

MENTAL HEALTH UPDATE
May 20, 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.

1989 Families of children served through the Child, Adolescent, and Service System Program (CASSP) frequently worked with the public systems for mental health, education, child welfare, child protection, and juvenile justice and they needed a voice at the state and local levels. They also needed ways to support each other at the local, state, and national levels. Vermont’s Judy Sturtevant founded the first state chapter of the new national organization, the Federation of Families for Children’s Mental Health. Judy served as the Vermont chapter’s first Executive Director for several years. As an organization run by and for parents whose children were experiencing mental health issues, the Vermont Federation of Families recruited parents around the state and developed the *I CAN* training which empowered families to speak out about their mental health issues. The organization also helped to recruit and provided support to the Family Representatives on the twelve newly formed Local Interagency Teams which were formed under Vermont’s Act 264.

ADULT MENTAL HEALTH

State Program Standing Committee for Adult Mental Health Hears from Commissioner and Others

The Adult Program Standing Committee met on Monday afternoon, May 11, in Waterbury. Commissioner Michael Hartman congratulated co-facilitators Marty Roberts and Clare Munat as winners of this year’s Governor’s Awards for Outstanding Volunteer Community Service for the work they have done over the years with the Standing Committee. Commissioner Hartman then told about recent interagency efforts to identify individuals in the correctional system who may need a wide range of services from different departments for severe mental illness, traumatic brain injury, substance-abuse issues, and learning disabilities. A pilot program employing the sequential-intercept

model for individuals identified as severely functionally impaired for one or more of these conditions is being considered for Chittenden County. The Commissioner also talked about the budget bill passed by the General Assembly. At the time of the Standing Committee meeting, Governor Douglas's intentions were not known, but he has since vetoed the bill and called a special session of the legislature for June 2.

Other items on the Standing Committee's agenda included:

- ↪ Update on recent developments at the Vermont State Hospital from CEO Terry Rowe
- ↪ Connections Training the weekend of May 9 and 10 from the Vermont chapter of the National Alliance for Mental Illness (NAMI) for clients of Community Rehabilitation and Treatment programs as well as interested members of the community so that they can start recovery-centered support groups run by consumers in all parts of the state; a similar training will be organized for the fall
- ↪ A presentation from Karen Gennett, of the Court Administrator's Office, describing the Chief Justice Task Force on Criminal Justice and Mental Health Collaboration; she also gave information about Vermont's mental-health court as well as substance-abuse courts (three for adults, one for juveniles)
- ↪ A report on new, streamlined designated agency reviews from Evan Smith, the Department of Mental Health's Director of Quality Management
- ↪ A report on the Peer Support Crisis Respite Project, a new Futures program to open soon, from Lenora Kimball, the alternative mental health consumer consultant hired to oversee the implementation of the project in Vermont

The next meeting of the Standing Committee will be on Monday, June 8, 2009, from 1:00 until 4:30 in Stanley Hall, Room 100, Waterbury State Office Complex.

CHILDREN'S MENTAL HEALTH

Recommendations from Medications Workgroup

The Psychotropic Medications Workgroup for child and adolescent mental health held its fourth meeting on May 4. The agenda focused discussion on refining draft recommendations from the group. The final five recommendations suggest specific strategies to the state on how to create and sustain ways to monitor trends in medication prescription for this population and how to refine and maintain ways to provide current best practice information to prescribers and to families. The workgroup's next meeting will be November 2.

Renovations at the Brattleboro Retreat

The Brattleboro Retreat held an Open House on May 14 to celebrate the completion of renovations to the children's inpatient psychiatric unit, Vermont's only mental health hospital for children and adolescents. The unit's new spaces and more open layout reflect best practices and are designed to enhance the quality of care. The Retreat appreciates the generous financial support for these improvements provided by the

Thomas Thompson Trust, the Windham Foundation, and many businesses and individuals. Additional information on the renovations can be found at <http://www.ibrattleboro.com/article.php/20090514183342129>

The Lifelines Program for Suicide Prevention: Creating Communities of Hope

The Vermont Department of Mental Health and the Center for Health and Learning will present a training this fall for Vermont middle and high schools. Participants may select from one of three dates and locations:

September 15 - 16	Killington
October 14 - 15	Stowe
November 4 - 5	Montpelier

This training is a prerequisite for the implementation of the *Lifelines* suicide prevention curriculum in schools. Curriculum trainings will be offered during the winter of 2009-2010.

Participants should register as a team consisting of an Administrative Sponsor, a School Liaison, a Community Liaison and a Health Teacher. For details on team requirements, cost and registration: www.healthandlearning.org. The cost for these trainings is being underwritten by funding from the Garrett Lee Smith Memorial Act.

