Progress Report of the Mental Health Oversight Committee
January 2012

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I. Responsibilities of the Mental Health Oversight Committee

The Mental Health Oversight Committee (MHOC) was created by the general assembly in 2004 primarily to oversee the development and implementation of the Vermont Mental Health Futures Plan and to ensure that Vermonter have access to a comprehensive and integrated continuum of mental health services. The charge of the MHOC was amended during the 2007 legislative session to focus on Vermont’s mental health system in general and to remove the committee’s sunset date (see Appendix 1: Amended Charge of the Mental Health Oversight Committee).

The MHOC is a bipartisan committee composed of senators and representatives who serve on the health and welfare, human services, appropriations, and corrections and institutions committees, with one member from each body “at large.” As of 2006, the MHOC has been required to provide an annual progress report to the standing committees. This is the sixth progress report of the MHOC to date.

II. Summary of Committee Activities

The MHOC met four times during the 2011 interim, beginning in September, and heard from a broad array of individuals and organizations (see Appendix 2: 2011 Witness List). While replacement of the Vermont State Hospital (VSH) has long been a focus of the MHOC, the devastation of the existing facility by Tropical Storm Irene on August 28, 2011 brought new urgency to the issue. The MHOC devoted much of its time to taking testimony on this topic from consumers, providers, and members of the administration. The committee also spent time discussing members’ ideas and priorities for replacing the VSH. The MHOC developed a list of principles to guide long-term planning for the replacement of the VSH, which are presented in Section III of this report.

The committee also took testimony on the following subjects:

- Integration of mental health and mental illness within health care policy and health care reform activities, including the Blueprint for Health and payment reform.
- A review of the serious functional impairment initiative that began last year.
- An overview of the state’s mental health system of care, which includes programs for adults and children with different levels of need.
- A draft of the Department of Mental Health’s State Strategic Plan, which envisions a public health model for mental health in Vermont.
- The role of peer-to-peer supports in helping individuals to cope with and overcome challenging life situations.

The MHOC also reviewed its own charge, focusing on both the membership requirements and the scope of jurisdiction.
III. Committee Recommendations

Vermont State Hospital Replacement

Much of the committee’s attention was focused on the urgency of addressing the needs of patients displaced from the VSH in the aftermath of Tropical Storm Irene. Fifty-one patients were evacuated from the facility on August 28, 2011 and moved into temporary placements throughout the state, including the Brattleboro Retreat, Fletcher Allen Health Care, Second Spring, and the Springfield Correctional Facility. In addition, the unavailability of the state’s acute inpatient facility led to increased pressures on psychiatric units in hospitals across the state. The Agency of Human Services (AHS) began considering replacement options immediately, seeking both short-term and long-term solutions. Possible options included using modular units on the Waterbury campus, retrofitting the former Pine Ridge School in Williston, building a new facility on land adjacent to the Central Vermont Medical Center in Berlin, expanding capacity at the Brattleboro Retreat and Williamstown’s Second Spring, and reopening the Brooks Building at the VSH. AHS’s goal was to establish approximately 30 acute care inpatient beds in the short term and at least that many for the long term.

In addition to one or more acute care inpatient facilities, AHS proposed increasing community capacity through the use of intensive individualized “wrap” services, which would allow people to receive necessary care in the community with services tailored to their individual needs. The concept is based on the home- and community-based services model for individuals with developmental disabilities, which has been operating in Vermont for several years. The designated agencies have been working with VSH staff, the designated hospitals, families, landlords, and others to create appropriate, safe placements for individuals who do not need an inpatient level of care. The agency also proposed increasing the number of “step-down” facilities such as Second Spring for individuals who have been discharged from hospitals.

The MHOE also heard testimony about peer support initiatives, in which individuals who have lived through mental illness, survived a psychiatric experience, or overcome other challenging life situations talk to individuals who are currently dealing with similar issues. Peer supports focus on fostering self-determination and hope by validating individual’s experiences and encouraging their efforts to obtain employment. The committee heard that use of peer supports leads to fewer inpatient days, less use of psychotropic drugs, and better long-term outcomes for participants.

