

COMMISSIONER'S MESSAGE

I was pleased to open the 2015 DMH conference, *Promoting Health, Wellness, and Recovery*, by sharing my thoughts with a record turnout of people, about 360, from across the state. For *Advisory* readers, the timing of the conference coincided with Mental Illness Awareness Week. The theme of this year's mental health awareness week was "I am Stigma Free." This applies to 1 in 5 adults or 43.7 million individuals who face mental health issues annually.

Even though this audience knows that mental health conditions are medical conditions, too many of these conditions still have an overlay ripe with stigma, stereotyping, and discriminatory language that discourages people from seeking the help they may need. So, each and every day, we need to empower ourselves and others to support family, friends, and our communities in conveying a message that each person is important and recovery is possible. Take action by spreading the word, raising awareness as opportunities present themselves, and making a difference.

That being said, the Department of Mental Health also wanted to make a difference in its messaging of this year's conference. The two most recent DMH conferences focused on the aftermath of Tropical Storm Irene --- our response to crisis and the planning and development of new resources to manage the disruption in our mental health services system. Some would say that our system was a failure, and I would say just like the individuals served by our system, it is recovering. For those that would say there is no hope that it will improve, I would also say that it is resilient and will continue to overcome obstacles in its path. This can't be done alone and relies on community to make it happen. And this is just what has been happening over the past 1500 days. It's actually 1498, but who's counting?

What has been a challenging period is still so recent and countable in days, and we need to reflect on what our system has accomplished in this number of days.

- ✓ We developed replacement inpatient bed capacity for individuals requiring the most acute inpatient psychiatric care at Brattleboro Retreat and RRMC
- ✓ We opened and closed an 8-bed temporary hospital in Morrisville that was both JC accredited and CMS certified
- ✓ We opened a new 25-bed hospital, the Vermont Psychiatric Care Hospital in Berlin, that has also achieved the same accreditation and certification

- ✓ We opened a secure residential recovery program in its temporary location in Middlesex
- ✓ We opened a peer-supported residential recovery program in Chittenden County, Soteria House
- ✓ In our hospitals, we now have a total of 188 adult inpatient beds across our system of care
- ✓ In our communities, we have a total of 37 crisis beds and 42 residential recovery beds across the state

For a public mental health system, we have been moving at lightning speed. It has been done with the support and participation of many of you throughout this period of time.

I would be remiss if I didn't acknowledge the Administration, legislators, prior leadership of DMH, designated agency providers, hospitals, sheriffs, local and state law enforcement officers, peer providers and the advocacy community, family members and support systems, and countless others who have helped in meeting the needs of Vermonters in ways that went well beyond the usual and customary supports for this prolonged period of time. We still have a ways to go as you read regularly in our newspapers, but this is a resilient and recovering system of care.

For these reasons, today's focus is on what is working, where do we have points of excellence that have emerged, and what are issues that need our ongoing focus and attention.

Crisis is an opportunity for change. We have been there, done that, and need to keep moving forward to embrace the changes, learn from them, and be a better system of care as a result of it.

Ahead of us, we have health reform that hopes to improve how and where services are delivered, how those services are paid for, and promoting better outcomes data on how the services are changing people's lives. Whole person care supports integrated treatment. These reforms need our attention so that mental health and physical health services are equally considered and provided for in our service delivery system. Ahead of us, we have an economic forecast that is showing a very slow growth trend in comparison to the expanded eligibility for state healthcare enrollment. This is not a new scenario, but one that we also need to closely observe and bring advocacy to bear if needed to assure that vital services and supports are there for people when they need them.

The gains our system has made are still fragile and subject to erosion if there are inadequate resources. Your voices are important. We need to move forward, so that we can say we are stigma free.

--- *Frank Reed, Commissioner*

NEW DEPUTY COMMISSIONER OF THE DEPARTMENT OF MENTAL HEALTH

- Commissioner Frank Reed is pleased to announce that the Governor has appointed Melissa Bailey as Deputy Commissioner of the Department of Mental Health, effective today.

