

Mental Health Transformation Council

MINUTES February 23, 2009

NEXT MEETING: March 23, 2009 2:00 to 4:15 Stanley Hall 100

Present

Michael Hartman, Beth Tanzman, Ed Paquin, Ken Liberto, David Fassler, Harvey Peck, Jean New, Paul Dupre, Judy Rosenstreich, Norma Wasko, Frank Reed, Jill Olson, , Nick Emlen, Terry Rowe, Wendy Beininger, Sharon Corkum, Anne Donahue, Scott Thompson, Laura Ziegler

Participating in Today's Meeting

Vermont Protection and Advocacy
Vermont Association for Mental Health
Vermont Council of Developmental and Mental Health Services
National Association for Rights Protection and Advocacy
Washington County Mental Health/Vermont Council
Vermont Association of Hospitals and Health Systems
Department of Mental Health
Vermont State Hospital
Advocates and Consumers

Commissioner Updates

Mental Health Commissioner Michael Hartman updated members of the Advisory Council for Mental Health Services Transformation (the Transformation Council) on the budget process for fiscal years '09 and '10. The budget adjustment bill, H.232, that makes changes to the current year's spending plan passed the House and received action from Senate Appropriations. It is now on the Senate calendar and is expected to achieve final passage this week. The Administration's proposed budget for FY 2010 is being reviewed by the Legislature. Departments of state government each present their budget recommendations to the House and Senate Appropriations committees, as Michael has already done for DMH. The FY 10 budget includes reductions in base funding that were approved by the Joint Fiscal Committee in August for 1.5% and in December for 2.5%. In addition, the Administration is recommending a 4% reduction in grants and contracts that would not directly impact designated agencies, however, these reductions reduce the level of funding that DMH allocates to consumer, family and advocacy organizations. A process for coming to terms with the number of state position reductions involves talks between the Administration and the Vermont State Employees Association, and will be

reviewed by the Legislature in the context of budget deliberations. The DMH share of state job reductions is 8 positions.

Futures initiatives are in tact going forward, with continued support in the FY 10 budget recommendation for Second Spring and the array of crisis beds developed and operating. Continuation of planning for the 6-bed staff secure recovery residence in Brattleboro, named Meadowview, the 15-bed Secure Recovery Residence (SRR) planned for Waterbury, and the Peer-Run Alternative Crisis House are included the Administration's recommendations to the legislature. Transformation Council members noted that a 4% reduction in the FY 10 budget for the Office of Vermont Health Access (OVHA) will impact designated agencies, outpatient services cited as an example by one agency. The OVHA reductions will affect a variety of services, providers say, including Level 3 community care homes, pharmacy, and other costs of doing business.

Michael briefly described relevant provisions in the federal stimulus package signed by the President, which will bring new dollars to the state. A key area will increase the Federal Medical Assistance Percentage (FMAP) for Medicaid, which will help to offset the deficit in the State's resources for Medicaid match. Another infusion of dollars for Information Technology (IT) will help DMH work with agencies to develop electronic health records. Also helpful will be the Food Stamp provisions to broaden eligibility, including an allowance for able-bodied single adults without dependents to remain eligible to receive Food Stamps until September 30, 2010, a major extension of present law limiting these recipients to three months of Food Stamps in a three-year period.

Futures Updates

Deputy Commissioner Beth Tanzman updated the Transformation Council on the planning and program development work ongoing for two projects, the Secure Recovery Residence (SRR) planned for Waterbury and the new inpatient psychiatric program to be developed in partnership with Rutland Regional Medical Center (RRMC).

Secure Recovery Residence: The concept of a secure residential facility has been developed with help from the Futures Consultation Group, which has shared insightful information with DMH staff. All other forums for consumer, family, and stakeholder input have helped examine this model to replace important functions currently performed only at VSH. The Administration has concluded that, clinically and programmatically, the best approach to creating such a facility is new construction. Sufficient planning has been accomplished that the project is nearly ready for submission of a CON application. DMH must advise the Legislature 30 days in advance of applying to BISHCA.

