

COMMISSIONER'S MESSAGE

It is a privilege to be writing my first Commissioner's Message for the Advisory. I look forward to providing updates and information about mental health issues that will be of interest to its many readers across Vermont as we move forward. I was honored to accept the Governor's appointment to serve as Commissioner of Mental Health, and plan to embrace the challenges that this position holds and continue to advance the work of many others who have previously held this role. I am grateful for everything that I have learned from providers and advocates, from families and peers, and from staff and former commissioners with whom I have worked during my 30 plus year career in this field, sixteen years with DMH. I hope and expect that our diverse constituency will continue to help us work for improved access to services, continuous quality improvement, solutions to problems, and movement of individuals through the continuum of care. Integration of mental health in the health care system must be one of the driving forces for system change, calling upon all of us to see things in a new light, to consider alternatives, and to prepare everyone for a health care system that better responds to individual needs and provides improved outcomes for all. The fall season will be here soon, and so will the 2015 Department of Mental Health Fall Conference: *Promoting Health, Wellness and Recovery* on October 6 at the Lake Morey Resort in Fairlee, Vermont. I hope to see you there.

--- Frank Reed, Commissioner

DISPERSED LEVEL I SYSTEM OF CARE

- **The Brattleboro Retreat and Vermont's Transformation of Level I Mental Health Care**
By Frederick "Fritz" Engstrom, MD

Even before the flood waters from Tropical Storm Irene began to recede, the Brattleboro Retreat had agreed to accept 18 displaced patients from the devastated state hospital in Waterbury. They arrived in front of our admissions department on a bus just hours after the storm had subsided. Understandably, they were frightened, disoriented, and unsure of the future.

That night was the start of a journey that resulted in the Retreat building a permanent 14-bed unit for Level I psychiatric patients and becoming an integral part of Vermont's new decentralized system of mental health care.

We call this unit, which is located on the 4th floor of our Tyler Building, the Adult Intensive Unit (AIU). Through a partnership with the state, the Retreat completed a thorough remodeling project in March 2013 that transformed T-4 into a bright, modern, state-of-the-art hospital unit designed exclusively with inpatient psychiatric patients in mind. The end result could not have been achieved without input from the Retreat's Consumer Advisory Council whose members offered critical feedback, ideas, and suggestions on the project's design, and who continue to play a valuable role in helping the Retreat ensure that our patients'

needs are met. Unlike other programs at the Retreat, patients in our AIU tend to have extended lengths of stay that can last weeks or months. Most patients on the AIU are with us involuntarily. The unit was designed with this in mind and is outfitted with up-to-date safety features on doors and plumbing hardware as well as furnishings. A group dining area, computer room, and leisure activities room provide opportunities for patients to socialize, and the views from nearly every window on the unit are remarkable.

The unit is staffed by a dedicated team of physicians, psychiatric nurses, and mental health workers who are specially trained to care for this patient population. Key team members include:

- Frederick "Fritz" Engstrom, MD, the Retreat's Chief Medical Officer and Distinguished Life Fellow of the American Psychiatric Association
- Geoffrey Sinner, MD, the Unit Chief of the Adult Intensive Unit who is Board Certified in Psychiatry
- Mark McGee, MD, Board Certified Staff Psychiatrist
- Erika Heilig, RN, Nurse Manager
- Daniel Lang, OT
- Anne Clemente, LICSW, Lead Social Worker
- Emily Worden, MSW

Although the Brattleboro Retreat is a stand-alone psychiatric and addiction treatment hospital staffing 122 inpatient psychiatric beds, we do have an on-site, 24/7 medical clinic staffed by registered nurses and a team of licensed independent practitioners (APRNs and PAs) overseen by John Murphy, DO, director of Medical Services. Dr. Murphy and his team perform medical intake evaluations and attend to the increasing number of co-occurring medical conditions experienced by our patients. However, if a medical situation should rise to an emergency level, Brattleboro Memorial Hospital is conveniently located approximately a mile away. Expert consultation is also available onsite in the fields of geriatrics, addiction, forensic psychiatry, and neurology.

