eSTATEWIDE PROGRAM STANDING COMMITTEE FOR ADULT MENTAL HEALTH

NOTES FOR MEETING OF February 12, 2007

Members Present: Kitty Gallagher, Clare Munat, Sue Powers, Marty Roberts, and Jim Walsh

DMH Staff: Wendy Beinner, Michael Hartman, Melinda Murtaugh, Frank Reed, and Terry Rowe

Others: Anne Donahue, Nick Emlen, Lise Ewald, and Sandi Knight

Clare Munat facilitated this meeting. All present at the beginning of the meeting introduced themselves. Clare read the agenda for today. The notes for the meeting of January 8, 2007, were approved as submitted.

Vermont State Hospital (VSH) Report: Terry Rowe

VSH Patient Representative. Terry distributed the job description for the new VSH patient representative. (See Attachment.) Terry has worked out this description through extensive discussions with Linda Corey, Executive Director of Vermont Psychiatric Survivors (VPS), so as to define the areas of responsibility as clearly as possible. The description is now very nearly ready for posting, Terry said. VSH has a contract with VPS to fill this position. The patient representative will report to both the Quality Management Director at VSH and to VPS.

Smoking at VSH. VSH is reviewing its smoking policy and is moving to increase patients' access to therapeutic programming by eliminating two of the ten established smoking breaks throughout the day. In addition, Terry is looking into smoking-cessation programs that have been implemented successfully at some of Vermont's designated agencies. The goal is to make VSH a smoke-free facility like other hospitals in the state. The Department of Justice has also expressed concerns over the smoking that goes on now at the State Hospital. Terry said that she knows the change is controversial but is continuing to explore it nevertheless.

Grievances. Kitty Gallagher wanted to know why patients do not hear about the results of their grievances against the Vermont State Hospital. Terry explained that staff have thirty days to investigate, after which they are to submit a written report and make modifications as necessary. Appeals may complicate that time frame somewhat, and Terry is getting a lot of appeals now, she said. Kitty asked Terry to make sure that patients get information about the decisions, and Terry said that she would look into it further. Unlike Corrections, the State Hospital does not require patients to sign forms attesting to their receipt of a response to a grievance.

Standing Committee's Annual Report on VSH

This is the first time that the Standing Committee has worked on such a report. Clare seemed to speak for many members when she said that she found it difficult to fill in some of the informa-

tion because she does not have personal knowledge of what is happening at the State Hospital. Kitty suggested sending members a blank copy of the report about six months before the report is due so that they can have plenty of time to work on it. Sue Powers suggested putting the report on the Standing Committee's agenda quarterly so that members can do a little work on it together as the year progresses. Frank Reed suggested incorporating discussion points from meetings as they happen in the future.

Kitty made a motion to sign the report and send it forward, and Marty seconded the motion. In the discussion that followed, however, members generally agreed that the report is not complete in its present draft form; it needs further work and development. Members voted unanimously not to sign the report now. They formed a subcommittee to continue the work that needs to go into the report. Marty, Sue, and Jim Walsh volunteered to be on the subcommittee. Frank will be in touch with Marty to schedule a working conference call toward the end of February.

On the VSH Governing Body: Wendy Beinner

The Governing Body was created when the Division of Mental Health was looking at recertification of the State Hospital. The membership includes three members at large appointed by the Governor. The language for the Governing Body's authority comes from regulations of the Center for Medicare and Medicaid Services (CMS) requiring such an entity. The VSH Futures Advisory Committee advises the Agency of Human Services (AHS) on the governance of VSH. AHS has asked the Futures Committee for advice on three recommendations: (1) Disband the Governing Body, (2) Create it under statute with authority, or (3) Create it by regulation. The recommendation from the Futures Committee will go to AHS Secretary Cynthia D. LaWare.

Clare read from a proposed resolution in regard to VSH governance prepared by Larry Lewack, Executive Director of the National Alliance on Mental Illness of Vermont (NAMI—VT). Essentially, Larry is recommending reconstitution of the Board of Mental Health with oversight authority over VSH. The Board still does exist in statute, although its members voted to disband in 1998 and it has not met since then. Wendy observed that the Board had become merely advisory by the time that AHS was created in the 1980s. Wendy offered to send Standing Committee members a copy of the paper on the Governing Body that was recently written by Maria Royale. After additional discussion of oversight of the Vermont State Hospital, the Standing Committee decided to put the item on the March agenda. Reminder: Kitty is the Standing Committee's representative on the Futures Advisory Committee. She is in a position to provide feedback back and forth and to bring up any pertinent issues at Futures meetings.

