

The House Committee on Human Services appreciates the opportunity to comment on the mental health budget for fiscal year 2015. In evaluating the current state of Vermont's mental health system, the Committee is distressed to find that in a mere two years after the passage of Act 79 (2012 Acts and Resolves, No.79) the commitment to community-based psychiatric care has eroded. This has occurred for a number of reasons, including higher than anticipated overhead costs for operating the Vermont Psychiatric Care Hospital and federal cuts to housing expenditures. Due to these pressures, housing subsidies cannot be backfilled, the opening of Soteria House will be delayed, seven authorized intensive residential recovery beds in Chittenden County are on hold indefinitely, and the warmline is not operating on a 24/7 basis.

The Committee recommends the following amendments to the mental health system as a result of its findings:

Sec. A. SOTERIA HOUSE

If the Commissioner of Mental Health determines that Soteria House is available to accept residents prior to January 1, 2015 and there are funds available in the Department's budget, the Commissioner shall prioritize the opening of Soteria House ahead of other expenditures.

Sec. B. 18 V.S.A. § 7902 is amended to read:

§ 7902. INTERSTATE TRANSFERS

(a)(1) The transfer of nonresident patients to out-of-state facilities shall be governed by the Interstate Compact on Mental Health.

(2) The Commissioner shall present a proposal of any contract contemplating the out-of-State inpatient treatment of a person in the custody of the Commissioner to the committees of jurisdiction during the legislative session, or to the Health Care Oversight Committee and Mental Health Oversight Committee while the General Assembly is adjourned.

(b) The transfer of nonresident patients from an out-of-state institution or hospital to a hospital in Vermont for the purpose of being near relatives or friends shall be in the discretion of the ~~commissioner~~ Commissioner who shall take into consideration the relationship of the patient

to his or her family, legal guardian, or friends, in order to maintain those relationships and encourage visits beneficial to the patient.

#### Sec. C. MENTAL HEALTH BUDGET PRESENTATION

The Departments of Mental Health and of Vermont Health Access shall present a unified expenditure analysis to the General Assembly for all proposed inpatient psychiatric care funded by the State in fiscal year 2016 and thereafter. The analysis shall distinguish between each of the following funding categories:

- (1) level 1 inpatient psychiatric services;
- (2) other involuntary inpatient psychiatric services;
- (3) inpatient services for community rehabilitation and treatment clients; and
- (4) inpatient services for other Medicaid patients.

Sec. D. 18 V.S.A. § 7511 is amended to read:

#### § 7511. TRANSPORTATION

(a) The ~~commissioner~~ Commissioner shall ensure that all reasonable and appropriate measures consistent with public safety are made to transport or escort a person subject to this chapter to and from any inpatient setting, including escorts within a designated hospital or the Vermont State Hospital or its successor in interest or otherwise being transported under the jurisdiction of the ~~commissioner~~ Commissioner in any manner which:

- (1) prevents physical and psychological trauma;
- (2) respects the privacy of the individual; and
- (3) represents the least restrictive means necessary for the safety of the patient.

(b) The ~~commissioner~~ Commissioner shall have the authority to designate the professionals or law enforcement officers who may authorize the method of transport of patients under the ~~commissioner's~~ Commissioner's care and custody.

(c) When a professional or law enforcement officer designated pursuant to subsection (b) of this section decides an individual is in need of secure transport with mechanical restraints, the reasons for such determination shall be documented in writing.

(d) It is the policy of the ~~state~~ State of Vermont that mechanical restraints are not routinely used on persons subject to this chapter unless circumstances dictate that such methods are necessary.

(e) The Commissioner shall not enter into a contract with any designated professionals or law enforcement officers for the transport of persons pursuant to part 8 of this title unless by entering into the contact, the designated professionals or law enforcement officers agree to comply with the provisions of this section.

#### Sec. E. INTENT; ELECTRONIC HEALTH RECORDS

It is the intent of the General Assembly that on or before January 1, 2017, the Vermont Psychiatric Care Hospital shall have transitioned to the sole use of electronic health records. During the presentation of the Department of Mental Health's fiscal year 2016 budget, the Commissioner shall present a plan for funding the transition to electronic health records at the Vermont Psychiatric Care Hospital to the Senate Committees on Appropriations and on Health and Welfare and to the House Committees on Appropriations and on Human Services.

