VERMONT
DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH UPDATE
October 21, 2008

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.

1938 The Vermont Association for Mental Health (VAMH) has worked on a variety of fronts for 70 years to improve conditions for children, adolescents and adults living with mental illness. Founded as a broad-based citizens' organization, VAMH brought together socially conscious, public-spirited Vermonters interested in supporting better mental health treatment at the Vermont State Hospital, creation of community-based services, and public understanding of mental health. Since 1961, VAMH has offered approximately thirty young Vermont children, who are coping with serious mental health issues, a summer camp experience. For more than four decades, Camp Daybreak also has been a training ground for high school aged Vermont students who serve as big brothers and big sisters. In the 1980s the Department of Mental Health recognized the need for a public education component to support mental health programs, and began funding VAMH to support the Association's engagement in public policy discussions. The Association remains a citizens' group with an independent voice, relying on memberships and other non-state sources for a majority of its funding. In the past 25 years, VAMH has taken up challenges that have had an impact on the mental health of Vermonters , including its successful role in passage of mental health parity legislation, increased funding for mental health, recognizing and challenging stigma and discrimination and integration of health and mental health care.

The Vermont Association for Mental Health to Hold 70th Annual Conference

The Vermont Association for Mental Health (VAMH) will celebrate its 70th anniversary at its upcoming annual conference on Tuesday, October 28, 2008 The one-day event will feature keynote presentations from political candidates and many workshops addressing mental health and substance use issues. The conference will be held at the Capital Plaza in Montpelier. For more information, contact VAMH at 802-223-6263 or by e-mail at vamh@aol.com

ADULT MENTAL HEALTH

Brian Smith Receives HUD Outstanding Achievement Award

The U.S. Department of Housing and Urban Development (HUD) has announced the recipients of its 2008 HMIS Outstanding Achievement Awards. The agency awards these accolades to individuals, organizations and communities who have demonstrated outstanding achievement in developing Homeless Management Information Systems. Brian Smith, Housing Specialist for the Department of Mental Health, has been honored to receive the *HMIS Partnership Award* for 2008. This award is in recognition of Brian raising awareness of HMIS as an effective tool for data management with other Federal funders of homeless services. HUD states " Brian has been a key player in advocating for adoption of HMIS with both the Department of Health and Human Services (HHS) Projects in Assistance for Transition from Homelessness (PATH) and with the HHS Runaway and Homeless Youth Programs."

Rutland ElderCare Clinician Receives Two Agency Awards

A Rutland Mental Health Services (RMHS) clinician who solely provides outreach mental health services to older adults in the Rutland area has received two agency awards. Cinda Payton, an ElderCare Clinician who has worked for RMHS in a variety of capacities for 21 years, has recently received the agency's Don LaRouche Spirit Award. This award, named after a former RMHS clinician, honors an employee of each of the agency's 4 divisions who best displays integrity, respect, accountability and excellence in practice. Cinda has also been honored to receive Rutland Mental Health Services' 2008 Employee of the Year award for "excellence, innovation and passion in service."

Cinda has been an ElderCare Clinician with RMHS since the Program's inception in 2000, but is co-located at the Southwestern Vermont Council on Aging office. Cinda's physical location at this local Area Agency on Aging facilitates referrals of community elders who are in need of a mental health assessment or mental health treatment. In Fiscal Year 2008, Cinda provided mental health services to 62 people in their homes or in their communities, thirty per cent of whom were over age 80. Many of these individuals were experiencing depression or anxiety that threatened their ability to live independently.

Recruitment for State Standing Committee for Adult Mental Health

The State Standing Committee for Adult Mental Health is recruiting to fill the following three vacancies that it has currently: a consumer member, a provider member from a designated agency, and a family member of an adult with severe mental illness. A person with a dual diagnosis of mental illness and substance abuse might also fill one of these vacancies. Governor-appointed members typically have three-year terms.

The Standing Committee meets monthly, usually on the second Monday of the month. The meetings are held in the State Office Complex in Waterbury, from 1:00 until 4:30 in the afternoon. Responsibilities of the Standing Committee include advice on hiring of key management staff in the Department of Mental Health (DMH), evaluation of the quality and responsiveness of services offered statewide, input into the *State System of Care Plan*, departmental policies, grievances and appeals, and other aspects of the operations and performance of the public mental-health system.

Geographical diversity is an important consideration for membership. Interested applicants from the following areas are urged to apply: Addison, Chittenden, Lamoille, and Orange counties, the Northeast Kingdom, and Franklin and Grand Isle counties.