Clarification of Time for Public Comment at Public Meetings: Wendy Beinner

Times for public comment should be scheduled at a definite time during public meetings, Wendy said. There was a misunderstanding at the January meeting; it ended earlier than the posted time for public comment, and members went home because of the weather. None of the members were still there when Representative Anne Donahue came to speak.

Public Comment: Anne Donahue

Clare asked that some time be taken earlier than the posted time for public comment at today's meeting because Anne has to go to another meeting at the posted time.

Anne raised several points:

- The format for the Standing Committee's annual report on VSH should come from the Governing Body, she said.
- In early 2004, extensive discussion of the need for a governing body for the State Hospital with members of the public led to the creation of the VSH Governing Body. The by-laws make this Standing Committee advisory to the Governing Body.
- The Standing Committee should request summaries of the report cards that VPS collects from VSH patients. A request was made some time ago, Anne said, but that seems to have been without follow-up.
- For other information to go into the Standing Committee's annual report, Anne told members that they should look to reports from regulatory bodies. Therefore the recent report from the Department of Justice (DOJ) should be a prime source for assessing the quality of care at VSH. Important quality issues that Anne mentioned as being brought out in the DOJ report included the paucity of individual therapy, psychotherapy, and groups; medications (dangerousness, side effects, monitoring); and diagnoses that are not always updated or aligned with information from other sources
- Problems with the new policy on reporting abuse and neglect (for example, debriefing to learn what patients have to say about incidents of restraint)
- Significant continuing problems with seclusion and restraint

Finally, Anne accused state officials of not being truthful when they appeared before the legislature last week for a hearing on the DOJ report. She referred specifically to issues with the hazard posed by construction shortcomings in a certain stairwell at VSH, issues she said that she had warned about two years ago. DOJ inspectors cited the same stairwell when they came through last October. Testimony from the Division of Mental Health (DMH) was to the effect that DOJ's discovery of the hazard was the first time that it had been pointed out. Anne wanted corrected information entered in the record: She saw it first.

New Deputy Commissioner: Michael Hartman

Michael officially became Deputy Commissioner of Health for Mental Health Services on January 29. He spoke on several topics:

VSH Governance. Michael sees two separate issues in regard to this question:

- ✓ Clinical care/processes at the State Hospital
- ✓ Liability in regard to DOJ's findings

On one hand, Michael sees a need for public input on clinical care and processes at the State Hospital. The state does not need to be the only party to decisions that need to be made in those

areas. On the other hand, he sees the hospital's liability in regard to DOJ findings as a different matter. He mentioned the consent decree with which Maine struggled for more than twenty years as an example of what to avoid in operating a public mental-health system.

Michael has not had a follow-up conversation with NAMI--VT's Larry Lewack since Larry put his proposal to reconstitute the Board of Mental Health before the last Futures meeting. But Michael did say that DMH has not so far found another state with a governing body analogous to the State Hospital's Governing Body. So, should there be one? And if so, what kind should it be? The advisory role of the Governing Body is valuable, Michael said, and he would not want to see it disappear until the state has something else in its place. Wendy added that the original responsibilities of the Board of Mental Health had been obsolete for a good while before its members voted to disband. The Board was formed long before the current commitment statute was passed, Wendy added.

Legislative Hearings/DOJ Report. Marty Roberts raised an objection to the repeated references in the DOJ report to VSH's failure to engage patients who refuse to take medication. A lot of the issues raised in the report seem like "overkill" to her, she added. Michael reminded Marty and others at the Standing Committee meeting that the agreement with DOJ is a negotiated one; it is the best that Vermont could get. He also mentioned that the people doing DOJ inspections and reports and the like happen to be very much oriented toward the medical model of treatment for mental illness. Their viewpoints would naturally shape the findings in their report.

Michael sees two underlying keys to the report: training and organization. VSH's records are very timely, but the content of records suffers when paperwork is done on time. They may not contain enough information about the patient or patient history for someone else to be able to tell what is going on. Assessments have to be both timely and meaningful. It is also important to update records, to connect them to what has been done before. It may be possible to deal with some of these kinds of issues very effectively with electronic medical records. That is a longer-term solution, but it is important. DMH is seeking data-collection systems specifically for this purpose.

As for training, DMH has hired a consultant to work on an overall Quality Improvement plan for VSH. It is important that staff have enough training to know their roles, who should be doing what, and the resources needed for the job.

