STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH

Meeting Notes
January 9, 2006

MEMBERS PRESENT: Kitty Gallagher, George Karabakakis, David Mitchell, Clare Munat, Sue Powers, Marty Roberts, and Jim Walsh

VDH/DMH STAFF: Melinda Murtaugh and Frank Reed

OTHERS: Butch Alexander, Linda Corey, Anne Donahue, Nick Emlen, Mary Ellen Gottlieb, Richard Lanza, and Scott Thompson

Marty Roberts facilitated today's meeting.

Special note on public meetings: As noted in Vermont's *Pocket Guide to Open Meetings* (1999), page 6, formal public notice is not required for regular meetings—for example, when a board meets on the first Tuesday of the month, every month. The board does, however, need (1) to adopt a resolution specifying its regular meeting schedule and (2) provide an agenda on request. See 1 V.S.A. § 312(c) (1). DMH received two such requests and responded to them prior to today's meeting. The Statewide Program Standing Committee for Adult Mental Health usually holds meetings on the second Monday of the month, so those meetings come within the definition of a "regular meeting."

The February meeting will be held on the thirteenth, as scheduled.

Notes on Meeting of December 12

The notes were accepted as written. Kitty Gallagher asked that anyone requesting an agenda before a Standing Committee meeting be sent a list of agenda items as developed at the previous meeting, the list generated in December being a good example of such a list.

Report from the Membership Committee: Clare Munat

Clare wrote a letter to the Governor to support the reappointment of Kitty Gallagher to the Standing Committee when her current term ends. (Correction to the December 12 notes: Kitty's term actually ends April 30.) Kitty has filled out the form for a gubernatorial appointment and has sent it to Melinda Murtaugh in the Division of Mental Health.

The Vermont State Hospital Governing Body still has two at-large vacancies, one of which must be filled by a consumer. Marty expressed some concern over the length of time it has taken

Chandar Hall to submit her paperwork and wondered how strong her desire to serve on the Governing Body may be by this point.

Clare initiated a discussion of the difficulty of recruiting consumers and family members to serve on local boards and the numerous committees that have been organized in recent years. She mentioned reimbursements and accommodations as ways to make it easier for consumers and family members to be involved in mental-health issues in this way. Membership information appears in a number of newsletters, also in *Counterpoint*. George Karabakakis offered to bring up recruitment issues with Nick Emlen, of the Vermont Council for Developmental and Mental Health Services. Marty mentioned visiting local committees as a way of recruiting for this statewide committee.

Report from the Search Committee for a New Director of Community Services for Adults: Marty Roberts and Sue Powers

Three candidates have been scheduled for interviews. There are three new applications that need to be reviewed. The Search Committee has broad stakeholder representation: Jim Walsh, Sue, and Marty from the Standing Committee; Ken Libertoff, of the Vermont Association for Mental Health; Linda Chambers, Executive Director of the Clara Martin Center; Linda Corey, Executive Director of Vermont Psychiatric Survivors; Larry Lewack, of the National Alliance on Mental Illness of Vermont; and Bill McMains, Medical Director of the Division of Mental Health.

The screening process is still going on. Face-to-face interviews, in addition to those with the Division of Mental Health, will be scheduled later with the Standing Committee, the Vermont Council, consumers and family members, and designated hospitals. The Search Committee will eventually submit two or three names to Paul Blake, who will then make a decision on the successful candidate.

Redesignation for Lamoille County Mental Health Services (LCMHS)

The program review visit at LCMHS took place on October 14, 2005; minimum standards audits were done on July 20 and 21, 2005. Frank explained that the report has four sections: (1) a unified section for issues that touch on Adult Mental Health, Children's Mental Health, and Developmental Services; (2), (3), and (4) individual sections for Adults, Children and Families, and Developmental Services. The visiting teams use reports already in existence to feed into the designation report. The Business Office and Legal Unit also have input into the report. Someone from the central office staff of the Division of Mental Health met with the Lamoille County Board. The public comment was changed for this round of designations from one involving a public meeting to one offering a set period for public comment in either written or spoken format. The Adult and Children's sections for Mental Health focused on whether or not the agency met standards and differentiated between plans of correction and quality recommendations.

Kitty asked how adult consumers are brought into the process, and parents of children too. Frank replied that site visit teams meet with consumers as well as families at the agencies as part of the program review process; other meetings can be scheduled individually if requested. In addition, the input from Community Rehabilitation and Treatment surveys as well as from surveys done by the Child, Adolescent and Family Unit is available. Mary Ellen Gottlieb thought that the information is biased because DMH is collecting it and not hiring independent researchers. The process is driven by the state's *Administrative Rules*, Clare Munat explained. Anyway, DMH does not have money for independent researchers, she went on. Agencies have complaints and grievances procedures, and consumers are informed of their rights. Linda Corey added that there is also the *Consumer Handbook*.

