committee expressed interest in how the Department of Mental Health (DMH) is advised by local stakeholders in programmatic decision making and federal grant allocations. The following is a brief summary of the Boards and Committees who inform this work.

Each unit of the Department of Mental Health has supporting committees, boards, and workgroups that advise, provide input, make suggestions for those that use or provide services.

The State Mental Health Block Grant Planning Committee meets six times per year. Planning Committee members develop their top funding priorities for the Vermont mental health system of care, rank priorities highest to lowest, and then share their ranked recommendations with the Commissioner. There are currently 20 members on the Planning Committee who represent care providers, advocates, people with lived experience, and family members. Information regarding agendas and minutes of the Planning Committee can be found here.

In addition to the Planning Committee, the Department has the benefit of advisement from two standing committees, the Adult Stand Program Standing Committee (ASPSC) and the Children, Adolescent and Family Committee. Further informaitno on these committees is below:

- State Program Standing Committees-Home Page
  - Information on the role, guidance and makeup of the standing committees
  - Agendas and minutes for both standing Committees:
    - Adult State Standing Committee-Agendas and Minutes
    - Children, Adolescent and Family Committee-Agendas and Minutes

In addition to the standing committees, there are three additional special committees that provide advisement to DMH:

The **Act 264 Advisory Board** is made up of nine members appointed by the governor, including equal numbers of parents, advocates, and providers. The board's purpose is to advise the secretaries of the agency of Human Services and of the Agency of Education, and the commissioners of Mental Health, Child Welfare, and Disabilities on matters relating to children and adolescents with any disability and their families; the

development and status of the interagency system of care; and yearly priorities for the interagency system of care.

The **Vermont Psychiatric Care Hospital Advisory Committee** is a group that includes interested community members, individuals who self-identify as peers, representatives from Disability Rights Vermont, VPS, and NAMI the Commissioner of the Department of Mental Health or designee, and the VPCH Chief Executive Officer (CEO) who functions as Committee Chair. This group meets monthly at VPCH to receive updates from the CEO and other members of the VPCH Executive Committee and other hospital leaders, regarding hospitals operations, processes, challenges, and changes.

The **Emergency Involuntary Procedures Review Committee** provides oversight and review of emergency involuntary procedures occurring on inpatient psychiatric units for those in the custody of the Commissioner. The committee includes representatives from the clinical staff of each of the designated hospitals, the Department of Disabilities, Aging and Independent Living's Division of Licensing and Protection, a peer and a person with lived mental health experience (who may be a peer or a family member).

Testimony Follow-Up Regarding the CDC Suicide Prevention Grant

In addition, the Committee asked whether the Centers for Disease Control (CDC) Comprehensive Suicide Prevention grant had program components to support loss survivors (persons who have lost someone to suicide). The grant is focused on building upon existing partnerships and programs across Vermont to implement and evaluate a data-driven public health approach to suicide prevention. The grant does not allow funding of direct services, however it does seek to improve system-wide coordination on safe storage, increasing safer suicide care, and expanding gatekeeper training and improve postvention (postvention is the term for supports provided to loss survivors and communities after a suicide death). Part of a landscape analysis being conducted will identify where postvention services exist, where they need to be bolstered, and where there are gaps. It will also identify models, both Medicaid eligible treatment, individual and group, as well as NAMI and peer support models that need to be supported, and potentially the ability to pay for that training and model building. This work will be informed by an Advisory Committee representative of a broad array of stakeholders.

Please don't hesitate to let us know if you have any questions.