For information on *Lifelines*, as well as the Vermont Youth Suicide Prevention Project, contact: Brian Remer at (tel) 802.254.6590; (fax) 802.254.5816; or (e-mail) brian@healthandlearning.org.

Vermont Applies for SAMHSA Child Trauma Grant

The Vermont Department of Mental Health (DMH), in collaboration with the Vermont Child Trauma Workgroup, recently submitted an application for a federal National Child Traumatic Stress Initiative Community Treatment and Services (CTS) Centers Grant. This grant program is being offered by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, and will provide up to \$400,000 per year for three years to improve treatment and services for children and adolescents who have experienced traumatic events. Specifically, grantees under this program will be expected to implement and evaluate effective trauma-focused and trauma-informed treatment and services in community settings and in youth-serving service systems and collaborate with other grantees on clinical issues, service approaches, policy, financing, and training issues.

Through this grant initiative, DMH has proposed the creation of a **Vermont Child Trauma Collaborative** (VCTC) comprised of Vermont's 10 Designated Community Mental Health Agencies, Northeastern Family Institute, and the New England Counseling and Trauma Center. This collaborative will fully implement and sustain the Attachment, Self-Regulation and Competency (ARC) Framework for complex trauma treatment. The VCTC will change the standard of practice so that: 1) children in Vermont have access to trauma-informed services in the system of care; 2) children who screen positively for trauma receive a standardized trauma assessment; and 3) children with complex trauma

and their families are referred for and receive empirically-based trauma treatment services. Outcomes for the children and families receiving ARC will include reduced trauma symptoms, increased child competency, reduced parenting stress, and reduced need for intensive services.

For a full copy of the grant application, go to:

http://healthvermont.gov/mh/documents/DMH-NCTSI_Grant.pdf. Questions regarding this grant application can be directed to Laurel Omland at 802-652-2000 or laurel.omland@ahs.state.vt.us.

FUTURES PROJECT

Meadowview COA Approved

The Department of Mental Health is pleased to grant Health Care and Rehabilitation Services of Southeastern Vermont a Certificate of Approval (COA) for up to \$500,000 to create a residential recovery program called Meadowview. This approval was based upon the information provided by HCRS in a COA application of February 13, 2009, and in subsequent written communications about the application.

Commissioner Hartman and DMH congratulate and thank the team at HCRS and the Retreat, as well as the many community members that have engaged in this rather arduous process to complete the COA. We look forward to seeing Meadowview, the staff and residents on opening day.

Legislature Authorizes Facilities Planning - Secure Recovery Residence (SRR)

Assessment of site options in Waterbury and preparations for architectural design work are among immediate next steps in planning the SRR with monies appropriated in the Capital Bill. Legislative approval to move forward allows DMH to prepare a Phase II Certificate of Need (CON) application for construction of a new facility to house a secure residential recovery program pending approval of a plan for the remaining inpatient beds.

Replacement of Acute VSH Beds

The Capital Bill approved planning resources to add capacity at Rutland Regional Medical Center (RRMC) for acute intensive psychiatric inpatient services. The planning process involves exploration of replacing additional VSH acute beds at several hospitals, and financial and labor studies to assess feasibility of financing and recruitment of professional staff. The Legislature's conditional support for moving forward with RRMC rests on the feasibility of a bonding arrangement that does not create a debt burden on the state or the hospital. A master plan to be developed by DMH will consider the fiscal needs of current and future inpatient facilities, and fiscal needs of the community mental health system while providing analysis on the feasibility of financing plans for enhanced psychiatric inpatient capacity at the Rutland hospital.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

VISI Forum

The VISI Forum held their quarterly meeting on May 15, 2009 at the Vermont Technical College in Randolph. The focus of the meeting was effective connections between treatment providers and peer-led services. Small working groups brainstormed ideas and shared their findings via discussion with all attendants. A report detailing the ideas and discussion is available upon request (psinger@dmh.state.vt.us). The next VISI Forum is scheduled for Friday August 7, 2009.

VERMONT STATE HOSPITAL

CMS Reconsiders Denial

VSH received a letter from CMS on May 12th, saying that they have reconsidered their denial of our application for readmission to the Medicare program. CMS will now accept a plan of correction for the deficiencies cited in their April 2009 survey. A revisit survey will then be conducted to verify the corrections. If VSH has corrected the deficiencies to the satisfaction of CMS, VSH will then be surveyed under the "B tags" (psychiatric hospital conditions of participation). If VSH is found in compliance with that survey, CMS will begin a 90 day period of assurance, after which CMS will conduct two more full re-surveys (hospital conditions of participation and psychiatric hospital conditions of participation). If VSH demonstrates compliance they will be readmitted to the Medicare program. A copy of CMS's letter can be found at <http://healthvermont.gov/mh/documents/DenialReconsiderationLetter05.12.09.pdf>

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 51 as of midnight Tuesday. The average census for the past 45 days was 48.6