Because Level I patients often require a higher level of resources than other patients, the Retreat makes a variety of programming opportunities available to AIU patients. For example:

- **On-Unit Programming** includes Focus Groups and Process Groups. With the former, patients take part in simple activities and receive psycho-education along with help fostering dialogue and developing coping skills. With the latter, patients who are functioning at higher levels are encouraged to reflect on and discuss life issues and develop skills related to self-reflection, coping mechanisms, and techniques to process negative emotions. Pet therapy is also available to AIU patients with a once-weekly visit from a trained dog (and trained dog trainer). Contact with pets has been demonstrated to enhance mood, encourage interaction, and provide a source of joy.
- **Recreational Programming** includes playing indoor board games and taking part in semi-structured outdoor activities such as gardening, walking, and basketball. To facilitate safe outdoor programming, the Retreat constructed a secure patient courtyard where patients can enjoy fresh air and opportunities to participate in the above mentioned recreational pursuits without the risk of elopement or self-harm.

In addition the Retreat's AIU was designed to include an Alternative Low Stimulation Area (ALSA) with a living room and dedicated bathroom that provides agitated patients with an environment where they can regain their composure and practice—or begin to learn—self-soothing techniques. In fact, all new units at the Retreat include an ALSA and many older units have been

retrofitted with an ALSA as part of a comprehensive effort including intensive ongoing clinical staff education to reduce incidents of seclusion and restraint to the greatest degree possible.

Over the summer of 2015 the Retreat will be renovating several new areas within the hospital to support additional activities, including music therapy, movement therapy, a sensory room, and an art room. Creation of these areas is consistent with the Retreat's long-standing philosophy of providing patients with meaningful activities designed to promote overall wellbeing and recovery in an environment that is both safe and uplifting.

The Retreat's AIU is blessed to have a full-time occupational therapist, Daniel Lang, who works exclusively with patients on the AIU. Lang is a dedicated and skilled professional who works with patients to improve their basic functioning and activities of daily living along with other skills such as preparing meals and learning to navigate the various services in the community.

The unit's social work team, led by Anne Clemente, LICSW, complements this work by serving as liaison between patients and available social supports, providing aftercare planning, and conducting supportive psychotherapy.

In addition to providing expert psychiatric care, the Retreat has recently started a partnership with Albany Medical College. Medical students from Albany Medical College have the opportunity in their third and fourth years to spend four to six weeks on the AIU and other inpatient units, learning about the delivery of psychiatric care. .

We often admit patients who are experiencing acute psychiatric symptoms while refusing to take the medication(s) they need to alleviate those symptoms and begin to actively participate in recovery. This is a complicated situation, and we acknowledge that people of good conscience have a variety of opinions on the issue of involuntary medication. The Retreat has adopted the position that in a small number of cases, administration of involuntary medication is consistent with patient rights and part of our obligation as medical professionals to relieve suffering. As such, we have successfully advocated for changes in the judicial system that support patient-centered care while streamlining this process. This challenge accompanies our commitment to providing the highest possible quality of care for our AIU patients.

The Retreat is honored and privileged to be part of Vermont's new system of mental health care. The addition of 14 Level I patients to our mix of inpatient, outpatient, and partial hospital programs required some growing pains on a variety of levels. But we feel the end result has been extremely beneficial to the State and especially to our patients who might otherwise be at the former state hospital with its well-known challenges and limitations.

PROMOTING HEALTH, WELLNESS & RECOVERY

- **Lake Morey Resort, Fairlee, Vermont**, is the beautiful site of the Department of Mental Health's 2015 Adult Mental Health Conference on **October 6th from 9:15 to 4:30**
Register online at <http://mentalhealth.vermont.gov/node/1664>

All are welcome to the Department of Mental Health's conference, most especially peers, family members, hospital and community mental health providers, law enforcement, advocates, and interested stakeholders, on promoting the health, wellness and recovery of individuals who receive support from Vermont's adult mental health system.

A diverse group of workshop topics will include:

- ✓ Implementing the zero suicide model
- ✓ Applying recovery principles to practice
- ✓ Law enforcement and mental health collaboration
- ✓ Six Core Strategies ©: establishing a culture of care
- ✓ Health coaching to prevent chronic disease
- ✓ Evolving the system / new possibilities
- ✓ Engaging young adults with early episode psychosis
- ✓ Developing and supporting peer services
- ✓ How language can support recovery

Keynote presentations will feature:

- ✓ Courtenay M. Harding, Ph.D. – longitudinal studies on schizophrenia
- ✓ Dr. John Hughes – tobacco and marijuana cessation

Find details and register online or Jennifer.Rowell@vermont.gov or 802-828-1702.