Melissa rejoined DMH earlier this month, most recently working with Vermont Care Partners where she was responsible for coordination of performance outcome measures across its network of Designated Agencies and Specialized Services Agencies. Melissa has first-hand knowledge of Vermont's mental health system of care and is very familiar with community-based services for children and families. Melissa was previously a part of the Agency of Human Services with the Integrating Family Services Initiative and served as the DMH Child, Adolescent, and Family Unit Operations Director for several years.

Melissa is a Licensed Clinical Mental Health Counselor having over 20 years of experience in mental health, 13 of which has been in state government. Melissa is particularly interested in primary and mental health care integration, health promotion, and the role of wellness and prevention activities in a continuum of health care services. "I believe these skills and interests will be key to DMH during this time of health care reform, advancing whole person care, and the effective deployment of state resources for services and activities for the people our programs serve," stated Commissioner Reed.

Please join us in welcoming Melissa to her new role at DMH.

COMMUNITY MENTAL HEALTH SERVICES

- **Howard Center 's Community Education Series**
Next in the new series of public talks will address the topic, *Autism in Children and Teens*. It will take place on November 12th from 6:00 p.m. – 7:30 p.m. at DEALER.COM -- 1 Howard Street, Burlington (corner of Howard and Pine Streets). Registration is not required; seating is first come, first served.

DEALER.COM, a major employer serving the auto industry's marketing needs, is donating the use of their space (theater, sound system, and parking) to Howard Center as a component of their contributions to the community. See Howard Center's website for details: <http://www.howardcenter.org/Community-Education-Series>. For questions, call (802) 488-6912.

MENTAL HEALTH & HEALTH CARE INTEGRATION

- **Vermont Health Care Innovation Project (VHCIP)**

Vermont's federally funded health care innovation work has been reorganized into fewer workgroups aimed at sharpening the focus of the work during the last two years of the State Innovation Models (SIMS) grant. Work began in the summer of 2013 after Vermont received \$45 million from the Centers for Medicare and Medicaid Services Innovation Center (CMMS-IC). CMMS-IC distributed a total of \$275 in competitive "State Innovation Models" grants to 25 states in 2013.

The SIMS project is intended to accomplish the "Triple Aim" of healthcare reform: improve care, improve population health, and reduce health care costs.

The project launched in 2013 with six workgroups: Quality and Performance Management (QPM); Population Health, Disability and Long Term Services and Supports (DLTSS); Care Models and Care Management (CMCM); Health Information Exchange/Health Information Technology (HIE/HIT); and Payment Models. Governor Peter Shumlin appointed a seventh workgroup on Workforce Development. Following this fall's reorganization, there will be four workgroups: Payment Model Design and Implementation, Care Delivery and Practice Transformation, Health Data Infrastructure, and Workforce Development.

Workgroup membership is made up from a broad cross-section of representatives from state agencies and departments, consumer advocacy groups, interest groups and the general public. Each workgroup has specific charters related to their scope of work and is expected to make recommendations to the VHCIP Steering Committee. In turn, the Steering Committee's job is to guide the executive or "Core Team" as the work of the grant goes forward. The Steering Committee is tasked with guiding the Core Team's decisions about investment of project funds, changes in state policy, and how to influence innovation in the private sector. The Core Team provides overall direction to the project, acts on guidance from the Steering Committee, and sets project priorities.

