

# **Mental Health Transformation Council**

## **MINUTES March 23, 2009**

**NEXT MEETING: April 27, 2009 2:00 to 4:15 Stanley Hall 100**

### **Present**

Michael Hartman, Beth Tanzman, Frank Reed, Judy Rosenstreich, Ed Paquin, Harvey Peck, Jean New, David Gallagher, Paul Dupre, Nick Emlen, Terry Rowe, Linda Corey, Kitty Gallagher, Bill McMains, Anne Donahue, Scott Thompson, Jeff Rothenberg, Larry Lewack, Stuart Graves, Tom Simpatico

### **Participating in Today's Meeting**

Vermont Protection and Advocacy  
State Standing Committee for Adult Mental Health  
Vermont Psychiatric Survivors  
National Alliance for Mental Illness-Vermont  
Vermont Council of Developmental and Mental Health Services  
Clara martin Center/Vermont Council  
Washington County Mental Health Services  
UVM/FAHC/VSH  
Department of Mental Health  
Vermont State Hospital  
Advocates and Consumers

### **Commissioner Updates**

Mental Health Commissioner Michael Hartman discussed the proposed personnel actions for the FY 10 budget in response to projected deficits in revenue. Departments had to make reductions that would not, if at all possible, have direct impact on services to Vermonters. Four DMH positions were impacted—a Quality Management Coordinator and a Community Services (Housing) Coordinator, both of which are filled positions. Two unfilled positions were eliminated: a Child Care Coordinator and Human Resource Development Chief. While a total of 320 positions are proposed to be eliminated beginning July 1, 2009, there is ongoing negotiations with the state employees' union and discussions with the Legislature.

Transformation Council members expressed concern about the loss of positions, particularly the housing position given its track record in developing affordable housing critical to consumers.

In other feedback, concerns were raised about staffing issues at Vermont State Hospital, including staff being retained beyond their shift. VSH seeks voluntary overtime whenever possible. When patients need one-on-one staff oversight, as 14 patients did today, it significantly impacts staffing.

A question about the state-funded portion of SSI/AABD benefits was raised. The FY 10 budget bill being developed by the House Appropriations Committee includes the state supplement to SSI.

### **Futures Updates**

Michael conveyed that we are in a critical place with Futures and provided these updates.

#### Acute Inpatient

Partnering with a general medical center is a core concept of the Futures plan, and the Rutland hospital has embraced the conceptual framework. Michael advised the Council on the Legislature's planned actions on the Capital Bill in the next two weeks, which will provide the support necessary to move forward with the Secure Recovery Residence and Rutland Regional Medical Center or not. He encouraged those interested to attend committee meetings of House and Senate Institutions, comment or testify as appropriate during the course of legislative consideration as the Capital Bill is acted upon in the House and moves to the Senate.

#### Secure Residential Recovery

Deputy Commissioner Beth Tanzman explained that if the planning money is authorized through the Capital Bill, construction on the SRR would be planned for FY 11 and FY 12. Bringing the SRR through the CON regulatory process and proceeding with the architectural design work can not go forward unless the planning money in the Capital Bill is approved.

#### Community Residential

On the Futures agenda is the review of the Certificate of Approval (COA) application for the first staff secure community recovery residence being developed by Health Care and Rehabilitation Services of Southeastern Vermont (HCRS) and Brattleboro Retreat, which have formed an entity called *New Perspectives for Care*. This is the last piece of the community residential work, following accomplishment to date of Second Spring and nine new crisis beds to expand that network of services statewide. The proposed Meadowview Recovery Residence would be a six-bed program located on property owned by the Brattleboro Retreat and in close proximity to downtown Brattleboro. DMH will convene a review process to hear a presentation of the proposal, ask questions of the developers, and make recommendations to Commissioner Michael Hartman who will determine whether to grant a COA for the project. Members of the Transformation Council, stakeholders, and the general public are invited to attend the presentation and public hearing on April 13 or 14. [The date was subsequently fixed for April 13<sup>th</sup>, 10:30 - 12:00, Stanley Hall, Room 100, in Waterbury.]

#### Peer Services

Linda Corey updated the Council on progress of the Futures peer initiative to develop a Peer-Run Crisis Alternative House. In her role as project director, Lenora Kimball is consulting with others while also looking for a possible location for the program. Linda spoke to the challenge of bringing a project from the conceptual to the actual nuts and bolts involved in development and implementation. As important as finding a location is the work of developing the model for staffing, program development, and operational considerations. Lenora comes to the project with experience in actually developing a comparable program in New Hampshire, the Stepping Stone Peer Support and Crisis Respite Center.

