

MENTAL HEALTH UPDATE
January 14, 2009

Pieces Of History In Vermont Mental Health

The “Pieces of History” series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1970 The Vermont Psychiatric Association (VPA) was formed at a time when there were relatively few psychiatrists in Vermont. There were about 10 psychiatrists at the Brattleboro Retreat, a group in Burlington at the Mary Fletcher hospital (now Fletcher Allen), staff psychiatrists at Vermont State Hospital, and a few in private practice. The impetus to form the VPA came from Washington where the American Psychiatric Association was interested in establishing a district branch in Vermont. Initially, the VPA was more like a guild for the profession than what it became in later years. With a very small psychiatric community in Vermont, the focus was on who psychiatrists were and what did they do? Later the organization focused on administrative issues and concern for minorities in the profession, lacking a defined agenda on clinical issues affecting patients. This began to change when the State of Vermont considered making electro shock therapy illegal. The VPA felt compelled to provide clinical data and a treatment perspective, re-orienting itself as a more active political organization that would collaborate and align with other mental health groups to advocate for parity of mental health treatment with general medicine and to take strong exception to certain restrictions imposed by managed care. The VPA often joined forces with Vermont’s psychologists and other groups of mental health clinicians to impact public policy on important issues. In addition to taking positions on proposed legislation, the Vermont Psychiatric Association remains an organization that is educational in nature, holding two conferences a year and working to maintain the highest ethical standards in the profession.

PATH Provider Annual Meeting

The 2009 Annual “PATH Provider meet the Commissioner” meeting took place on January 8, 2009. Statewide not for profit community agencies contracted to provide outreach and engagement services for individuals who are homeless and mentally ill, presented their current status of need in their communities and detailed their individual agency responses to increased demand this winter. In addition, they shared 2008 annual data reports submitted to SAMHSA. Mr. Rob McIntyre of AHS planning joined the group for the data discussion. The Commissioner Hartman discussed the current state budget challenges for FY 09 with the group, and gave a forecast of increasing challenges ahead for FY 10.

ADULT MENTAL HEALTH

Reminder: Statewide Point in Time Homeless Count to be held Wednesday January 28, 2009.

State and community human service providers and volunteers that come into contact with the homeless will duplicate last year's statewide one day survey/count on January 28. The form utilized for the homeless count was developed by the Vermont State Housing Authority (VSHA), Department of Mental Health (DMH), and Data Remedies. The 2009 form has been enhanced however, it will collect the same information it has in previous years, for the purpose of analysis. A unique identifier will be employed to protect individual confidentiality and allows for an unduplicated count of the homeless encountered on that day. Please encourage local participation and contact your local continuum of care or AHS field Serve Representative for more information or copies of forms.

Federal Benefit Program Questions

During this time of state budget shortfalls and reductions in funding to state-supported programs there is understandable concern expressed by many individuals about their federal benefit programs, such as social security and Medicare, and potential reductions in these areas. These concerns prompted DMH to explore how these "safety net" programs are anticipated to fair in the new federal administration under the direction of President-elect Obama.

In efforts to try to jump-start the stalled economy, President-elect Barack Obama has proposed an economic stimulus package of from \$675 billion to \$775 billion that would include money for infrastructure spending on highways and public transportation, and major expansions of government-assisted health care insurance and unemployment compensation. Additionally, the incoming federal administration has committed to ensuring that Social Security is solvent and viable for the American people, now and in the future. There is also a commitment to the long-term strength of the Medicare program. The federal administration is very interested in protecting and strengthening Medicare by reducing waste in the system and proposes to tackle fundamental healthcare reform. Finally, they plan to allow the federal government to negotiate for lower drug prices for the Medicare program.

It was at first hoped that the economic package would be ready for the incoming President's signature immediately after his inauguration Jan. 20, but a more likely goal appears to be mid-February. While there are never absolute realities for publicly funded programs until legislation is passed, the incoming federal administration remains committed to stabilizing our nation's economy and ensuring essential services and programs for those in need.

CHILDREN'S MENTAL HEALTH

Medications Workgroup

The Psychotropic Medications Workgroup held its second meeting on Monday, January 5, 2009 in Waterbury. Charlie Biss, Director of the Child, Adolescent, and Family Unit, called the group to order and reviewed the agenda. The Vermont Department of Mental Health wished to convene a diverse group of stakeholders to help frame the questions the

state's mental health system of care should ask and be able to answer on the prescribed use of psychotropic medications for its children and adolescents. Charlie acknowledged the increased number of psychiatrists and pediatricians participating; their experience and perceptions about current practices provide valuable information to complement that provided by parents, service providers, and state agencies.

The majority of the meeting was spent reviewing data presented by John Pandiani, Chief of Research and Statistics, in response to the 25 questions generated at the first meeting. Participants asked many probing questions to clarify what the data did and did not mean. New questions emerged about the scope of the group's work, potential additional sources of needed data, and what the group might produce or achieve.