In planning for the SRR, DMH has been asking and working through important questions, including how to operationalize recovery, work toward community integration in a secure setting, and address trauma. Next steps in the planning process will include sitting down with current VSH patients who are likely to use this program to talk about programming and physical space. Funding is proposed in the Capital Construction Bill, the vehicle that the Legislature uses to allocate appropriations for state buildings. The

legislation, if approved, will authorize Buildings and General Services (BGS) to hire architectural design work on the project.

DMH has been working with a preliminary work group to explore programming considerations for the SRR. This phase of planning will be broadened as a more detailed level of clinical program and architectural design work proceeds.

Discussion of the SRR acknowledged that there appears to be a general consensus that the 15-bed secure residential level of care makes sense in that it will serve a population that in other states is often institutionalized, that the Waterbury community is welcoming, and that federal matching funds can be secured. Most importantly, the therapeutic environment and clinical programming will offer treatment and recovery services from which the residents can truly benefit. Why then are we not putting this type of treatment services into effect now at VSH? Beth agreed that a re-tooling is needed at VSH and that we have an obligation to do this type of programming sooner.

PUBLIC COMMENT

The openness of the planning process was questioned since considerably more discussion concerning the layout and configuration of space in the proposed building had occurred in various public meetings in past months yet more recent preliminary discussions about clinical programming were not public. Noting the importance of clinical programming, public access to this phase of planning is expected.

Rutland Regional Medical Center: There is a \$250,000 appropriation in the Capital Construction Bill for architectural design work associated with plans of the Rutland Regional Medical Center (RRMC) to develop a new, expanded inpatient psychiatric service in partnership with the State. Capitalizing a new building that will house 12 VSH-type beds and replace the existing Designated Hospital psychiatric unit will be done by RRMC in accordance with a finalized framework agreement. The Rutland hospital will carry the facility's license. Insurances, Medicare, and 3rd party payers will pay for eligible patient care costs. The State will pay for remaining patient care costs for this population (that otherwise would have to be admitted to VSH) through an established rate structure to be negotiated.

RRMC's chief executive Tom Huebner discussed the hospital's strong interest in offering this critical statewide service as part of the replacement of Vermont State Hospital beds in a recent meeting with the House Institutions Committee, which handles the Capital Construction Bill on the House side. If legislative authorization is granted, a CON application will be prepared.

Realization of plans to build a 15-bed Secure Recovery Residence and a new 12-bed inpatient psychiatric unit at RRMC would reduce the capacity of VSH to 16-20 inpatient beds by 2012. DMH is continuing to keep planning options open with Fletcher Allen and is also in discussion with Dartmouth Hitchcock to explore approaches to meet the need to replace the last of the VSH beds. A suggestion was made at the Transformation Council

meeting, urging DMH to also talk with the Northeastern Vermont Regional Hospital in St. Johnsbury, which may be interested in hosting an inpatient psychiatry unit operated by Dartmouth Hitchcock.

COA Application from HCRS: The Futures project to develop a 6-bed staff secure recovery facility in Southern Vermont took another step forward with DMH's receipt of a Certificate of Approval application from HCRS. A review process will be set up inviting consumers, family members and other stakeholders to participate.

Pending Legislation: A bill introduced by Barre Representative Paul Poirier (H.81) aims to address the mental health parity issue from the perspective of Workers Compensation, proposing inclusion of mental health and mental health conditions in job-related, compensable injuries along with physical injuries. See text of H.81 at this link. <http://www.leg.state.vt.us/docs/2010/bills/Intro/H-081.pdf>

Representative Anne Donahue introduced a bill (H.151) concerning how to determine informed consent and the many considerations that the law should address. The bill is complex as it refashions the processes around informed consent and will likely take more than one legislative session to be fully fleshed out and advanced. Anne made a presentation to the Transformation Council and distributed the bill as well as a helpful summary of its provisions that provides a good starting point for review. See text of H.151 at this link. <http://www.leg.state.vt.us/docs/2010/bills/Intro/H-151.pdf>

The meeting adjourned at 4:20 p.m.

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