### Care Management

Beth brought the Council up to date on the Care Management Project. She noted that the care management system design involves not only the programs developed under Futures but also the broader system of care that encompasses crisis, acute and residential rehabilitative services statewide. A care management system will help to identify where the transitions occur, where they work effectively, and where improvements can be made with an eye to providing the client with the appropriate level of care when and where it is needed. The report and recommendations of the consulting team are nearly complete. The consultants will attend the April 9<sup>th</sup> Care Management Steering Committee (10:00 to 12:30 at 108 Cherry Street, Burlington, Room 3B) to present their findings and recommendations. The full report will be posted on the DMH website. Beth suggested that we treat the report as a draft working document, a platform for discussion rather than a document that we have endorsed. She outlined four areas that could serve as next steps for implementation of the proposed system of care management.

1. Develop a representative process for policy and practice development. (For discussion of this issue, see report pages 40-41.)
2. Review the recommendation to use the LOCUS instrument to create a standardized approach to assessing clinical needs and acuity, and for describing the expected role of each program in the system of care. Do we agree to use this framework or is there an alternative? (See report discussion beginning on page 52.)
3. Develop and pilot a process to assure timely admission to care (even when the “right” bed or program is not available) and for a system response the next working day to get that person to the “right” place for further treatment. (For discussion of dispute resolution and census management protocols, see report pages 112-120.)
4. Create a working group to propose a mechanism to identify bed availability statewide. (See report page 121.)

### *NAMI’s Grading the States 2009*

Larry Lewack presented the national organization’s most recent survey designed to “grade” states’ mental health services. Since the last report, 14 states have improved their grades, 12 states have fallen back, and 23 have stayed the same. Vermont’s score

remains the same, a “C” or above average compared to the national average “D” grade. More meaningful than the grades are the graphical representations of how Vermont has done in specific areas in comparison to all of the states surveyed. Vermont ranks very well in many areas and could do better in others. The full report is posted at [www.nami.org/grades09](http://www.nami.org/grades09).

### **Announcements**

Paul Dupre let people know that the Vermont Council and VAMH were having a press conference at the State House on March 24 to focus lawmakers’ attention on the effects of a 4% decrease in OVHA and DCF funding on Designated Agency budgets and services.

Michael is encouraged that the economic stimulus money will give a needed boost to further development and adoption of the Electronic Health Record (EHR) in community and inpatient programs. DMH has asked all DA’s to submit their EHR costs for the eligible time period of stimulus dollars. Some of these efforts may be reimbursable by the Federal stimulus funds.

Linda Corey reminded people that Recovery Day is at the State House in Friday morning, March 27<sup>th</sup>. All are encouraged to attend.

Michael Sabourin was hired as the new Patient Representative at VSH.

Nick Emlen advised that BISHCA has just issued a draft of the new Health Resource Allocation Plan (HRAP). The mental health section is about 30 pages. BISHCA is interested in comments.

The House Human Services Committee has a bill to authorize DMH to create by rule a governing board for the Vermont State Hospital. H.237 introduced by Representative Donahue and others is at <http://www.leg.state.vt.us/docs/2010/bills/Intro/H-237.pdf>

### **PUBLIC COMMENT**

Anne Donahue had a question about the role of Rutland Regional Medical Center’s proposed new VSH-level beds as a primary admission site. Michael referred back to the framework agreement, which lays out the programmatic expectations. Michael also commented that RRMC would be the first augmented inpatient psychiatric site connected to a medical center. The facility would serve as the primary site for acute care level admissions that are currently referred to VSH. An advantage is that multiple revenue streams could be used to support inpatient care, including Medicare which has been an untapped source. When a second general hospital comes online to replace VSH beds, that site would also function as RRMC would and VSH does today.

In response to a question about the population groups to be served by the SRR, Michael indicated they are the longer term VSH patients. Often overlapping with mental health conditions are people with developmental disabilities that have complicated discharge needs but do not meet criteria to remain in an acute care setting. They are psychiatrically

stable but not ready to go out into the community. To be clear, the SRR is not going to provide nursing home care.

The meeting of the Transformation Council adjourned at 4:28 p.m.

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