



Meeting #02  
June 17, 2009

# MEETING MINUTES

Waterbury  
Secure Recovery Residence  
Vermont State Hospital  
0536 VSH^B1B

Name	Organization
Cathy Rickerby	Family member
Patrick Kinner	VHS
Jay Batra	VHS
Anne Donahue	Member, Vermont House of Representatives
Michael Hartman	Commissioner, DMH
Beth Tanzman	Deputy Commissioner, DMH
Norma Wasko	DMH
Bill McMains	DMH
Judy Rosenstreich	DMH
Wanda Minoli	BGS
Mike Kuhn	BGS
Frank Pitts	architecture +
Anthony Garner	architecture +

## Initial Workshop: Secure Residential Program, Visions and Values

- Attendees introduced themselves and indicated their areas of interest and involvement in this project.
- Beth Tanzman reviewed:
  - June 12<sup>th</sup> Recovery Program meeting.
  - Project Budgets (print-out distributed at meeting):
    - Capital
    - Operating
- There was discussion of the Capital Budget. Wanda Minoli suggested that established budget should not fetter the program and architectural discussions at this point. However, she noted that any requests for revisions (i.e. increases) to the budget will have to be very well documented and justified, for them to even be reviewed and considered.

Heeding Ms. Minoli's comments, all agreed that it is best to plan around the currently legislated Capital Budget to the greatest extent possible.
- Frank Pitts reviewed overarching values expressed during the last meeting (see minutes of last meeting).
- There was discussion of staffing patterns and the draft staffing plan developed by DMH:

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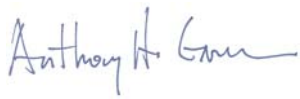
- a. There appears to be plenty of staffing to support a decentralized plan.
  - b. The Recovery Program might require less staffing than is needed in a "hospital".
  - c. Weekend and night staffing will most strongly influence the architectural model.
  - d. Staffing levels and architectural security model should address "worst case" situations.
  - e. "New" staffing positions might be appropriate for the SRR program. There was discussion of rethinking some of the "standard" positions, for a more flexible or more appropriate approach to resident care (for a relationship based model of care).
6. Discussion revisited last meeting's concern for separation of "home" and "work." Generally this is a strongly supported concept.
- a. This could be 2 buildings (side-by-side), or 2 stories (residence over work).
  - b. Two stories have added cost for stairs and elevators, but reduced cost for less perimeter.
  - c. Single story (possibly) offers quicker and easier emergency egress.
  - d. Separate buildings or floors may affect (increase) staffing patterns. This may be managed by careful scheduling of resident movement throughout the day.
  - e. This will all affect and be affected by the Recovery Program.
7. Frank Pitts reviewed the Architectural Program development that grew out of the last meeting's discussions (see attached Program document). He stressed that the program presented during this meeting is a working document that will require clear input from the final Recovery Program (next meeting on June 25<sup>th</sup>).
- a. Presented program is responsive to experience, user input and hospital regulations.
  - b. Each area reviewed briefly:
    - i. Residential Clusters
      - a) One cluster of 4 bedrooms
      - b) One cluster of 5 bedrooms
      - c) One cluster of 6 bedrooms (can be alternately arranged as 3+3 or 2+4)
    - ii. Team Care and Support Area
    - iii. Dining and Residential Activities Area
    - iv. Therapy and Work Area
    - v. Clinical Team Cluster
8. Mr. Pitts pointed out that the draft architectural program is approximately 5500 sf over the previous approved direction, and suggested that we await finalization of the Recovery Program before tackling this overage. He identified factors causing this:
- a. (1460 bgsf) Reconfigure from 2 residential clusters (7+8 beds) to 3+ clusters (4+5+6 beds).
  - b. (640 bgsf) Increase Accessible Bedroom and Bathroom count (added 3).
  - c. (700 bgsf) Add Comfort Rooms to Residential Clusters.
  - d. (580 bgsf) Increase Dining Room seating, to include a significant number of Staff.
  - e. (2170 bgsf) Add Treatment and Program Space (Classrooms, Library, Chapel).
9. Commissioner Hartman asked if there were any obvious candidates for area reduction, leading to much discussion of the program, but no immediate reductions.
- a. Residential Clusters – can they return to two clusters of 7+8 beds? All agreed that the smaller clusters offer a more residential experience, and far greater opportunities for separating residents with (possibly) very different needs and situations. The 4/5/6 mix will be kept for now.

