

**VSH Futures
Peer Support Program Development Workgroup**

February 21st, 2008

10:00 to 12:30

Draft Minutes

<u>Next Meeting:</u>	Wednesday, March 12 th , 10:00 am to 12:30 PM Vermont Technical College, Langevin House, Room 101, Randolph, VT
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Present: Steven Morgan
Linda Corey, Chair
Kitty Gallagher
Pamela Corcoran
Jean New
George New
Xenia Williams
Keith Martell
Catherine Mayo
Zachary Hughes
Katelin Hoffman

Staff: Nick Nichols

The workgroup jumped right into discussing next steps for the group based on feedback from the Transformation Council.

- Linda noted that the workgroup had been asked to write up a job description for the person that would develop a detailed proposal.
- Once the workgroup has developed a proposal, it can be given to Nick to take back to DMH to be reviewed and put into a “Request for Proposals” (RFP).
- Once DMH has feedback on the proposal, the feedback could be distributed and/discussed between meetings.
- Linda wondered if the RFP would need to go through a formal process.
- Xenia commented that “Project Development Coordinator” is a good title for the position. This person would flesh out the proposal and answer the questions that Katelin has put together. We wouldn’t be hiring someone to run the house.
- Jean asked: would the coordinator need to worry about zoning? The group felt that this is a question that the Coordinator would investigate.

The workgroup reviewed Katelin's proposal (see attached) and discussed what to change/add.

- The coordinator would check into what would be needed for the facility, given that it may be built, purchased or rented.
- He/she would also look for potential locations.
- Part of the process for deciding the location would involve assessing the need for a crisis program in different regions. The coordinator would also explore the pros and cons of different locations.
- The program may not need two private conversation places. The philosophy of the program is to not isolate people. The program might need a quiet room, but ideally staff would work towards talking with people in shared spaces.
- The coordinator would need to 1) evaluate the cost associated with all components (e.g. operating cost), 2) explore different licensing options, 3) evaluate any zoning issues that may arise (it may not make sense to spend too much time on this, since the location will affect what zoning issues there would be), and 4) evaluate liability issues and insurance options.
- Part of process would include exploring how other programs in other states are doing similar work.
- The coordinator would need to create a staffing plan, which would include the estimated staffing that is needed, expected costs, and training and supervision needs.
- It may take a long time to complete this process if the person has to fully evaluate possible locations.
- Ideally our contract with a coordinator would be "results oriented" and have a detailed program description as the primary deliverable.
- Members of the workgroup felt it might be hard to create a specific budget for the coordinator, and Linda suggested that the workgroup could ask DMH to come up with an estimate for the workgroup to review.
- Kitty supported this idea and noted that if the workgroup doesn't agree with DMH's proposal, then it could come up with its own proposal.
- Steve feels that the description of the program philosophy, mission and purpose seems to be well developed enough, though he wondered if there is a need for any ethical analysis regarding the program's role with people who are prescribed medication but choose not to take them (A copy of the program proposal is attached).
- Steve would also like the coordinator to figure out some of the location details.
- Kitty wants to make sure that the coordinator answers and reports to the whole workgroup as the proposal is developed.
- Steve read the proposed vision statement of the program for attendees to hear: "The vision of the peer recovery crisis program is to create a safe and empowering house for people in psychological distress to engage in principles of recovery and peer support and to help people to emerge from crisis with wisdom and skills for living well."

There was a great deal of discussion and some confusion about what level of detail the coordinator would need to develop about the program, given that once a program design is developed, there may be a “Request for Proposals” (RFP) process in which different organizations submit bids to create and run the program within the allotted budget. Members of the committee also wondered if there would have to be an RFP process to select the organization that would create and run the program. For example, could the workgroup just choose VPS as the organization that would create and run the program? Nick will seek clarification on this issue from DMH and report back to the group.

The workgroup developed a list of the desired skills and duties of Project Development Coordinator:

- Ability to work with this group as a steering committee
- Demonstrated writing ability
- Familiar with mental health recovery
- Familiar with budget process
- Works well with diverse types of people (e.g. bureaucrats and peers)
- Computer and internet skills
- Familiar with issues about psychological trauma
- Familiar with c/s/x movement
- Knowledge of developing innovative programs

The workgroup also developed a draft timeline and next steps that will need to occur:

- 1) Draw up job description for Project Development Coordinator (PDC)
- 2) Hire PDC
- 3) PDC works with the workgroup to produce a detailed project description for the program
- 4) Go through various approvals
- 5) With detailed project description in hand, choose a sponsoring organization and hire a director.
- 6) Look for location
- 7) Hire and train staff

Next steps:

- Complete write up of coordinator description
- Give write up of coordinator to DMH. DMH will create an estimate of the time and cost associated with hiring this position.
- Nick will get more details on what level of information is needed for RFP process and what the RFP process will look like.
- Nick will distribute any information he receives to the workgroup and get feedback.

