

Local & State Program Standing Committees for Adult Mental Health
With the Participation of Community Members,
CRT Program Directors, & the Department of Mental Health

Friday, December 5, 10:00 – 3:00
Central Vermont Chamber of Commerce, Berlin

Combined Focus Group notes
on Clinical Services Design for Adult MH Delivery of Care System

“What helps/what hurts when transitioning from one level of care to another?”

In general:

- Being treated with dignity and respect
- Not being alone
- Having a relationship with someone who can be with you
- Inclusion of individual's supports (family, friends) in what's happening as one moves from one level of care to another
- Peers as mentors and advocates – Peer supports
- Contact with another person going through the same thing you are (peer)
- Sharing my WRAP plan with family, friends, case manager, hospital staff
- Having a personal crisis plan, a WRAP plan included in the regular treatment plan
- Being able to share information with and between medical and mental health providers in order to enhance the best care and to prevent possible adverse (med) reactions
- Have a system that matches (has adequate information about) person / need & resources--- for intake/admission through discharge for all parts of the system
- Support from staff who recognize the differences in settings and levels of care, (e.g. hospital is structured, crisis bed is not structured)
- Intake worker who knows what the issue is for this person now (gets enough of the right information)
- Having individual plan / individual situation & resources that match the individual's need
- Housing
- More supported housing that can deal with people with history of self harm
- AA group is helpful: negative thinking to positive thinking, not being alone, connected.
- Good health: no smoking or drinking alcohol
- Being close to / part of the community
- Training new staff in EMPATHY, including peers in the training

Crisis situations:

- Availability of help 24/7 when you feel like you may be going into a crisis in order to *prevent* a crisis
- Warmline: consumers are more likely to call a Warmline than their Case Manager because the person answering has been through the experience. It is helpful to have support for the Warmline from the Provider Agency, e.g. UCS has the flyers visible / available to all.
- Home support: Being able to call your crisis bed program just to talk. You can do this at Battelle as they will talk to you / support you before a crisis.
- Having a place out of one's personal environment to go when in crisis (crisis bed program)
- Ombudsman during a crisis, for facilitation

- Important that the person with the crisis wants and consents to help (from peers as well as others)
- Having people educated about how crisis bed can help and that it is okay to go to a crisis bed to get help
- Person who knows state resources during a crisis

Emergency Departments:

- Having peer support:
 - in Emergency Room (with hospital buy-in)
 - need pilot of how peer supports work then generalize to system
- Knowledge of individual's current treatment program

Entering the hospital:

- Coordination between systems of care, e.g. knowledge of outpatient medication use when hospitalized

Leaving the hospital:

- Transition to crisis bed program. Battelle gave her 3 months to adjust and find own apartment. This avoided being put back into situation that triggered crisis.
- Have a support system in place at discharge
- Improved discharge planning, with better connection with family and support network
- Aftercare is very important following hospital discharge
- Having a plan in place (and have all parts of system follow it through) BEFORE discharge or transfer to include:
 - history of the individual
 - medications
 - complete discharge summary
 - discharge summary that includes defined safety needs

Going to residential:

- Trial visits before entering a residential setting (pre-placement visits) / probation visit

“What hurts when transitioning from one level of care to another?”

In general:

- Stigma – “I’m not a disease; I’m a person” Stigma within the medical setting itself
- Personal hurt and shame when no one in the system wants you (rejection/ black list)
- Staff turnover at agencies. Continuity of staff is *very important* to recovery
- Lack of continuity between community mental health agencies and hospitals around discharge planning – sometimes people are discharged without any involvement of CMHC’s
- Relationships need strengthening between community mental health centers and hospitals
- Assessment is very important. It should be accurate and punctual. Delay in having an assessment in a new care setting such as the ER. is...
 - Confining
 - Stressful
- No supports such as a lamp, couch, magazines, comfortable surroundings
- Not having good access to phones
- Trying to contact worker getting message that worker is not in
- Lack of coordination between providers within the system of care, e.g. medication use

In hospital:

- Being hospitalized far away from home and natural supports
- Lack of communication around planning for discharge
- Lack of knowledge of outpatient treatment history, e.g. medication use
- Transportation in shackles and handcuffs to VSH
- Physical environment at VSH

In the community:

- Transition from hospital to group home did not help ease the consumer back into his living situation or give him time to adjust. It was like now that you’re back, it’s your turn to cook dinner.
- Annual inspection of apartments without help to clean and prepare. Housing supports, specifically cleaning help needed especially for older people. CRT discontinued it for Sec. 8 apartments in Brattleboro. Housing authority gave two- week notice of inspection, and nobody to help. Very stressful, leading to fear of losing housing and depression. When inspection failed, still no help. Peers at today’s meeting offered to help but otherwise there were no supports in place. In another area, Central Vermont Land Trust also does annual inspections.

Emergency department:

- Waiting in E.D.
- No supports such as a lamp, couch, magazines, comfortable surroundings
- Personal hurt and shame when no one in the system wants you (rejection/ black list)

How to get empowered representation

- Talk to VP&A or VCIL. They will be on your side. Help you understand that you do have power to make things better for yourself.
- “We need to tell our stories.” *Politics is a very important part of our lives and we need to advocate for ourselves.* Our life experience is valid and our stories are important
- Educate about what peers can do
- Use example of Standing Committees to understand what helped individual consumers to join:
 - a) support for the idea/understanding that consumers have a real role through activities such as
 - providing orientation
 - personal invitations
 - paid attendance
 - MOST Important: arrange for transportation
 - b) knowing we will be listened to
- Have clear expectations
- Have clear boundaries
- Current group has been useful
- Local standing committees
- Peer Councils have separate representation