

# **Mental Health Transformation Council**

**MINUTES**  
**July 27, 2009**

**NEXT MEETING: August 24, 2009 2:00 to 4:15**

## **Attendance**

**Membership:** Michael Hartman, Beth Tanzman, Ed Paquin, David Gallagher, Jean New, Nick Emlen (for Leslee Tocci), Linda Corey, Kitty Gallagher, Terry Rowe

**Guests and members of the public:** David Fassler, Donna Jerry, Steve Morgan, Jeanne Smith, Pamela Corcoran, Xenia Williams, Keith Martell, Anne Donahue, Isaac Turnbaugh, Michael Sabourin, Jennifer Marandino

**Staff:** Trish Singer, Judy Rosenstreich

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

Vermont Protection and Advocacy  
Another Way  
State Standing Committee for Adult Mental Health  
Vermont Psychiatric Survivors  
Lunatic Ravings Educators  
Council of Mental Health and Substance Abuse Professionals of Vermont  
Counterpoint  
Vermont Council of Developmental and Mental Health Services  
CRT Council  
Department of Mental Health  
Vermont State Hospital  
BISHCA  
Advocates and Consumers

## **Commissioner Updates**

The U.S. Department of Justice (DOJ) submitted its final report last week on their sixth visit to VSH, leaving two more visits (September '09 and February '10) to complete the 4-year agreement that Vermont has with DOJ by June 2010. Compliance is measured along a continuum of five steps, ranging from non-compliance to sustained compliance. VSH was found to be in good standing at the late Spring visit on which this report is based. DMH redacted identifying information and will post the 80-page report today.

DMH expects to hear shortly from CMS on our plan of correction from the May survey.

DMH asked all Vermont hospitals to respond to an RFP sent June 29<sup>th</sup> indicating whether they are interested in developing inpatient psychiatric acute care capacity to replace VSH. The RFP asked for letters of intent to be followed by proposals due at the end of August. Five hospitals—Fletcher Allen, Rutland Regional, Springfield, Brattleboro Retreat, and Dartmouth-Hitchcock—responded with plans to submit a proposal. Also, St. Johnsbury's Northeastern Vermont Regional Hospital expressed interest in developing general psychiatric beds and mental health resources to serve the northeastern region of Vermont.

Planning meetings for the Secure Recovery Residence (SRR) are continuing and serving to further define the physical layout of the proposed building, site considerations, and recovery programming concepts.

Financing arrangements for the Rutland Regional Medical Center's proposed inpatient psychiatry unit is subject to review by the Legislature's Joint Fiscal and Mental Health Oversight committees, which will meet this fall to hear a report from DMH and RRMC. If the committees object to the proposed financing plan, and objections are not resolved by November 1<sup>st</sup>, project planning could end. The process is laid out in the Capital Bill.

### **Peer Crisis Alternative Program**

The Peer Support Program Development Workgroup presented its recommendations for next steps required to achieve the vision of a peer-run crisis alternative house that will be a non-medical, peer-to-peer model that supports recovery in Vermont's system of care. A peer first presented his experience transitioning from VSH to the community where he found the support, comradeship, and perspective of peers a key part of his recovery. Having peers working in the community system is less institutional and more one-on-one, he shared, but the role of professionals in providing treatment at the stage of acute illness in terms of brain functioning and medical intervention is also necessary.

Workgroup recommendations for development of a Vermont Crisis Alternative (VCA) program generally embraced the program proposal submitted by Lenora Kimball and Shery Mead in May 2009. Workgroup members acknowledged that they had differences of opinion among them with respect to where a crisis alternative house should be located and other specifics. They were clear on the need for undertaking the next steps outlined in their recommendation to the Transformation Council. Vermont Psychiatric Survivors will act as the sponsoring organization for the next phase of program development. VPS will create an Advisory Board to oversee the hiring of a project coordinator and the creation of the program. The project coordinator, working with the Advisory Board, will develop the program, select a location, establish a new entity with 501 (c) (3) status and a board of directors, determine a training model, and operate the program. Funding a 3-bed program appeared more realistic than an earlier goal of up to five guests who would stay at the house up to two weeks. The work group members also spoke about the importance of providing appropriate funding for the peer crisis program and emphasized that the current appropriation may not be sufficient to reasonably staff the program.

The Transformation Council concurred with the essence of the recommendations. It was noted that many members of the council were not present so Michael encouraged

members who were not at the meeting to provide DMH with feedback about the work group recommendations.

**Vermont Council Update**

CRT and Emergency Services directors are working collaboratively, and with DMH, to assess the utilization of the broader array of crisis stabilization resources we have as a result of the new beds added under the Futures initiative. The issue is now that we have developed them, how can we use this resource more effectively. The LOCUS tool may help to better understand the fit between consumer need and use of the resources. Transformation Council members commented that the crisis beds must be more accessible and help to divert use of the ER at hospitals.

**Public Comment**

Crisis beds, commented Anne Donahue, have been successful for step-down, however, the assessment that occurs when an individual in crisis presents in the ER is for hospital inpatient admission. Diversion from a hospital ER to a crisis bed is lacking. Concerning the peer program, implementation will be at a higher cost than its pre-implementation budget, a CON consideration. And commenting on the new NAMI Connections initiative that is portrayed as consumer-run, part of the way it is structured requires presence of a NAMI member. VPS has not been supportive of NAMI Connections due to the issue of pharmaceutical funding.

The meeting adjourned at 4:24 p.m.

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