Please contact Melinda Murtaugh at 652-2000 or mmurtaugh@vdh.state.vt.us for additional information about membership.

Conference on Cognitive Therapy For Psychosis

The Counseling Services of Addison County and the Vermont Department of Mental Health are co-sponsoring a conference entitled *Cognitive Therapy For Psychosis* with David G. Kingdon, MD on November 20th and 21st, 2008. The two-day conference will be held at Middlebury College's Kirk Alumni Conference Center in Middlebury.

David Kingdon M.D. is Professor of Mental Health Care Delivery at the University of Southampton, UK. He has previously worked as Medical Director for Nottingham Health Care Trust and Senior Medical Officer (Severe Mental Illness) in the Department of Health. He chaired the Expert Working Group leading to the Council of Europe's Recommendation 2004(10) on Psychiatry and Human Rights (1996-2003) and was involved in developing the UK Department of Health National Service Framework for Mental Health. His research interests are in cognitive therapy of severe mental health conditions and mental health service development on which he has published about 100 papers, chapters and books including lead authoring *Cognitive Behavior Therapy in Schizophrenia* (1994) Guilford Press; *A Case Study Guide To Cognitive Behavior Therapy In Psychosis* (2002) Wiley; *Cognitive Therapy In Schizophrenia* (2005) Guilford Press; and *Tackling Mental Health Crises* (2006) Routledge. He also co-authored *Cognitive Therapy For Severe Mental Illness* (2008) APPI. He is visiting Professor at State University of New York and has given many invited workshops and lectures nationally and internationally including at the American Psychiatric Association Annual Conferences (2002-8) and in many other countries.

Thursday November 20th will focus on **Cognitive Therapy (CT) for Psychosis**. The presentation will include a brief review of the evidence supporting CT for schizophrenia and other psychotic disorders. Techniques used will be described and clinical applications demonstrated including a review of applications addressing hallucinations, delusions, thought disorder, negative symptoms, and compliance management. Friday November 21st will be devoted to a **Clinical Applications Workshop**. This workshop will be an opportunity for clinicians interested in applying the model in their clinical work to further develop their knowledge and skill in a smaller more interactive workshop format. Participants will be encouraged to contribute their own experiences of working with people with severe mental illness to the discussion. It is requested that participants of the workshop attend the first day. (Limited enrollment)

The cost for the Day 1 (conference only) is: $120 (lunch not included). Both days (conference and workshop) are $230. Call Pat at 388-6751, x165 or email patl@csac-vt.org. Limited scholarships are available for staff from designated community mental health agencies. For more information, please contact Patty Breneman at the Department of Mental Health (DMH) at 652-2000 or pbrenem@vdh.state.vt.us. Consumer/family scholarships are also available. If you intend to apply for a scholarship, please contact DMH prior to registering for the conference.

CHILDREN'S MENTAL HEALTH

Vermont Receives Youth Suicide Prevention Grant

The Center for Health and Learning in southern Vermont collaborated with DMH to apply for a Garrit Lee Smith grant on youth suicide prevention from SAMHSA (Substance Abuse and Mental Health Services Administration). Vermont was awarded the grant of $500,000 for each of the upcoming three years. This funding will advance the DMH youth suicide prevention planning work done a few years ago; the report of this work, *Vermont's Youth Suicide Prevention Platform*, can bee seen at http://healthvermont.gov/mh/docs/cafu/2005/VTSuicidePrevnPlan0905.pdfTe . Since the Center for Health and Learning is the recipient of the grant funds, the work can begin immediately. The two main goals of this grant are:

- to provide "gate keeper" training for individuals who interact with youth age 13-18
- to educate the public about the facts that mental health mental health issues are treatable, treatment is available, there are effective ways to help a youth in need

Act 264 Advisory Board Prepares for Developing 2009 Recommendations

On October 10, 2008 the Act 264 Advisory Board met with Local Interagency Teams (LIT) and advocates to plan for the recommendations for 2009. The board focused it's questions and the conversation on the needs of children with developmental disabilities. The board heard from several LIT's about the ongoing funding challenges but also learned about creative solutions for fund-sharing to get children the services they need. The LIT's were represented by LIT coordinators, mental health providers, Department of Children and Families' Family Services District Directors, field services representatives and developmental services providers. The board will be drafting recommendations and meeting with Department Commissioners in the next few months.