- b. Accessible Bedrooms – can the count be reduced? All agreed that the residential population is likely to include a high percentage of mobility impaired people, and the higher accessible Bedroom count is desirable.
  - c. Comfort Rooms – can they be reduced, as private bedrooms might lessen their need? All agreed that an important part of the Recovery Program will be to encourage residents to leave their bedrooms as much as possible (as appropriate). Using Bedrooms as Comfort Rooms can cause negative associations, and may run counter to the Recovery Program.
  - d. Increased Dining – can it be reduced? All agreed that supportive, intense Staff-Resident interaction is critical, and that dining is a major part of this.
  - e. Large Spaces – can they be reduced, or serve multiple purposes (i.e. can the Library serve as a Classroom; can the Dining Room serve as a Classroom?) If we follow an architectural model that separates Home and Work, large spaces in the Home area (i.e. Dining Room) cannot serve as large spaces in the Work area (i.e. Group Therapy). Large spaces can definitely be multi-purpose, but maybe not to the fullest extent.
10. All agreed that we should move forward with the current architectural program at a conceptual level only, including overage, pending further clarification of the Recovery Program. All agreed that we all must be aware of the overage and must be diligent in seeking reductions, to be in line with the original goals. (See other discussion regarding budget and cost containment.)
11. Representative Anne Donahue suggested that larger bedrooms might be assigned to residents with longer projected lengths of stay. All agreed with this goal. Questions arose regarding the logistics of bedroom assignments and managing compatible resident adjacencies, when residents' tenures vary widely. This will be primarily an administrative issue – more consideration is required as the project progresses.
12. All are concerned that the project present a “residential” appearance, feel, scale, etc., while recognizing that 20,000 sf – 25,000 sf required is larger than most “residential” appearing buildings. Frank Pitts lead a discussion, with slides illustrating a wide variety of strategies for reducing the apparent architectural size and scale, simultaneously introducing the idea of regional design appropriateness (“Vermont-ness” !!). No specific solution was posited for this residence. Lively discussion ensued over more and less appropriate strategies. Discussion ensued regarding:
- a. strategies for separating Home and Work (two buildings are each smaller than one large building, some smaller spaces as a connector, ...)
  - b. strategies for “breaking” the apparent mass of (each?) building (ell’s, gables, bays, varying eave/ridge heights, appropriate window scale, varying exterior materials and expression, larger core area masked behind residential clusters arranged “pie” fashion around core, ...)
  - c. strategies for using the building(s) as part of the secure perimeter, reducing the amount of non-building barrier
  - d. Skylights for bringing light of interior spaces (in a “larger” building, core areas might not benefit from exterior windows...)
13. The issue of sustainable design was raised, asking if the residence would have systems such as radiant floors, low-flush toilets (or composting toilets), no-shovel roofs, etc). Mr. Pitts replied that sustainability is a definitive goal, but that the discussion and development of specifics will need to follow more thorough development of the architectural program, the recovery program and site selection. Sustainability will be a topic at future meetings.

14. Site selection was briefly reviewed, with Waterbury again being confirmed as the location, and the State Campus being identified as a primary potential site. Mike Kuhn is addressing a number of site concerns (zoning, etc.) with local jurisdictional officials. More information and discussion at next meeting.

These minutes reflect our understanding of the business transacted and the decisions made at this meeting. Please provide corrections or additions to our office within 14 days of the date indicated below. ***Note: Items italicized happened after the meeting and are included for clarification purposes.***

Recorded by,  
architecture+



Anthony H. Garner, AIA  
June 23, 2009

Enclosure  
cc: Attendees