The nature of the DOJ report is to say how badly Vermont is doing, Michael observed. But the report does have some good things to say, for example, on the reduction of seclusion and restraint. Second Spring, the new recovery residence in Williamstown, is to open sometime in March, according to the latest projection. Construction on the building is on schedule.

Other Issues at VSH. Behavioral issues have become significant recently. Seven VSH staff have been assaulted in the past eight days, and some have sustained serious injuries. A major issue is that the space available at the State Hospital is not large enough for the number of patients there.

Overall, inpatient capacity for psychiatric care in Vermont has diminished because of several factors. Rutland Regional Medical Center has lost two psychiatrists recently. Capacity for Emergency Examinations in other designated hospitals has also decreased. These developments have put increased pressure on VSH, and the census has been at or near capacity for months. This is no way to try to promote recovery, Michael commented. Later on, he returned to the subject in discussing the nature of dealing with higher-need, more-volatile patients in inpatient settings as Vermont is doing now. The feeling at designated hospitals could very well be that they are not ready for that kind of inpatient population. The situation may last for an extended period of time, he added. No written agreements exist with any of the designated hospitals to take the patients on Emergency Exams they are taking now.

Kitty Gallagher thinks that the census at VSH will stay high as long as patients can smoke there. Michael suggested that smoking should cease at all hospitals. He mentioned that designated agencies have been very successful in implementing smoking-cessation programs.

Two recent court decisions about involuntary medications have made matters more complicated. In one case, a patient cannot be medicated while a guardian is trying to obtain his consent to take the medications voluntarily. In the other case, a patient is appealing an order for involuntary medication and he may not be medicated while the appeal is in process. The appeal could go on for a long time. Michael added that medications are not necessarily always the answer, but these kinds of issues are creating tensions around the role of the Vermont State Hospital and how it should function.

Mental Health Budget for Fiscal Year 2008. The Governor's budget contains an increase of 7.5 percent for designated agencies and for Alcohol and Drug Abuse Program (ADAP) agencies as well. Overall, the mental health budget is up 11.3 percent for next year. In comparison, the Vermont Department of Health and the Agency of Human Services overall are probably looking at increases of around 3 percent. The Douglas administration's commitment to VSH and Vermont's community system is obvious.

Futures Planning. DMH has received six responses to the Request for Proposals (RFP) for crisis beds. The Division is just beginning to evaluate them.

Possible Legislative Changes: Act 114. Michael has talked to some legislators about the possibility of changing Vermont law in regard to the role of a guardian in cases involving involuntary psychiatric medications in non-emergency situations. Another change might involve holding medication hearings immediately following commitment hearings. Dr. Thomas A. Simpatico, VSH's Medical Director, has put together a proposal. Should we have the longest process or the shortest process? Michael asked. The issues are complex, and he would like feedback on solving these problems.

Public Comment Again: Nick Emlen

Nick announced that the Vermont Council of Developmental and Mental Health Services is sponsoring a conference on Crisis Services for Children in Vermont. It will be held at the Capital Plaza in Montpelier on March 22, 2007, from 8:30 a.m. until 4:00 p.m. Registration is $20.00

(including lunch). People who want to attend the conference should contact Deborah Fillioe at the Council's offices, (802) 223-1773.

New York Association of Psychiatric Rehabilitation Services (NYAPRS) Conference: Kitty Gallagher

Kitty told about the annual NYAPRS conference that was held last September. It attracts mostly consumers and advocates from New York and New England. It featured lots of workshops and networking and went on for three or four days. For Kitty, the networking was of primary importance. She met people with all levels of mental illness. About eight people from Vermont went to the conference. Vermont Psychiatric Survivors has scholarships for those who are interested in going.

Corrections and Designated Agencies

George Karabakakis suggested this topic, but he is not here to contribute to the discussion today. The topic seems to be generally about the interface between Corrections and designated agencies in working together to help prisoners reenter their communities successfully. Jim Walsh remarked that the people who are doing discharge planning from prisons need help navigating the mental-health system. The Windham Center is willing to participate in the planning, he said, but does not want primary responsibility for it. Health Care and Rehabilitation Services of Southeastern Vermont (HCRS) has a successful substance-abuse program for adjudicated youth.

Nick observed that the history of linkage between Corrections and designated agencies has been a poor one. A protocol worked out five years ago never really got implemented. But recent discussions have gone well, he added, and the outlook for a new agreement is much better.