The MHOE took considerable testimony from witnesses regarding their recommendations for the short-term and long-term replacement of the VSH. The committee heard from Amy Davenport, administrative judge for the trial courts, about the importance of a centralized facility in order to process applications for involuntary treatment and involuntary medication. It heard from hospitals that they did not feel equipped to handle the level of acuity that was presenting in their emergency rooms and occasionally proving disruptive in their psychiatric units. It also heard from VSH staff who thought that the Brooks Building at the VSH was the most appropriate setting for
their patients, at least for the short term, and that a centrally located hospital with 30 to 40 beds or more was the most appropriate long-term solution. Dr. Jay Batra, medical director at the VSH, told the committee that the best approach would be a single, centralized facility with 48 to 60 beds and a highly skilled staff.

Testimony also highlighted the displacement of the VSH staff as a result of the VSH closure. Many employees accompanied their patients to new placements, and some continue to work alongside existing staff in these facilities. But some staff have difficulty traveling to locations as far away as Brattleboro in order to provide services, and most worry about their long-term employment prospects.

The committee heard of plans for an electronic bed board, which would enable the Department of Mental Health (DMH), hospitals, and the designated agencies to identify facilities in the state with available beds for patients in need of placement. This would be especially useful in finding appropriate step-down facilities for individuals no longer in need of an acute level of care. DMH has been working to develop this capability and hopes to have a system in place within the next few months.

**Principles for VSH Replacement**

The committee decided not to make specific recommendations for the design of the mental health system. The complexity of the issue and the time available resulted in the adoption of a set of principles to guide decision-making in the standing committees when the general assembly convened in January.

The MHOC identified the following principles to guide long-term planning for replacement of the VSH:

**A. First and foremost, the needs of the patients must be met, and Vermont’s mental health system must reflect excellence, best practices, and the highest standards of care.**

**B. Long-term planning must look beyond the foreseeable future and known needs.**

- Designs for programs should be responsive to changes over time in levels and types of needs, service delivery practices, and sources of funding.
- Interim solutions should be designed to facilitate achievement of the long-term principles, and the state should not seek an interim solution that results in being the long-term solution by default.
- Current VSH employees have extraordinary skills and expertise that should be part of the new mental health system. VSH employees and their commitment, skills, and expertise are valuable to the state and should be utilized as Vermont’s mental health system of care goes forward.
C. The mental health system should be unified/coordinated.

- A continuum of care should be available: emergency services; outpatient services; comprehensive services for persons with a severe and persistent mental illness (CRT); community residential and housing support; inpatient diversion support; inpatient care, including for high-intensity needs; and peer support services at all levels of care.
- Patients should receive care in the most integrated, least restrictive setting, according to their needs.
- The system must address the state’s legal and financial responsibilities to address the needs of persons taken into involuntary custody of the state, including access to and quality of care, how to design mental health services to maximize safety and ensure appropriate protection for the legal rights of consumers, and ways to improve judicial proceedings concerning involuntary treatment and involuntary medication.

D. The mental health system should be integrated into the overall health care system.

- Any new inpatient psychiatric facility should be adjacent to or integrated with a medical hospital.

E. The mental health system should be accessible.

- Resources should be accessible and distributed based on demographics and geography.
- Community care programs should be distributed based upon population wherever possible.
- Capacity must be created around the state to fit the model, with attention to housing, sufficiency of services, capacity of designated agencies, and subsequent potential for lack of balance in location of services.
- Services provided in different regions and treatment modalities should be coordinated in order to facilitate appropriate treatment without unreasonable delay.
- People should receive treatment as close to their communities as possible as related to the level of specialty care.
- Services should be available to all who need them, without regard to income.

F. The mental health system should ensure that patients’ legal rights are honored.

G. Oversight and accountability should be built into all aspects of the system.
The quality and systems of care at designated hospitals should be similar and monitored.

There should be ongoing consumer and community input for program oversight and development, quality monitoring, and consumer satisfaction reviews.