#### Sec. F. CONTINGENCY PLANS FOR INPATIENT PSYCHIATRIC SYSTEM

On or before June 1, 2014, the Commissioner of Mental Health shall report to the Health Care Oversight Committee and to the Mental Health Oversight Committee on the Department of

Mental Health's contingency plans for any unanticipated delays in opening the Vermont Psychiatric Care Hospital or closures of units within the no refusal system as defined in 18 V.S.A. § 7252.

Sec. G. 18 V.S.A. § 7256 is amended to read:

§ 7256. REPORTING REQUIREMENTS

(a) Notwithstanding 2 V.S.A. § 20(d), the ~~department of mental health~~ Department of Mental Health shall report annually on or before January 15 to the ~~senate committee on health and welfare and the house committee on human services~~ Senate Committee on Health and Welfare and to the House Committee on Human Services regarding the extent to which individuals with mental health conditions receive care in the most integrated and least restrictive setting available.

The report shall address:

- (1) Utilization of services across the continuum of mental health services;
- (2) Adequacy of the capacity at each level of care across the continuum of mental health services;
- (3) Individual experience of care and satisfaction;
- (4) Individual recovery in terms of clinical, social, and legal outcomes; and
- (5) Performance of the ~~state's~~ State's mental health system of care as compared to nationally recognized standards of excellence.

(b) On or before the 10th of each month from January through May, the Department of Mental Health shall submit to the Senate Committee on Health and Welfare and to the House Committee on Human Services a written report containing data from the preceding month on the following topics:

- (1) percent utilization of inpatient crisis beds;

(2) level 1 inpatient capacity and utilization;

(3) total number of involuntary admissions, including a comparison of level 1 and non-level 1 involuntary admissions, capacity, and utilization;

(4) emergency and forensic admissions at the Vermont Psychiatric Care Hospital and other designated hospitals; and

(5) wait times at emergency departments and correctional facilities prior to involuntary admission.

#### Sec. H. SHERIFF SUPPORT IN EMERGENCY DEPARTMENTS

The Department of Mental Health shall not reduce or terminate its use of sheriffs in emergency departments until the Commissioner certifies to the Governor and to the General Assembly that the wait times in emergency departments for patients detained pursuant to part 8 of Title 18 do not exceed eight hours.

#### Sec. I. REPORT; MINORS WAITING FOR INPATIENT BEDS

On or before January 15, 2015, the Department of Mental Health shall submit to the Senate Committee on Health and Welfare and to the House Committee on Human Services a report pertaining to minors waiting in an emergency department for an acute inpatient psychiatric bed.

The report shall include:

(1) the number of minors waiting in an emergency department for an acute inpatient psychiatric bed, by month, during 2012 and 2013;

(2) the number of hours minors waited in an emergency department for an acute inpatient psychiatric bed, by month, during 2012 and 2013, including the average wait time and minimum and maximum wait times;

(3) a summary of any procedures, clinical interventions, or treatments used with minors waiting in an emergency department for an acute inpatient psychiatric bed that are not used with adults; and

(4) a plan for the allocation of resources in a manner that ensures adequate capacity at inpatient or diversion programs and eliminates wait times for minors in emergency departments.

#### Sec. J. REPORT; INPATIENT NEEDS AT CORRECTIONAL FACILITIES

On or before January 1, 2015, the Department of Mental Health shall submit a report to the Senate Committees on Health and Welfare and on Judiciary and to the House Committees on Corrections and Institutions and on Human Services containing an assessment of the psychiatric inpatient needs of incarcerated persons throughout the State.

#### Sec. K. PSYCHIATRIC HOSPITAL STAFFING

(a) On or before January 1, 2014, the Department of Mental Health shall develop an evidence-based assessment tool for the purpose of identifying and evaluating appropriate staffing at the Vermont Psychiatric Care Hospital, including both the appropriate number of staff members and mix of members. The Commissioner shall present the assessment tool to the Senate Committee on Health and Welfare and to the House Committee on Human Services for comment no later than January 15, 2015.

(b) On or before January 1, 2016, the Department shall submit a report to the Senate Committee on Health and Welfare and to the House Committee on Human Services containing its recommendations for appropriate staffing numbers and staff mix at the Vermont Psychiatric Care Hospital using the assessment tool developed pursuant to subsection (a) of this section.

#### Sec. L. REVIEW; LAW ENFORCEMENT TRAINING

The Department of Mental Health shall collaborate with the Attorney General's Act 80 Advisory Group to review the content of Act 80 training and the Department's Team Two training to ensure consistency between the programs and to eliminate contradictory messages, if any.