

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.

Sec. B. [Deleted.]

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. 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. TRANSPORTATION

The Commissioner of Mental Health not enter into a contract with any designated professional or law enforcement officers for the transport or persons pursuant to 18 V.S.A. § 7511 unless by entering into the contract, the designated professionals or law enforcement officers agree to comply with the provisions of that 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. [Deleted.]

Sec. G. [Deleted.]

Sec. H. SHERIFF SUPPORT IN EMERGENCY DEPARTMENTS

The Department of Mental Health shall not 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 data on the frequency and length of waits in an emergency department and a plan to ensure adequate capacity at inpatient or diversion programs that eliminate lengthy wait times for minors in emergency departments.

Sec. J. [Deleted.]

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 whether the number and mix of staffing at the Vermont Psychiatric Care Hospital is appropriate in achieving its mission. The assessment tool shall include the patient outcome measures to be used in assessing the effectiveness of the program of care being provided in the Hospital. 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. [Deleted.]

To be addressed in letter from Chair to DMH:

The Chair of the House Committee on Human Services, on behalf of the entire Committee, requests that the Department of Mental Health submit to the Committee contingency plan 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. The Committee further requests monthly reports 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.

Reports shall be submitted to the committees of jurisdiction while the General Assembly is convened, and shall be submitted to the Health Care Oversight Committee and Mental Health Oversight Committee while the General Assembly is adjourned.

The Chair of the House Committee on Human Services, on behalf of the entire Committee, further requests that 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.

Lastly, the Committee requests that the Commissioner 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.