FUTURES PROJECT

Consultation Group discusses crisis bed and residential care programs

Participants at the October 16 meeting of the Consultation Group discussed consumer and family member experience in using crisis bed and residential care programs. The feedback from this meeting will provide input to the Futures Project Care Management System planning process. Themes emerging from the discussion and common to both settings included:

1. The need to take a holistic approach by addressing individual spiritual needs and cultural differences as well as one's mental and physical condition: This would require that programs consider an array of approaches to Recovery, provide adequate medical (and dental) assessment and follow-up care, and make sites and transportation vehicles easily accessible to people with physical disabilities.

2. The need to have staff who are knowledgeable about mental illness, substance abuse and other health conditions common to consumers: this would require skilled staff with access to back-up specialty consultation in a timely fashion (especially at night).

3. The need to involve peers in more ways that are different and creative, and in enhanced partnership with professionals: This might include such things as having peers on call as peer buddies to support individuals who are in crisis; the peers would work in tandem with the program professionals.

4. The need in long term residential programs to foster a culture of innovation in support of Recovery: This would include active efforts to use daily life experiences to foster individual capabilities, and to connect residents to opportunities in the community for such things as supported employment and participation in local social events.

Care Management Steering Committee Meets

The Steering Committee for the Care Management System Design met on October 14 at the Department of Mental Health. The purpose of the meeting was to review the proposed draft outline of the report on options for the care management system that is to be developed by the University of New England Center for Health Policy, Planning and Research. The group discussed a number of issues involved in designing an integrated care management system. These included the importance of medical and mental health assessments of patient needs in hospital emergency rooms. The Committee considered the related issue of what integration of mental health with other health services means. Discussion also focused on ways to get more representative input from consumers around the state. The Vermont Council agreed to work with Designated Agency Standing Committees to involve more consumers in providing input at the local level. And, DMH will establish a process with the consultants for detailed discussion and review of proposed options and recommendations for the design of the system.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

VISI Staff Transition to Accept New Jobs

Paul Dragon, Director of the VISI Project, will be leaving his position with VISI at the end of November to become Director of the Reach Up Program for the State of Vermont. Reach Up, a program of the Department of Children and Families' Economic Services Division, helps families with children by providing cash assistance for the basic needs and services that support work and self-sufficiency.

Kathy Browne, the VISI program Coordinator will also be leaving the VISI Program in November to work as a social worker with the Veterans' Administration's homeless program.

In spite of these staff changes, DMH and ADAP are committed to continuing the major components of the VISI initiative including the goal of better integrating mental health and substance use services and systems. ADAP and DMH will be outlining their transition plan in the next few weeks which will include how the functions and responsibilities within VISI will continue.

Paul and Kathy have done an outstanding job of advancing the work of integrated services, and will be missed by all who had the privilege of working with them. We all wish them well with their new opportunities.

DRAFT: Department of Mental Health (DMH) and the Alcohol and Drug Abuse Programs (ADAP) Joint Policy Expectation on *Assessment*. Please let us know your thoughts and comments by e-mailing pdragon@vdh.state.vt.us

Background

This is the *second* in a series of policy memoranda that will be issued jointly by ADAP and DMH in support of the implementation of the AHS Policy on the implementation of a Co-occurring Capable System of Care for individuals and families with co-occurring mental health and substance use conditions in the state of Vermont. This memorandum and the subsequent ones are intended to provide consistent policy direction to providers, clinicians, consumers and families about all aspects of clinical practice that relate to co-occurring capability. Further, these memoranda are intended to be a vehicle by which ADAP and DMH can communicate to the field in an "integrated" manner, demonstrating that we are all moving together, in partnership, to achieve a common vision.

These policy memoranda are informed by the activities of the Vermont Integrated Services Initiative, and specifically by the VISI Clinical Practices Committee. It is the intention of DMH and ADAP that this policy memorandum is carefully reviewed by a wide array of stakeholder representatives in an organized process that includes the VISI Clinical Practices Committee, the 26 VISI Change Teams, and the VISI Forum. Through these guidelines we hope to affect front line clinical best practice and match it to the needs and desires of consumers and families working toward recovery.

This policy memorandum addresses integrated assessment for people with complex needs, since this is a critical element of a system with "no wrong door". As such, it is a vital step in the process of integrated treatment. Subsequent memoranda will address integrated treatment planning, recovery planning, stage matched interventions, skill based interventions, peer support and other topics.

