VERMONT
DEPARTMENT OF HEALTH
Agency of Human Services

Mental Health Update

June 17, 2005

Mobile Methadone

The mobile methadone clinic in Newport is planning to open on or before July 18, and it looks favorable for a St. Johnsbury opening in mid-July also.

A request has been made to BISHCA regarding the change of the dispensing location in St. Johnsbury from Bay Street to the Northwest Regional Medical Center parking lot. BAART Behavioral Health Services-VT (BBHS-VT) is submitting required documentation demonstrating support for the change, from the Department of Health, Northeast Regional Medical Center and the St. Johnsbury Planning Committee. The St. Johnsbury Planning Committee met on June 15 and approval was given for dispensing at the hospital parking lot. While plans for this site are being finalized, BBHS-VT may dispense temporarily from the Bay Street location.

Transportation and Restraint

A work group met on June 8 to put finishing touches on "Guidelines for Involuntary Mental Health Transportation" (See Update, May 27; final draft is posted on the Weekly Update web page), and suggested language for the contract between the Agency of Human Services and Vermont Sheriffs Departments that covers the transport of individuals detained and taken to hospitals for evaluation under Vermont law for an emergency examination. The guidelines try to balance the need for safety and security for all concerned, with the statutory requirements that transport also be done in a manner that prevents physical and psychological trauma, respects the privacy of the individual, and represents the least restrictive means necessary.

The guidelines do not prescribe specific criteria or procedures, but rather present overall principles that can be used by professionals on the scene in pursuit of the gentlest treatment that also is safe.

Compared to common practice in the past, the guidelines propose several changes in the manner in which transport is provided:

1. the decision of whether to use sheriffs departments for transport will be made on a case-by-case basis.
2. ambulance transport will be used whenever there is need for medical oversight or intervention.
3. when restraints are necessary for safety, non-metal restraints are the preferred option, and restraints will be as unobtrusive as possible.
4. training for local law enforcement staff will be offered by the Vermont Police Academy on a regional basis.
5. whenever possible, sheriffs departments will use unmarked cars and officers in plain clothes.

In addition, the Department of Health is working with Vermont hospitals to develop guidelines covering the escort of patients within hospital campuses, as required by statute.

Clinical Definitions Meeting

More than two dozen CRT directors, medical directors, community members and other stakeholders met in Berlin on June 3 to discuss developing common clinical definitions for the different levels of care called for in the Futures Report. The meeting, which focused on the clinical elements of a statewide care management system, was the second in a series sponsored by the Vermont Association of Hospitals and Health Systems and the Vermont Council of Developmental and Mental Health Services. Notes from the meeting are posted on the Weekly Update web page.

Adult Standing Committee Members Consider Futures Implementation

Members from eight of the 10 local adult program standing committees gathered on June 10 to review the plans and progress to date in developing community programs called for in the Vermont State Hospital Futures Plan. Presentations were offered on the sub-acute rehabilitation program, the secure residential program, and the care management system. Feedback was received from committee members about the developing programs and gaps in existing resources. Highlights included the need for more affordable housing, more support services to assist people to be independent, and more psychiatry staff time. The participants reached consensus in support of the overall direction for the community-based programs being developed.

Futures Planning Meetings Are Public

Planning meetings related to the Futures Project are open to the public.

Brattleboro Retreat Unit Reviewed

On June 8 and 9, the Department of Health conducted its quality review of the Brattleboro Retreat's Inpatient Children and Adolescent Unit (Tyler 3). This was the first official quality review after working with Retreat officials for about nine months to develop standards. The Division of Mental Health team of reviewers (Patti Barlow, Charlie Biss, Bill McMains, and Cindy Thomas) felt that the review went very well and the most notable outcome was the determination that the unit's use of seclusion and restraints has decreased significantly in the past six months.

Retreat Announces New Children's Inpatient Program

Retreat Healthcare announced today the opening of a dedicated unit designed to meet the needs of children and pre-adolescents. Although the Retreat has historically offered treatment for this population, children will now occupy expanded space apart from adolescents, with specialized programming to serve more children and families.

The12-bed unit is staffed by professionals with specialized training in child psychiatry, psychology, clinical social work, nursing, art therapy, and activity therapy. The program is designed to provide short-term, specialized inpatient care for children ages 5-12 with serious

social, emotional, and psychological disorders that have led to disruptive and maladaptive behaviors and relationships.