Updates

- Linda gave out Steve's brochure on Recovery to a legislative dinner last night and it was well received.
- Steve will be presenting at March 20th at VSH on Peer support.
- On Feb. 22nd there will be a 7 pm film and panel presentation featuring a movie called "Crazy." Steve and Ed will be on the panel discussion. VPS can assist in bringing this presentation to other communities if there is interest.
- Keith noted that the mental health Crisis Program in St. Albans is looking for people to come up and look at what they are doing and give feedback/suggestions. The program wants to be more peer oriented. If you are interested in visiting, can call Keith at 802-524-6555
- March 8th is the next meeting of VPS Board, and peer support programs from around the state will be coming. The meeting will be in Bethel from 10 to 3pm. Contact VPS about attending.
- March 28th is Recovery Day at the Statehouse. In the morning there will be presentations featuring recovery stories and some awards. In the afternoon Ken Libertoff will be presenting training on Advocacy. Contact VPS or Friends of Recovery – Vermont for more information.
- The NYAPRS training is on April 22nd and 23rd. Contact VPS for more details.

Preliminary List of Questions and Ideas to be Explored by a Project Development Coordinator:

- 1) Buy building, buy land and build house, or rent? Things to consider are:
 - Building needs to be handicapped accessible.
 - Needs to include six bedrooms, one of which is wheelchair accessible if no elevator is installed.
 - There needs to be a kitchen, living room, dining room, art and workroom, laundry room, office, two individual private conversation areas, at least two bathrooms.

- 2) Costs included for each option including: renovations, contractor fees, building supply fees, etc.

- 2) Zoning laws?

- 3) Licenses? Possible Bed and Breakfast?

- 4) Fire marshal requirements: fire escape, sprinklers, etc.

- 5) Operation costs: Phones, rent or mortgage, insurances, heat, electricity, office supplies, kitchen supplies, bathroom supplies, art and other supplies, laundry supplies, food, etc. Car for transportation of residents?

- 6) Employees: What number of peers/staff will be working when and at which jobs?

Possibilities include: staffing warm line, doing outreach, transporting residents, etc.

Payroll? What are possible options for paying employees?

- 7) Additional staff, full or part-time: accountant, groundskeeper, housekeeper, etc.

- 8) Costs per resident per week? Rose House's annual budget is \$250,000.00 a year, nearly half that of the cost per individual annually at VSH, (approximately \$400,000.00).

- 9) Costs of furniture for office, bedrooms, living room, dining room, art room, etc. and startup costs for supplies.
- 10) General running of the house: How are decisions to be made? Who makes what decisions? Who buys supplies? What programs will there be if any? What will the general rules of the house be? How many staff meetings are needed and when?

Who keeps inventory of what supplies?

Overall, the cost of living in Vermont is 5.5 percent greater than the national average. The cost of food is 7 percent higher. Utilities are 67 percent greater than the national average. Housing is 10 percent cheaper, but the cost of the median home is \$292,600 compared to \$217,200 in other states. Therefore, it is likely that the peer-run house which we are proposing, will require a higher annual budget than that of Rose House. The first year, which would include all the start-up operating costs, will not be indicative of the actual costs that may take an additional year to fully assess. However, these costs are expected when starting a new business, especially one such as this, designed to provide a friendly home atmosphere yet still offer the services necessary to help individuals through a crisis period. Overall, this house, and others like it, will save considerable money by averting hospitalizations, including those of the general population of the Vermont State Hospital.

Recommendations of the FUTURES Peer Support Workgroup

The purpose of this document is state clearly, concisely, and with consensus, the recommendations of the FUTURES Peer Support Workgroup toward enhancing Vermont's community-based mental health care system and reducing reliance upon the Vermont State Hospital.

The Workgroup recommends that the Department of Mental Health and State Legislature support a Peer-Run Crisis Alternative House. The House will provide an evidenced-based option for people experiencing psychological distress to engage in principles of recovery and peer support. The intended outcome is for individuals both to avert hospitalization and to emerge from crisis with wisdom and skills for living well. Such an option is necessary because Vermont's current mental health system relies upon a Medical Model approach to crisis that includes the almost automatic administration of medication, focus upon symptomology and "accepting diagnosis," locked and/or restricted-access facilities, and the employment of staff trained primarily in the psychologies or medical professions.