JOINT POLICY EXPECTATION ON ASSESSMENT

Assessment is a process for defining the nature of a problem and developing specific treatment recommendations for addressing the problem. It is the joint expectation of both DMH and ADAP that providers will conduct an integrated assessment that includes the 11 specific steps in the assessment process. ADAP as part of these 11 steps is requiring the use of either the Addiction Severity Index (ASI); 2) the Global Appraisal of Individual Needs (GAIN) or 3) a reliable and valid tool approved by the ADAP Chief of Treatment in its ***adult programs*** and the 1) the Global Appraisal of Individual Needs: 2) the Teen Addiction Severity Index; 3) the Juvenile Automated Substance Abuse Evaluation; or 4) a reliable and valid tool approved by the ADAP Chief of Treatment in its ***adolescent programs***. For adolescents, tools #2 and #3 must also be paired with one of the following diagnostic tools: 1) the Practical Adolescent Dual Diagnostic Interview 2) the Vermont Structured Diagnostic Interview.

DMH does not have a required tool at this time. However, the ADAP menu of tools for both adults and adolescents are components of the DMH expectation for integrated assessment and meet the DMH and Medicaid standard for Diagnosis and Evaluation.

DMH and ADAP:11 Steps in the Assessment Process

1. **Engage the Consumer in a Person-Centered Assessment:** The first step in the process is to engage the client in an empathic, safe, culturally competent, traumatic, sensitive and welcoming manner and to build a rapport to facilitate open disclosure of complex health conditions.
2. **Identify and Contact Support System:** It is recommended that assessments include routine procedures for identifying and contacting family and other support people who may have useful information to provide and supplement the client's own report. This must be done in accordance with guidelines and laws regarding confidentiality and with the patient's permission**.**
3. **Address both Mental Health and Substance Use Condition:** The content of the assessment should include a) screening for acute safety risk related to serious intoxication and withdrawal b) screening for past and present substance use c) screening for suicide, violence, inability to care for oneself, HIV and hepatitis C virus risky behaviors, and danger of physical or sexual victimization d) screening for past and present mental health symptoms and disorders e) screening for cognitive and learning deficits f) screening for past and present victimization and trauma.
4. **Determine Level of Care:** The ASAM PPC-2R provides a mechanism to determine level of care for individuals with substance use conditions. The process involves consideration of six dimensions (See User's Guide).
5. **Determine Diagnosis:** The first step in determining the diagnosis is to determine if the client has or has had a diagnosis and then attempt to tie any mental health symptoms to specific periods of time in the client's history in particular those times when active substance use disorder was not present.
6. **Determine Disability and Functional Impairment**: This determination helps to identify the need for case management and/or higher levels of support and level of care.
7. **Identify Strength's and Supports**: Attention to the individual's current strengths, skills, and supports in terms of life functioning and in relation to his or her ability to manage mental health and substance use conditions.
8. **Identify Cultural Needs and Linguistic Supports**: At minimum should address how the person fits into the treatment culture for both mental health and substance use and identify cultural and linguistic barriers as well as problems with literacy.
9. **Identify Problem Domains**: A review of challenges in multiple life domains including family, medical, legal, vocational and social is important to achieving better outcomes.
10. **Determine Stage of Change**: This is a key evidence-based practice for treatment matching of individuals with COD in both substance use and mental health services.
11. **Plan Treatment**: A major goal of the screening and assessment process is ensure the client is matched with appropriate treatment. Treatment interventions should be matched individually to needs of each client.

Conclusion
We welcome all providers and stakeholders to join us in a continuing partnership to improve the quality of our services for individuals and families with co-occurring conditions.

VISI Resources
Please check out the VISI website at http://healthvermont.gov/mh/visi/.aspx

The VISI Resource Book with co-occurring information for consumers is now on the website or you can e-mail or call Patty Breneman at pbrenem@vdh.state.vt.us or 652-2033. They are a great addition to a waiting room or to give as handouts to consumers, peers and family and support people.

VERMONT STATE HOSPITAL

Pharmacy Services at VSH
The Pharmacy at the Vermont State Hospital is a small but very efficient operation staffed by licensed pharmacist Mary Beth Bizzari and licensed pharmacy technician Jeni Roggensack.

In addition to purchasing and maintaining the inventory of medications at the State Hospital, the Pharmacy staff responds to written physician orders prescribing medications for individual patients. The orders are evaluated to ensure that they fall within expected professional standards and that there are no obvious potential interactions with other medications that are prescribed for the patient. The orders are then entered into an electronic system which organizes the data and generates a patient-specific Medication Administration Record which is used by the nurses to document the administration of the medication. Mary Beth and Jeni then ensure that the correct medication is available on the inpatient units for each patient.

It is challenging to ensure that the right medication, in the right dose, by the right route, at the right time, goes to the right patient. Nevertheless, Mary Beth and Jeni strive to make their part of the process as accurate and reliable as possible.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 47 as of midnight Monday. The average census for the past 45 days was 47.