George Karabakakis called attention to consumers' and families' comments in regard to consumer activities. They want expanded arts activities at the LCMHS clubhouse, for example, and weekend hours as well. Marty asked what Lamoille County consumers can do if they do not participate in clubhouse activities. Richard Lanza, the Director of Community Rehabilitation and Treatment at LCMHS, replied that half of the agency's consumers are involved in the clubhouse. That proportion of clients is much higher than at other agencies. Other services and supports available to clients in Lamoille County include case management, medical supports, shopping, help with apartments, employment, and skills-practicing. Twenty percent of Lamoille consumers are in residential programs; that's where they get recovery day services and community supports. Marty asked for a description of recovery day services. Richard explained that consumers meet once a week to decide what the next week's activities will be. Every six or eight weeks, staff and consumers get together for sharing (for example, poetry or recognition and appreciation of accomplishments. Consumers plan what kinds of recovery groups they want and then hold them for three months, then plan again. A wellness group meets once a week, with a focus on diet, exercise, and education about nutrition. Richard does a WRAP (Wellness Recovery Action Plan) group once a week. Copley House has a weekly WRAP group on physical health. In December, another group switched to content on Illness Management and Recovery.

As far as the Local Program Standing Committee is concerned, Richard said that the agency is struggling to attract members. There are six or eight members now (as opposed to two or three a while ago), none of whom are family members. A typical agenda might include a report on recovery day services, recruitment, and reports from Richard on agency news and developments.

Sue Powers asked about participation at the clubhouse: Has it changed over time? Richard answered that the participants are fewer now and programs are less vocationally oriented. Now the programs are mostly recovery-oriented, he added. George noticed that 27 percent of LCMHS's CRT clients are employed; that's impressive, George said.

Clare asked how many family members are involved in treatment planning. Richard said that it's very much an "individual thing," for which data are hard to come by. If consumers want their families involved, it usually happens. Linda Corey mentioned that she is impressed by the recovery gardens in Lamoille County; they are planted by consumers, families, professionals, and community members together.

Marty asked Richard to explain the reference to "helpful redundancies" on page 9 of the program review report. Richard said that LCMHS used to rely more on the spoken word and/or knowledge rather than on writing things down, but the state has said that the agency cannot do that anymore. Now, Lamoille County is upgrading record-keeping to write more things down, get them into notes in the clinical record.

George asked how the agency connects with primary care physicians (PCP). Richard said that LCMHS is trying to take literally what the Division of Mental Health says about collaborating with other providers. If a client is seeing a physician for high blood pressure, for example, the condition gets noted in the records/treatment plans. The CARE Team is the outreach component of the CRT program. The team drives clients to appointments with MDs and assures a good exchange of information between the PCP and the LCMHS psychiatrist. Mental-health care and health care in general should be integrated; that's why Lamoille County has health and wellness groups. Clare asked if all clients have a PCP. Richard said that a couple of clients have refused to see a physician.

Marty asked about accessibility issues and wanted to know if the agency has done anything about those problems. Butch answered that limited work has been done on installing ramps at 20/20, but it is still not easy to navigate them and get through the door. More work is necessary. At the main building a sink is not at the proper height and needs work.

George said that he is very impressed with the recovery orientation of the clubhouse at LCMHS. Regarding families, it is a challenge but improvement is not impossible. Richard replied that Lamoille County is a small agency and does not have a position to do the kind of work required in this area. Still, LCMHS is considering doing family education and trying to get more family involvement.

Clare asked if Lamoille County seems to have fewer problems with staff retention because the agency is small. Butch said that Lamoille is outstanding in staff retention partly because it is the only show in town. Linda reminded Standing Committee members that many of the staff there are both consumers and family members. In Scott Thompson's view, designated agencies could expand services if more consumers and family members would become more involved.

Marty asked for comments and questions about Lamoille County's redesignation. Mary Ellen Gottlieb asked about alternatives to "biochemical treatment." Richard mentioned coping skills and other models for calming oneself down, self-soothing techniques. The agency's model for treatment is basically bio-psychosocial.

Other comments on administration, finances, and other matters? Marty asked again. Frank observed that this report is one of the best that LCMHS has had in recent years. It speaks well of the hard work the agency has done.

In considering a motion for redesignation, Standing Committee members noted that the only corrections LCMHS is required to undertake have to do with physical accessibility. David Mitchell moved for full redesignation with a stipulation that the needed corrections be addressed. Sue seconded David's motion. The motion was passed unanimously, with no abstentions.