LANGUAGE OF MENTAL HEALTH

- **Words Matter**

How Language Can Support the Process of Recovery is a topic of an afternoon workshop at the DMH fall conference in Fairlee, Vermont, on October 6th. The session will explore Borderline Personality and how stigmatizing language and attitudes affect relationships between clients and clinicians, and how such language impacts recovery. Concerns over language have been expressed at DMH meetings and, more broadly, arise in Agency of Human Services meetings among professionals who themselves may at times use words that are stigmatizing. To encourage greater self-awareness, DMH contributed an article about language for *Human Service Matters*, an AHS employees' newsletter.

Language of Mental Health

By Judy Rosenstreich

Vermont is one of the states in the forefront of statutory revision to ensure that our laws use respectful, non-stigmatizing language when referring to people with disabilities. In May of 2011, the Governor signed S.90 into law to ensure the state's statutes, policies and other documents use respectful language. The law created a working group to identify words that should not be used and words that offer a positive view of individuals who may have some type of mental health or other condition as part of their life experiences. The group reported their findings to legislative committees of jurisdiction in December, listing hundreds of specific words and phrases that were offensive to individuals with disabilities and suggesting replacement wording.

The task was successful despite the challenges of selecting wording that does not conflict with federal law and recommending guidelines to support state government agencies and departments to use respectful language. It is heartening that this effort achieved not only a sweeping number of statutory changes to existing law but also created a provision allowing Legislative Council staff to maintain respectful language in accord with the statutory intent into the future.

What we are now observing, however, is habitual use of stigmatizing language in conversation among many of us, including employees of the Agency of Human Services. Certain language habits are embedded in our culture and, without realizing it, phrases come out at meetings that are hurtful and stigmatizing, however unintentional. Examples are alluding to suicide as jumping off a bridge; describing a person or situation as schizophrenic; using words such as maniac, insane, or nuts; and referring to persons with a disability as handicapped.

Granted, it is not always certain what wording may be offensive and what replacement wording may be preferred. A first step is awareness and a willingness of others to speak up in the course of conversation, even at professional meetings within AHS and with our external partners, so that we can all learn to use respectful language. In the Department of Mental Health, constituents have reminded us that so much of our values are encoded in the words that we use. Just as understanding of and response to mental health issues evolves over time, how we express it, the words that we use, also has changed.

Words are triggers and can have stigmatizing effects. Part of the way that we can reduce stigma is to acknowledge the person first as in "this person has schizophrenia." According to the U.S. Department of Health and Human Services, one in five Americans will experience a mental health issue in their lives. Many feel stigmatized for their illness not only by strangers but also by friends, co-workers, and others. Language plays a big role in stigma and we must strive to change the words we use in conversation to respectful, first-person language just as Vermont statutes have been changed.

LEGISLATIVE AND REGULATORY

- **CON Report for Vermont Psychiatric Care Hospital**
Every three months, the Department of Mental Health must file a CON Implementation Report with the Green Mountain Care Board, which grants, monitors, and sets conditions on health care projects such as the new psychiatric facilities developed by the State. All except for the Vermont Psychiatric Care Hospital (VPCH) have satisfied CON reporting requirements and the obligation to report is complete. Reporting will continue for VPCH until a fully integrated Electronic Health Record is operational and the GMCB determines that no further reporting is required. DMH filed its last report on August 20th, providing an update not only on Health Information Technology but also on many of the hospital's departments. Use this link to read the report on the DMH website:
http://mentalhealth.vermont.gov/sites/dmh/files/Facilities/VPCH/CON_Imp_Rpt_VPCH_Docket_12-028-H_2nd_Quarter_82015.pdf
- **Joint Fiscal Office of the Vermont General Assembly**

As all agencies of state government begin working on their budgets for SFY 2017, the Administration Secretary sends out budget instructions. This and related documents are posted on the Joint Fiscal Office website. <http://www.leg.state.vt.us/jfo/>. The letter of instructions provides guidelines for DMH in beginning its analysis of the current year's expenditures, mid-year budget adjustments, and spending considerations for next year. To read the memorandum from Administration Secretary Justin Johnson, access this link: http://www.leg.state.vt.us/jfo/appropriations/fy_2017/FY%202017%20Budget%20Instructions%20-%20Administration.pdf

NATIONAL DISABILITY EMPLOYMENT AWARENESS MONTH – October 2015

- **Celebrating 70 Years! 1945 to 2015**

The DMH Supported Employment team, Laura Flint and Carolyn McBain, encourages agencies and individuals to plan for National Disability Employment Awareness Month, which is held each October. It is a time to celebrate the many and varied contributions of America's workers with disabilities. The theme for this year – which marks 70 years since the first observance – is “My Disability is One Part of Who I Am.”

