

VSH Futures
Burlington Housing and Human Services Network Group
6/27/06

Minutes

Participants

Secretary Cindy LaWare, Agency of Human Services (AHS)

Burlington Housing & Human Services members: Debbie Ingram, CEFS; Wanda Hines, CEFS; Nancy Menard, VDH-Burlington; Matt Young, Howard Center (HCHS); Tammy Boudah, HCHS; Jackie Leman, Peer Support HCHS; Paul Landerl, HCHS-CRT; Joseph Arioli, CHC of Burlington; Ron Redmond, Church St. Marketplace District; Brooke Hadwen, Burlington Police Department Tim Coleman, Committee On Temporary Shelter (COTS); Rita Markley, COTS; Linden Marno-Ferrel, COTS/Howard Center; Heidi Slayton, Safe Harbor Clinic/HCHS Outreach; Leigh Ann Womack, COTS; Emily Casey, COTS; Penrose Jackson, FAHC, Community Health Improvement; Gretchen Morse, United Way; Beth Kuhn, Champlain Initiative; Jane Helmstetter, AHS Field Services – Chittenden County; Nancy Wood, Burlington Business Association

Staff: Beth Tanzman, Judy Rosenstreich, VDH; Heidi Tringe, Communications Director, AHS

Overview

The purpose of this group is threefold:

- To better understand the existing health, housing and human services infrastructure in the Greater Burlington Area
- To identify the likely impacts of locating 30-40 new inpatient psychiatric beds with FAHC on the housing, health, human services, public services, and business communities
- To collectively develop approaches to mitigate those impacts

Beth briefly reviewed information about the current Vermont State Hospital and the Futures Plan. This plan details the creation of new community services and also new inpatient programs. She reviewed the clinical and policy reasons why FAHC is the preferred partner for the primary new inpatient program.

Discussion

Gretchen opened with several questions about the role of community hospitals in contrast to the demographic characteristics of people who use VSH. VSH is essentially “tertiary-level care” and FAHC functions as the community hospital for the Burlington region and the tertiary hospital for the State. She also was interested in where people go when they leave the Vermont State Hospital. Every effort is made to return people to the community from which they came. Finally Gretchen offered that there is much more to

be done to support people so that they do not need hospitalization, and that this community in particular has created many innovations that help divert people from hospital care.

Rita, referencing North Carolina, stated that when hospitals are closed, the safety net is often the shelter system. In the case of the Futures plan, that would mean trying to provide a housing safety net for VSH clients in the most expensive housing market in the state of Vermont – how can that make sense?

Tim offered that Government often promised more than it delivers (for example the restriction of people with drug and or alcohol problems from the disability income system with the promise of treatment alternatives). He pointed out that the Howard Center currently cannot serve people with the less severe mental illnesses due to reimbursement problems. This in turn, creates a disproportionate burden on the local social services. Tim also emphasized that if you are a person with mental illness, the environment in programs like the Way Station (adult shelter) is extremely stressful not appropriate for people who need treatment.

Nancy and others mentioned a pilot in Chicago in which people were discharged into supportive housing with much success and less overall cost to the services systems.

Joe pointed out that the current population served by the Community Health Center has many psychiatric and medical complications and that it is extremely difficult to recruit staff qualified to serve this group.

Leigh Anne (apologies if this is attributed to the wrong individual) stated strongly that when she hears terms like “financial sustainability” from government officials it is alarming because shelter programs can’t draw down federal funds. She also described an individual with complex needs who has been homeless and at the shelter for too long. Clearly, the COTS staff was providing skillful and respectful support to this individual. Finally, she expressed concern that the location of new inpatient psychiatric beds would result in an influx of new people and new demands.

Brooke observed that the current case load in the entire human and housing services was too high, resulting in limited resources to help people maintain housing and sometimes resulting in more demands for police intervention. She also asked what the transportation demands on the Burlington Police Department would be likely to be.

Rita reminded the participants that COTS receives no mental health funding yet very many people they serve have serious mental illnesses.

Paul stated that the current staff to client ratio for Mental Health case managers at the Howard Center for Human Services (HCHS) is the highest in the state, this leads to reactive (rather than proactive) work. Part of this is due to the need to provide more housing resources. However, there are many people who need permanent supportive

housing and these individuals are often stuck in transitional programs because there is simply no where for them to go.

Matt added that FAHC already struggles with how to create discharge options, especially housing, for people admitted to the current program. He observed that it is difficult to get people who need treatment into the hospital. Matt closed saying that the current services system is already saturated and that any new demands on it will require new resources.

Wanda observed that VSH is also a safety net program – closing it risks reducing that safety valve.

Next Steps

Futures project and AHS staff will meet individually with Burlington organizations. Together we will develop a gaps analysis of the current system. We will reconvene the network group to review this gaps analysis. After this, the work will focus on quantifying the likely impacts of new psychiatric in patient beds; and ultimately, we will work to develop support for approaches that will strengthen, not weaken the existing infrastructure.

The gaps analysis will likely take a few months to complete, so the group will reconvene in the Fall.

Respectfully submitted by Beth Tanzman