H. The system should be adequately funded and financially sustainable.

Recommendation

The committee recommends that the standing committees take the utmost care in considering all proposals that come before them relating to the replacement of the VSH. To this end, the committee suggests that thorough and regularly updated data regarding the number of inpatient and community beds be made available to the committees of jurisdiction. The MHOC believes it is essential to ensure that decisions regarding Vermont’s mental health system of care and related facilities are based on clinical standards and the best interests of Vermont residents and that they reflect excellence, best practices, and the highest standards of care.

Mental Health in Corrections

The committee heard about a Department of Corrections and Department of Mental Health initiative to reduce the use of incarceration for individuals with serious functional impairment (SFI). Testimony presented to the committee indicated that the needs of these individuals are not being met and that a correctional environment is not the right place for them. The commissioner of corrections suggested that it might be appropriate to have a separate program to address the needs of individuals with SFI.

Recommendation

The MHOC recommends that the committees of jurisdiction look into the issue of mental health in corrections and the availability of alternative placements and supportive transitional housing for individuals with SFI.
**Blueprint for Health**

The MHOC heard about the integration of mental health into the Blueprint for Health, including the role of mental health professionals on community health teams and efforts to improve referrals to designated agencies and independent mental health providers. The committee also discussed whether it would be appropriate for a mental health professional or designated agency to serve as the medical home for certain individuals who have limited contact with a primary care provider and receive most of their health care from the mental health professional or the designated agency.

**Recommendation**

The committee recommends that the committees of jurisdiction review the appropriateness of mental health professionals and designated agencies serving as medical homes. It also recommends that providers and consumers have greater opportunity for input in Blueprint planning with regard to the integration of physical and mental health.

**MHOC Charge**

The MHOC reviewed its legislative charge and raised concerns about the requirement that members be selected only from specific standing committees.

**Recommendation**

The committee recommends that the speaker of the house and the Committee on Committees be given more discretion in appointing members to the committee. The committee urges the House Human Services Committee to take up H.7, An Act Relating to Appointments to the Mental Health Committee.

**Other Recommendations**

The MHOC is concerned that mental health, physical health, and substance abuse are addressed separately in Vermont and feels that this may result in people falling through the cracks of the state’s health care system. The committee recommends that the general assembly and the administration focus on this issue and integrate care whenever possible. In addition, during the 2012 legislative interim, the committee would like to focus on autism and on substance abuse and comorbidity.
2011 Report of the Mental Health Oversight Committee

Senator Sally Fox, Co-Chair  Representative Anne Donahue, Co-Chair

Senator Joseph Benning  Representative Mary Hooper

Senator Diane Snelling  Representative Thomas Koch

Senator Jeanette White  Representative Catherine Toll
Appendix 1.
Amended Charge of the Mental Health Oversight Committee

Sec. 124b of No. 65 of the Acts of 2007 amended the original charge of the MHOC as follows:

Sec. 124b. Sec. 141c of No. 122 of the Acts of 2004 (creating the mental health oversight committee), as amended by Sec. 293a of No. 215 of the Acts of 2006 (extending sunset to July 1, 2009; requiring progress report), is amended as follows:

Sec. 141c. THE MENTAL HEALTH OVERSIGHT COMMITTEE

(a) The mental health oversight committee is created to oversee the development and implementation of the secretary of human services’ strategic plan to develop alternatives for services currently provided by the Vermont state hospital and to ensure that consumers have access to a comprehensive and adequate continuum of care and Vermont has a financially sustainable department of developmental and mental health services. The committee shall be composed of one member from each of the house committees on human services, institutions, and appropriations and a member-at-large to be appointed by the speaker of the house, not all from the same party, and one member from each of the senate committees on health and welfare, institutions, and appropriations and one member-at-large to be appointed by the committee on committees, not all from the same party. Initial appointments shall be made upon passage.