Anne added that the legislature made the Corrections-Mental Health linkage part of VSH Futures planning, but this part of Futures planning has not started yet. The issue came up in different groups for Futures planning. We need to know specific numbers and the need for mental-health treatment in prisons. She suggested inviting the head of the mental-health treatment unit in Springfield to come to a Standing Committee meeting and give a talk. Nick asked about data that might be available from John Pandiani. Marty suggested waiting until George is here to develop the topic further.

Clare asked a hypothetical question about a CRT client who goes to prison. Who would work with this client? Frank answered that Corrections should work with the psychiatrist at the client's designated agency and with the community treatment team as well, but there are gaps currently in the protocol. This will be an item on the next agenda.

Division Updates: Frank Reed

Michael has already given most of them, Frank said. He added information about continuing recruitment efforts to fill vacant positions in DMH.

Items for the March Agenda

- Introductions, agenda, approval of notes
- Governing Body
- VSH Annual Report
- Membership Committee report
- Corrections
- Re-designation for Rutland Mental Health Services
- Independent Report on Act 114
- DOJ Report

Vermont State Hospital

Patient Representative

Responsibilities and expectations regarding contact with patients

- Has experience in working effectively with this patient population.
- Incorporates Recovery Principles according to SAMHSA's Consensus statement the President's New Freedom Act.
- Demonstrates effective communication skills, including the ability to listen well, and the ability to speak and write clearly enough to represent the patients' perspectives accurately.
- Maintains professional level of commitment to protecting patient and staff privacy and confidentiality.
- Meets with each patient after admission to provide information about the VSH Statement of Patient Rights and to provide information about ways to address and resolve problems while hospitalized at the Vermont State Hospital, including information about how to submit a formal Grievance. It is not the role of the Patient Representative to act as a conduit between the patients and other agencies.
- If the patient wants assistance in completing a Grievance Form, the Patient Representative may provide the patient with a form.
- If for any reason, the patient has difficulty writing, the Patient Representative may write out the patient's complaint as dictated by the patient, note "as dictated to (Patient Rep name)," and give the dictated Grievance Form to the patient for signature. The patient's dictated grievance may be recorded for accuracy if the patient so wishes.
- Has no role in investigating or resolving complaints or other problems.
- Maintains a log of informational contacts, as well as attempted contacts, to ensure that efforts are actively being made to inform each patient of his/her rights, including the rights to request change and lodge complaint. This log will be kept in a secure area in the Admissions area. The primary log, which will be available to the VSH Quality Manager for Clinical Services or his designee, will necessarily include names of patients, both those contacted and those attempted to contact. A second log, maintained for VPS record keeping purposes, will not include patient names or identifying information, in order to protect patients' confidentiality.

Responsibilities and expectations regarding contact with VSH employees

- Employees of the Vermont State Hospital and the Patient Representative will be expected to maintain collaborative, positive, mutually respectful working relationships.

Responsibilities and expectations as a contracted employee of the Vermont State Hospital

- Must pass the criminal background and abuse registry checks as required of all Vermont State Hospital employees. (they have to do this as a VPS employee.

- Adheres to all relevant VSH policies pertaining to the behavior of employees and volunteers. Specific policies:
    - Drug Free Workplace
    - Dress Code
    - Employee Smoking
    - Mandatory Reporting
    - Professional Behavior and Personal Boundaries
    - Staff Access to Patient Information and Confidentiality
- Reports to the Quality Manager for Clinical Services at the Vermont State Hospital and meets regularly to review the Patient Representative's interactions with patients and VSH employees, to problem solve as necessary, and to address other elements of job performance.
- Reports to the Executive Director of the Vermont Psychiatric Survivors.
- Performs job activities by meeting with patients on the inpatient units in the Interview Rooms, Day Rooms, and Dining Rooms. The Patient Representative will not meet with patients in patient bedrooms, nor will the Patient Representative have access to the unit's Nurses' Stations.
- Will be provided with a log-in account for computer access on shared terminals, though job-specific activities will not require computer access.

Collaboration between the Vermont State Hospital (VSH) and Vermont Psychiatric Survivors (VPS) regarding the Patient Representative

Elements of collaboration

- VPS will advertise for applicants.
- VPS and VSH QMCS will review applications and select those to be interviewed.
- VPS and VSH will invite other key stakeholders to join the panel of interviewers.
- Key stakeholders will offer opinions about the relative qualifications of all candidates interviewed to VPS and VSH.
- Final selection will be made collaboratively by VPS and VSH.
- VPS and VSH QMCS will meet or confer at least monthly about the Patient Representative.