The workgroup's third meeting will be on Monday, March 9, Skylight conference room, Waterbury complex, 12:00 – 2:00. A list of members, meeting notes, questions asked, and data presented are available on the department's website at <http://healthvermont.gov/mh/boards/MedicationWorkgroup>.

FUTURES PROJECT

Consultation Group Discusses Treatment Programming Related to Spatial Design of 15 Bed Secure Residential Recovery Facility

The Consultation Group met on Thursday, January 8 to consider how treatment programming and environmental design can interact to enhance recovery. The discussion produced the following themes: (1) Individuals need to be engaged in developing their own treatment plans and be expected to act as responsible residents of the program. This would promote the individual's sense of control over his or her life, foster creation of a culture of hope, and promote positive expectations and treatment outcomes. As one participant put it, "Responsibility should get you somewhere." (2) To facilitate this culture there should be clear, understandable rules for living together that are equitably carried out. The rules should relate to and reward behavior oriented toward recovery. There should also be a full array of programming including weekends and holidays that enhances resident sense of connectedness to life, e.g., gardening, art classes, access to computers and computer training. (3) The environmental design should be welcoming (e.g., the main entrance should open onto an inviting vestibule), should enhance the therapeutic purpose and promote staff and resident safety, e.g., there should be a clear line of sight between the nursing desk and resident bed rooms. (4) Staff activities should foster involvement with residents --- e.g., it should be expected that staff will circulate on the floor, talk with patients (as opposed to congregating at the nursing station). These themes were more or less unanimously expressed.

However, participants were divided in their opinion when discussing whether there should be a seclusion and restraint (S&R) room. Some individuals felt that an S&R room was needed for staff and resident safety. Others felt that having such a room undercut the goal of reducing / eliminating the use of restraint and seclusion. Still others felt there should be a space that could be converted but not dedicated to this purpose. A key point made at the end of the discussion was that the programming for the 15 bed SRR will be required to address the needs of individuals who currently cannot be served outside of Vermont State Hospital.

It is expected that discussions around treatment programming and spatial design will continue as planning for the facility progresses.

VERMONT STATE HOSPITAL

U.S. DOJ Inspectors Issue Fifth Compliance Report on Vermont State Hospital as part of Memorandum of Agreement

The Agency of Human Services (AHS) issued the following press release on January 14, 2009.

In 2006, the State of Vermont and Department of Justice (DOJ) reached a settlement regarding conditions at Vermont State Hospital in Waterbury. The DOJ required the State to implement reforms to ensure that patients at the facility were adequately protected from harm, and adequate services were provided, including mental health care. The fifth and most recent compliance report, released on January 9, 2009 praised "the hard work done" by Vermont State Hospital staff. The report concluded that Vermont State Hospital continues to make significant improvements in many areas including treatment planning, mental health assessments, discharge planning and community integration, incident management and quality improvement.

"The staff of VSH at all levels should be most pleased with the improvements their efforts have yielded to date," DOJ investigators concluded. "As our report indicates, there remains much to be done, but VSH appears well on its way."

The hospital was scored as being in "significant compliance" with 85 percent of the nine key areas studied in the report.

The fifth compliance visit was conducted in October 2008 by two clinical experts (Dr. Mohamed El-Sabaawi and Dr. Jeffrey L. Geller) appointed by the DOJ to assess Vermont State Hospital. Over a four-year period, Dr. El-Sabaawi and Dr. Geller, along with DOJ attorneys, will regularly assess the state's improvement.

"This is the second consecutive report that found no areas where Vermont State Hospital was non-compliant with DOJ's previous recommendations," said Mental Health Commissioner Michael Hartman. "We are in the second year of a four-year evaluation process and the staff has done an outstanding job at staying focused on how they can provide the best possible treatment and care."

A report of findings and recommendations was first issued from the DOJ on July 5, 2005 following a three-day, on-site inspection by DOJ officials in September 2004. Since the first report of findings by DOJ in 2005, the Douglas Administration has substantially increased funding, staffing, and support for Vermont State Hospital.

The Department of Justice assessment report is posted on the Mental Health Department's website at

http://healthvermont.gov/mh/programs/hospital/documents/DOJ_Report_01.09.09.pdf

Vermont State Hospital's Celebration Fair!

Please join us in celebrating our past, present, and future efforts to provide superior patient care and reduce the need for seclusion and restraint.

Booths and displays will provide information on: the Violence Prevention Community Meeting (VPCM) project, interventions suggested by the Substance Abuse and Mental Health Service Administration's (SAMHSA) 6 Core Strategies to reduce seclusion and restraint, and others to be determined. A thought wall will be created for all attendees to share their thoughts with others.

Refreshments are being provided in collaboration with the members of the Patient's Cooking Group.

Thursday January 29th from 0630 to 1600 in the VSH Library

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 45 as of midnight Tuesday. The average census for the past 45 days was 43.5.