(b) The committee shall review whether the secretary’s study on the department of developmental and mental health services designated agency provider system required in Sec. 141 of this act, the strategic plan for developing alternatives to the Vermont state hospital required in Sec. 141a of this act, and the department of corrections mental health services plan achieve the goals and principles stated herein effectively, efficiently, and satisfactorily, including that the findings and recommendations of the reports are coordinated and complementary. The committee shall specifically:

Members of the committee shall serve as the liaison to their respective legislative standing committees with primary jurisdiction over the various components of Vermont’s mental health system. The committee shall work with, assist, and advise the other committees of the general assembly, members of the executive branch, and the public on matters related to Vermont’s mental health system.

(1) solicit input from individuals and their families served by the mental health system;

(2) monitor the study and planning processes and time lines;

(3) measure the efforts of the agency of human services against the goals and principles described in this act; and

(4) review and approve, modify, or disapprove the recommendations contained in the reports required by Secs. 141 and 141a of this act and authorize preliminary implementation steps for developing alternatives to the services currently provided by the Vermont state hospital developed within the context of long-range planning for a
comprehensive continuum of care for mental health services.

(c) Based on the reports required by Secs. 141, 141a, and 141b of this act, the committee shall recommend areas of further study needed to develop a comprehensive continuum of care for mental health services.

(d) The committee is authorized to meet up to six times per year while the general assembly is not in session to perform its functions under this section.

(e) The secretary of the agency of human services commissioner of mental health shall report to the committee as required by the committee and Secs. 141 and 141a of this act and this section.

(f) Members of the committee shall be entitled to compensation and reimbursement for expenses under section 406 of Title 2.

(g) The secretary of administration, the legislative council, and the joint fiscal office shall provide staff support requested by the committee.

(h) The mental health oversight committee shall provide a progress report to each of the committees represented thereon no later than January 15 of each year.

(i) The committee shall cease to exist on July 1, 2009.
Appendix 2.
2011 Witness List

Patrick Flood, Deputy Secretary, Agency of Human Services
Christine Oliver, Commissioner, Department of Mental Health (DMH)
Rebecca Heintz, Deputy Commissioner, DMH
Charlie Biss, Director of the Children, Adolescent and Family Unit, DMH
Frank Reed, Mental Health Services Director, DMH
Trish Singer, Director of Adult Services Unit, DMH
Nick Nichols, Policy Director, DMH
Jay Batra, MD, Medical Director, Vermont State Hospital
Kris Martin, Psychiatric Technician, Vermont State Hospital
Peter Bartlett, Psychiatric Technician, Vermont State Hospital
Robin Lunge, Director of Health Care Reform, Agency of Administration
Andy Pallito, Commissioner, Department of Corrections
Dr. Lisa Dulsky Watkins, Assistant Director, Blueprint for Health
Michael Kuhn, Project Manager, Department of Buildings & General Services
Hon. Amy Davenport, Administrative Judge, Vermont Trial Courts
Linda Corey, Vermont Psychiatric Survivors
Jill Olson, VP Policy and Operations, Vermont Association of Hospitals and Health Systems
Wendy Beinner, Director, NAMI–VT
Floyd Nease, Executive Director, Vermont Association for Mental Health
Ed Paquin, Director, Vermont Coalition for Disability Rights
Steve Morgan, Executive Director, Another Way
Julie Tessler, Director, Vermont Council of Developmental and Mental Health Services
Margaret Joyal, Director of Outpatient Services, Washington County Mental Health
Mary Moulton, Emergency Services, Washington County Mental Health
Laurie Pontbriand, Peer Support Services, Washington County Mental Health
Donna Rokes, Coordinator, Peer Education Program, Washington County Mental Health
George Karabakakis, Ph.D, Chief Operations Officer, Health Care & Rehabilitation Services
Dr. W. Gordon Frankle, Medical Director of Psychiatry Services, Rutland Regional Medical Center
Dr. Cory Nohl, Medical Director, LGBT Unit, Brattleboro Retreat
Dr. Ed Haak, Emergency Department Medical Director, Northwestern Medical Center
Jennifer Carbee, Legislative Counsel, Vermont Legislative Council
Katie McLinn, Legislative Counsel, Vermont Legislative Council