The Peer-Run Crisis Alternative House will operate within an entirely different paradigm. This paradigm values mutually supportive relationships between staff and guests, is pro-choice on medication use, uses non-medical language, provides a flexible structure and homelike environment, encourages personal responsibility, offers self-empowerment resources and a peer warm line, and approaches crisis holistically as an opportunity to grow, shift, and change.

Logistically, the House will serve no more than 5 individuals at a time, for no more than 2 weeks at a time. We will accept anyone in crisis who is willing to abide by basic safety guidelines, who has a residence to return to, and who willingly desires to approach crisis in a non-traditional way. The House will operate as its own entity, utilizing Vermont Psychiatric Survivors as a non-profit source for administrative tasks, and will work in collaboration with Vermont's current mental health agencies. It will be

operated and staffed entirely by people who have experienced psychological crisis who meet and display all of the criteria necessary for practicing intentional peer support.

We believe that the Peer-Run Crisis Alternative House will help reduce the overall need for the Vermont State Hospital by providing a community-based alternative for people in crisis to work through their distress in a humane and compassionate manner. We believe that a peer support approach reduces the likelihood that an individual will become aggressive and dangerous, thereby reducing – though not entirely eliminating – the need for beds in a locked state facility.

A Peer-Run Crisis Alternative House not only provides Vermonters with much-needed options for their mental health, but is also aligned with federal initiatives to transform the mental health system to a more recovery-oriented approach that values peer services across the country. It is also highly economical, with the entire cost of operating such a facility almost certainly lower than the near \$400,000 per person that is required to keep one individual in the Vermont State Hospital for a year.

We have identified three phases for our proposal. Phase One consists of consolidating our ideas into a coherent proposal and gaining support from the Transformation Council and the Department of Mental Health; Phase Two consists of hiring a Project Development Coordinator to create a formal business plan and Request for Proposals; Phase Three consists of leasing or building the House, hiring and training staff, and beginning operations. We are at the end of Phase One, and are currently requesting that the Transformation Council and State Legislature formally support our efforts so that we can begin Phase Two.

We recognize that there may be many questions not previously answered in our presentation and this brief proposal. To move this process along in a fair and expedient way, we request that if the Transformation Council, the Department of Mental Health or the State Legislature would like to have more dialogue before formally supporting our efforts, then a meeting be held within the next two months that is dedicated entirely to doing so.

Respectfully,

Members of the FUTURES Peer Support Workgroup

Community Supports to Reduce Reliance on the Vermont State Hospital

Summary of Recommendations from the FUTURES Peer Support Work Group

Background:

- Peer alternatives (services provided by people with shared experiences) have been identified as an essential component of community services that will replace Vermont State Hospital.
- Expedited development of community residential programs was identified by the legislative consultants in their 2007 report as essential to reducing over-reliance on inpatient hospital beds at Vermont State Hospital.

Recommendations:

- The FUTURES Peer Support Workgroup recommends that the Department of Mental Health and the state legislature support and fund the proposal for a Peer-Run Crisis Alternative House to meet the objectives of the FUTURES plan and reduce the overall census of Vermont State Hospital.
- The FUTURES Peer Support Workgroup has completed the preliminary work of research and development, and is now prepared to work on a Request for Proposals to hire a Project Development Coordinator who will report to the Workgroup while moving the project forward.
- Based upon similar programs in other states, the proposal as developed will be highly economical, with its entire annual operating budget lower than the nearly \$400,000 per person that is required to keep one individual in Vermont State Hospital for a year.
- The proposed House will provide a community-based alternative for people in crisis to work through their distress in a humane and compassionate manner by operating on principles of Peer Support and Recovery, which are different from traditional services and offer Vermonters a real choice in their mental health services.

- The House will serve 5 individuals at a time, for no more than 2 weeks at a time, and will accept anyone in crisis who is willing to abide by basic safety guidelines, who has a residence to return to, and who willingly desires to approach crisis in a non-traditional way.
- The House will operate as its own entity, utilizing Vermont Psychiatric Survivors as a non-profit source for administrative support, and will work in collaboration with Vermont's current mental health agencies to best serve clients. Vermont Psychiatric Survivors is a peer-run organization that has operated Safe Haven in Randolph for over a decade, and has created and greatly enhanced other community-based support services funded through state and federal grants.