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

- Vermont has applied to the Substance Abuse and Mental Health Services Administration (SAMHSA) for a planning grant to develop Certified Community Behavioral Health Clinics (CCBHCs). A maximum of 25 states will receive CCBHC planning grants of up to \$2 million to certify clinics as CCBHCs, establish prospective payment systems (PPS) for Medicaid reimbursable services, and seek a two-year demonstration to implement the CCBHC program. Ultimately, SAMHSA will select eight states to participate in a two-year demonstration project to adopt the CCBHC certification statewide and implement its prospective payment system. The State is excited to pursue this opportunity to further develop the state's mental health and substance use treatment system. It promises to improve care integration and coordination across mental health, substance use, and physical health care. CCBHCs also will allow for more consistent implementation of evidence-based practices with a goal of improving access to high quality care.

If funded, CCBHCs in Vermont would focus on providing services for...

- Adults with serious mental illness,
- Children with serious emotional disturbance, and
- Individuals with long term and serious substance use disorders.

DMH submitted the planning grant application on August 5, 2015, and included detailed information on how CCBHCs would be certified, the services that they would provide, how the state would develop its PPS rate, how data would be collected and analyzed, and how the state would approach developing a two-year demonstration program. In the grant application, Vermont identified four Designated Agencies that would become

CCBHC's: Washington County Mental Health Services, Northwest Counseling and Support Services, Howard Center, and Counseling Service of Addison County. The application indicates that our State will work toward establishing a monthly PPS rate as part of the demonstration.

If awarded the planning grant, the state will create a CCBHC planning grant website through which to share information with the public. In addition, Vermont plans to leverage the many existing stakeholder groups involving consumers, family members, providers and other stakeholders to obtain active input and feedback. The State also expects to develop an operational work group to assist in implementation planning.

Further information about the planning grant opportunity is available on SAMHSA's website at <https://www.samhsa.gov/grants/grant-announcements-2015>. Stakeholders interested in being placed on the State's email list for notification about the grant's progress may email Pam Shover at Pamela.Shover@vermont.gov.

COMMUNITY PARTNERS

- **Me2/Music for Mental Health** <http://me2orchestra.org/>
Me2 presents musical programs that encourage dialogue about mental health issues and help to erase the stigma surrounding mental illnesses. The Me2/ Orchestras in Burlington and Boston are reaching new audiences in town halls, psychiatric clubhouses, and youth centers. Me2 performs in correctional facilities and increasingly diverse venues. Contact Caroline Whiddon, Executive Director, caroline@me2orchestra.org or (802) 238-8369.

BURLINGTON, VT: September 10 – So. Burlington High School (open rehearsal)
October 22 – King Street Youth Center

BOSTON, MA: September 14 – Hope Central Church, Jamaica Plain, MA
September 28 – Hope Central Church (Art Week open rehearsal)

- **NAMI Vermont** <http://namivt.org/>
The Vermont Community Foundation has granted NAMI Vermont funds to implement a Connection Recovery Support Group at the Vermont Psychiatric Care Hospital. NAMI has established support groups for psychiatric units at Rutland Regional Medical Center and Brattleboro Retreat. Laurie Emerson, Executive Director of NAMI, is working with VPCH staff on a project plan. During its first year of operation, VPCH has engaged in the process of learning and responding to ways to fully realize the potential of its state-of-the-art program of space. Through its Advisory Committee, which meets monthly and is open to the public, stakeholders hear reports from the CEO, Medical Director, and senior staff for nursing, quality, operations, policy and other areas of staffing. Laurie Emerson is a member of the VPCH Advisory Committee and engaged in this process. Interested persons may contact Jeff Rothenberg at jeff.rothenberg@vermont.gov or (802) 828-2821.