

Mental Health Transformation Council

MINUTES April 27, 2009

NEXT MEETING: June 1, 2009 2:00 to 4:15 Stanley Hall 100

Attendance

Membership: Beth Tanzman, Ed Paquin, Jean New, Linda Corey, Kitty Gallagher, Jeff Rothenberg, Larry Lewack, Sally Parrish

Guests and members of the public: Michael Sabourin, Anne Donahue, Donna Jerry, David Fassler

Staff: Judy Rosenstreich, Norma Wasko

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
Otter Creek Associates
Counterpoint
CRT Directors of the Vermont Council
Department of Mental Health
BISHCA
Patient Representative - Vermont State Hospital
Advocates and Consumers

Electronic Health Records (EHR)

Beth conveyed apologies for Michael's absence, as he is attending a meeting to position Vermont to apply for health information technology projects in Vermont as part of the American Recovery and Reinvestment Act (ARRA).

Transformation Council members expressed interest in how EHR systems and protocols could be designed to afford consumers with much more authority regarding release of their own health record. Specific concerns were expressed at the approach of VITL, which is a blanket opt-in or opt-out.

AHS Computer Virus

A virus affected Agency of Human Services computer systems statewide.

Health Care Reorganization

Senator Kitchel proposes to create an agency for health care. The proposal would combine all of the existing components concerned with health care policy development, administration, licensing and protection, long-term care, behavioral health and developmental services, regulation, health access, public health, and health reform. The proposed reorganization would provide a clearer focus on the largest budget and program area of state government, and advantages of integrated policy and planning. Reorganizations also cause considerable disruption. It appears that approval of an interim legislative study is more likely this year than passage of a bill.

DMH Move to Waterbury

The projected date for the move of the department to Waterbury's Wasson Hall is August 13th. [DMH was subsequently notified that December is the new target date.]

VSH Surveys by CMS and DOJ

CMS: Beth reviewed the steps that DMH has taken regarding the VSH certification process, involving appeal of the CMS decision, which will keep the application open. At the same time, the hospital has created a plan of correction to address CMS concerns across ten areas that were different from areas previously cited, a good sign that issues noted before have been resolved.

VSH will soon hear from the Centers for Medicare and Medicaid Services (CMS) on the general hospital portion of the survey conducted. This is the first of a 3-part site visit to determine whether VSH satisfies CMS requirements for certification. It is followed by the psychiatric specialty portion of the survey and, finally, by a sustainability period for VSH to demonstrate its ability to maintain the standards for up to six months. The Governor's proposed budget for VSH for fiscal year 2010 is \$23 million.

DOJ: The 6th monitoring visit by the Department of Justice is approaching. This will be the first return visit by DOJ in which the hospital is not using the renovated Treatment Mall space. VSH will receive a report from DOJ several weeks after the visit.

Futures Updates

Discussion of Crisis and Residential Beds

In addition to tracking bed occupancy of crisis programs, DMH is proposing statewide evaluation of the use and impact of crisis bed programs. The VSH census has been high yet there does seem to be bed capacity at local hospitals and crisis bed programs. Futures added nine (9) crisis beds and fourteen (14) Second Spring beds. Transformation Council members reflected on what was anticipated when these beds were planned---that VSH would not still be at 50+/- . In spite of the new Futures programs, Council members raised concern about the "woodwork" effect, that once the capacities at the Secure Recovery Residence and Rutland Regional Medical Center are in place, VSH will fill up again unless other measures were taken.

Discussion of Inpatient Beds

Early Futures planning made the case for acute inpatient care integration. DMH initiated conversation with all the community hospitals, hearing a uniform message that to provide

VSH-level inpatient psychiatric beds would require new programming, architecture, and staffing resources. Transformation Council members expressed skepticism that general hospitals will provide VSH-level inpatient care. Council members encouraged more accountability for the money flow, enforceable quality standards, responsibility for a defined geographic area, and performance contracts. Beth agreed about the need for more of a structure for State-designated hospital relations. The special designation language proposed by DMH received support from the Council members present.

The Transformation Council offered DMH encouragement to move forward with the hospitals in terms of establishing contracts with standards and generally moving toward the hospitals' obligation to meet the needs of the whole community. An additional piece to this discussion concerned the goal of client-centered care, noting that when consumers are able to go to a hospital where they have had a good experience, they usually get themselves to a point where they can be released and move on. Individual preference is a key factor.

Status of the Capital Bill

If the Capital Bill is approved, it would authorize funding to continue planning the Secure Recovery Residence (SRR) and Rutland Regional Medical Center (RRMC) capacities.

Peer-Run Crisis Alternative Program Project

The program developer hired to assist development of a peer-run crisis alternative is nearing completion of a report. Likely, more information will be available at next month's Council meeting.

PUBLIC COMMENT

Rep. Anne Donahue urged that the length of time someone is waiting in the emergency department be monitored.

Notices

Linda Corey noted that Gail Bluebird is coming the last week in May to spend two days at VSH on seclusion and restraint training. On her third day she will go to Second Spring and Safe Haven (Randolph) to see how peers are working with residents.

Anne Donahue noted that DMH did not testify on H.190. No action was taken. The bill's statement of purpose reads, this bill proposes to amend the certificate of need (CON) program to require that criteria for approval include findings that a project addresses urgent priorities identified in the health resource allocation plan (HRAP) and has considered priority needs in the statewide system of care for mental health. The bill as introduced is at: <http://www.leg.state.vt.us/docs/2010/bills/Intro/H-190.pdf>

The meeting adjourned at 4:27 p.m.

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