Psychiatric services are provided by Drs. Desiree Biesheuvel and Robyn Ostrander, both of whom completed their child and adolescent psychiatry fellowships at Dartmouth-Hitchcock Medical Center, and Dr. William Knorr, chief of child/adolescent services, who is board certified in general psychiatry, child psychiatry, and pediatrics.

Dr. McKenna Situation

Last week, Dr. Peter McKenna of Essex Junction had his license suspended based on allegations of inappropriate contact with a patient. Dr. McKenna was treating a number of patients, both public and private, who were receiving ongoing buprenorphine therapy for opioid addiction. Dr. John Brooklyn and the Chittenden Center are now serving any of Dr. McKenna's patients who request services. The Health Department is collaborating with the Office of Vermont Health Access and Dr. Brooklyn to contact all these patients. The goal is to make firm referrals of any patient needing ongoing therapy to an appropriate physician. The Chittenden Center and Dr. John Brooklyn have gone out of their way to step in to help these patients.

FAHC Contract

The Governing Body on Wednesday favorably reviewed the FAHC contract, as posted on the Weekly Update page last week. The contract now awaits final administration approval and signatures before being put into place on July 1.

ONH Census

Vermont's system of community-based designated agencies provides mental-health services to approximately13,000 adult clients each year. A small fraction of these clients — around one-tenth of 1 percent — are on a form of involuntary legal status called an order of non-hospitalization (ONH). The clinical criteria for an ONH are that a person

- must have a serious mental illness,
- must be in need of treatment,
- does not require inpatient care to get that treatment,
- does not necessarily want to get the treatment or recognize the need for it, and
- must have a history of becoming dangerous to self or others without treatment.

An ONH is ordered by the court and is tailored to each individual's treatment needs. The orders usually include provisions for psychiatric medication(s) and other community-based services and supports as prescribed by a physician. The minimum length of an ONH is 30 days and the maximum length is one year. ONHs may be renewed by the courts based on an application for continued treatment.

The mental health legal unit has always tracked individual orders of non-hospitalization. In order to facilitate tracking trends in ONHs, staff have recently been creating monthly charts on the number of ONHs. The most recent ONH data show that the number of people on ONHs in Vermont has been fairly stable, at between 150 and 155 during 2005.

The Department of Health would like all treatment for mental illness to be voluntary, but the state-of-the-art treatments available today still do not reach that ideal. Reports such as these ONH charts help to identify trends and evaluate how the system is doing.

HUD Continuum of Care Application

The Vermont Coalition to End Homelessness, on behalf of the Agency of Human Services, submitted the annual "Balance of State Continuum of Care Application" to HUD this week. This application requests $1.2 million in renewal funds for existing housing programs funded by the McKinney-Vento program to end chronic homelessness. The State Interagency Council to End Homelessness ranked and prioritized the projects. The first five priorities went to serving chronically homeless individuals with mental illness. HUD continues to emphasize serving people who are "chronically homeless," which means having been homeless for the past year, or episodically homeless four times in the past three years.

The programs seeking renewal funding are: Hill House of the Counseling Services of Addision County; the Safe Haven program run by Vermont Psychiatric Survivors and the Clara Martin Center, the Northeast Kingdom Human Services Transitional Housing program and 174 North Main Street of Northwest Counseling and Support Services. The application also requests funding for eight new Shelter Plus Care housing subsidies in Lamoille and Orange counties. The housing coordinator staffs of all 10 designated agencies invest significant time into developing this application. In addition, consumers and family members attend local meetings and provide critical testimony about the need for more affordable housing in Vermont communities. Without their efforts, Vermont would not be able to mount a competitive application for these critical housing resources. It will be several months before HUD indicates whether or not the application will be scored highly enough to be funded.

VSH Facilities Improvements

New developments in the effort to improve the physical environment at Vermont State Hospital: The Brooks 2 yard light was recently replaced for improved safety and security. Brooks 2 will convert its storage room to a Quiet Room for patients when the electrical panels are moved to the attic (the panels will be moved no later than July 1). The room will be painted and new furniture purchased. Shoring of the Brooks 2 and Brooks 1 porches has been completed. There are new fire doors in the main hallways on Brooks 1 and Brooks 2. More furniture is on order to replace worn furniture.

VSH Census

The Vermont State Hospital census was 50 as of midnight Thursday night. The average census for the past 45 days was slightly more than 48.

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