Accomplishments of VHCIP workgroups over the past two years include:

- ✓ a set of care management standards as guidelines for Accountable Care Organizations to operate and integrate with other health care entities to promote better health for the people of Vermont developed by the CMCM Workgroup
- ✓ an integrated care management learning collaborative in Rutland, Burlington and St. Johnsbury, intended to more completely weave the efforts of Vermont's Chronic Care Initiative (VCCI) into primary care practice. VCCI coordinates care and intensive case management services to Medicaid beneficiaries having one or more chronic conditions with a focus on improving outcomes and reducing unnecessary use of health care services. The CMCM workgroup launched these pilots.
- ✓ the Population Health Workgroup led a collaboration with the national Prevention Institute to examine the potential for establishing accountable health communities in Vermont. An Accountable Health Community engages healthcare entities,

including primary care practices and hospitals, as central partners in community-wide health improvement.

Realignment of workgroups resulted from a standard assessment of progress on the work of the grant. After discussions with CMMS-IC and comments from the workgroup members, the duties of four of the original workgroups were folded into new, expanded workgroups.

- The new *Payment Model Design and Implementation Work Group* incorporate the QPM, Population Health, and relevant parts of the DLTSS Work Groups' work plans, activities, and members.
- The new *Care Delivery and Practice Transformation Work Group* include the CCM and relevant portions of the DLTSS Work Groups' work plans, activities, and members.
- The new *Health Data Infrastructure Work Group* replaces the HIE/HIT Work Group.
- The current *Workforce Work Group*, established via executive order, remains.

The DLTSS and Population Health workgroups will continue to meet quarterly, however, as sub-groups to provide input into project activities. Transition to the new structure began in October.

More information on VHCIP, including membership lists, meeting minutes and schedules of upcoming meetings, can be found here: http://healthcareinnovation.vermont.gov/about_us

Contact Kathy Hentcy, Mental Health and Health Care Integration Director, DMH, at Kathleen.Hentcy@vermont.gov.

LEGISLATIVE AND REGULATORY

- **CON Implementation Report for Vermont Psychiatric Care Hospital**
The Department of Mental Health filed the 3rd Quarter CON Implementation Report with the Green Mountain Care Board on October 30, 2015. These quarterly reports are a condition of the Certificate of Need issued for the Berlin project and will be required until all project components of the Vermont Psychiatric Care Hospital are satisfied. Development and implementation of an Electronic Health Record is the single, major project component that is still in development. The hospital is otherwise fully operational. The CON report is posted on the DMH website at this link:
<http://mentalhealth.vermont.gov/sites/dmh/files/Facilities/VPCH/VPCH%20CON%20Imp%20Rpt%20Docket%2012-028-H%20%2010-30-15.pdf>

DISPERSED LEVEL I SYSTEM OF CARE

- **New Recovery Services Director**
Mark Holderbach, MSW, recently joined VPCH as Recovery Services Director. Mark is a Vermont Licensed Independent Clinical Social Worker (LICSW) with 20 years of

experience in the mental health field. Mark completed his undergraduate and graduate studies at San Diego State University, earning Bachelor degrees in psychology and in sociology, and a Master's degree in Social Work. He is excited to be part of enhancing the person-centered focus of services being delivered at VPCH. Mark worked most recently in Oregon as a clinical director of a residential recovery center serving clients with serious mental illness. He brings experience as a clinician, supervisor and administrator at a secure residential facility that worked with people discharging from one of the state hospitals in Oregon who were not ready for a traditional community placement. Mark is familiar with the hospital population, group activities, and recovery concepts. VPCH is pleased to have Mark fill the vacancy in this position.

STAFF ANNOUNCEMENTS

- **Matt Viens, J.D.**, is the new Senior Assistant Attorney General for the Department of Mental Health. He has been an AAG for 15 years, the past eight years at DMH and prior to that at the Department of Corrections. Matt is a University of Vermont graduate and earned his law degree at Vermont Law School. As the Senior Assistant Attorney General, Matt oversees a staff of six in the DMH Legal Unit. Although DMH staff will move to the Waterbury State Complex in early January, the attorneys and staff support personnel for the Office of the Attorney General representing Agency of Human Services departments will move in March. A native Vermonter from Waitsfield, Matt now resides in Burlington.