Medicare Part D Update: Melinda Murtaugh

Melinda summarized the difficulties that attended the implementation of Part D prescription drug coverage on January 1 of this year. Vermont is not the only state experiencing them. Around twenty states, including Vermont, have stepped in by now to assure the delivery of medications to people who need them. Unfortunately, most of the difficulties affected people who are dually eligible for Medicare and Medicaid, the most vulnerable of the population served by this new federal program. Elders covered only by Medicare have been very little affected, if at all.

The major problems seem to be with the eligibility database (E-1 database) upon which the Centers for Medicare and Medicaid (CMS) depend. The information in it is inaccurate and incomplete. Other problems have to do with data on people who are eligible for the Low-Income Subsidy from the Social Security Administration and the amounts of copayments they must make. The Office of Vermont Health Access (OVHA) continues to have staff working into the evenings to answer telephone calls and see that the callers get the medications they need. At the same time, OVHA is staying in close touch with CMS as the data glitches are being fixed. Vermont is spending approximately $7 million in this interim period, which, it is hoped, will come to an end by February 11—or possibly sooner.

DMH Update: Frank Reed

Standing Committee Meetings in 2006. The calendar that was distributed today has incorrect information for the February meeting. That meeting will be on Monday, February 13, as originally scheduled. Melinda will make a corrected calendar.

VSH Futures Meeting Schedule and Subcommittees. Handouts show these dates and times. (See attachment to these minutes.)

Subacute and Secure Residential Capacities. DMH is still working with Northeast Kingdom Human Services on these. A property in Greensboro is being considered as another possible site. Vergennes is still an uphill battle, Frank said. (Special note: DMH and the designated agencies involved in the Vergennes project subsequently announced their withdrawal from the proposal because the site was out of compliance with Act 250 requirements.) Sites in other areas are possible, but it is too early to talk about them yet.

Transportation for Emergency Examinations. Charlie Biss, the Director of the Child, Adolescent, and Family Unit, has been the lead on this initiative. Children and adolescents already have alternative transportation and humane restraints, and the new arrangements will soon be extended to adult populations.

Forensic Psychiatric Examinations at Designated Hospitals. Fletcher Allen Health Care was designated in December, and Retreat Healthcare in Brattleboro is designated as of today (that is, January 9).

Public Comment

Anne Donahue brought up three topics of interest to her:

1. She pointed out that between September and the end of December 2005, eight of ten children who went to the Brattleboro Retreat for emergency examinations required secure transport. The Brattleboro Retreat affirmed the accuracy of the assessments made in regard to the need for security in all of those cases.
2. Anne reminded Standing Committee members of a letter they had written to Susan Wehry last winter, when she was Deputy Commissioner of Health for Mental Health Services, in support of an outside consultant with experience to review the work being done at the Vermont State Hospital. The state has a consultant, but he is not to Anne's liking. She wants someone with a specialty in inpatient psychiatric care. Standing Committee members voted to follow up with another letter supporting the appointment of another consultant this year.
3. Anne is concerned that the budget adjustment requested by DMH is insufficient to support the number of additional staff needed at the Vermont State Hospital. She would like to see those positions filled as soon as possible. The budget adjustment is to be passed by the House this week (that is, the week of January 9) and then it will go to the Senate.

Items for the Standing Committee Meeting on February 13

- Introductions, Review of Agenda, Approval of Minutes
- VSH Discharge Planning: JoEllen Swaine and Tom Simpatico
- Conditional Voluntary Status at Designated Hospitals: Wendy Beinner, Patti Barlow, and Jack McCullough
- Transport for Emergency Examinations: Patti Barlow
- Update on Medicare Part D: Melinda Murtaugh
- Report from the Search Committee for a Director of Community Mental Health Services
- Report from the Membership Committee
- Discussion: How to Get Active Input from Consumers and Families
- Developments in VSH Futures Planning
- DMH Update: Frank Reed
- Agenda for March 13
- Public Comment

VSH Futures Advisory Committee

2006

March 20th 2:00 – 4:30 (Stanley Hall Room 100)

May 15th 2:00 – 4:30 (Skylight Conference Room)

June 26th 2:00 – 3:00 Optional, for appreciation and closure (Skylight Conference Room)

Working Group and Stakeholder Meetings

Clinical Care Management
Central Vermont Hospital, Berlin
Conference Room 2

February 17, 2006 9:00 – 11:00
March 17, 2006 9:00 – 11:00

Sub Acute Rehabilitation and Secure Residential Working Group
Tom Simpatico's office, VSH

February 1, 2006, 9:00 – 11:00
February 22, 2006, 9:00 – 11:00

Inpatient Work Group
208 Flynn Avenue, HCHS Administrative office
No meeting date currently set (this group primarily uses email)

Actuarial Selection Committee
101 Cherry St, Lakeview conference room 5th floor, Burlington
No meeting date currently set

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