

**Act 79: Core Requirements and Status Updates**

<b>Requirement</b>	<b>Status:</b>
<p>Establish <b>Clinical Resource Management System</b> to coordinate movement of individuals to appropriate services throughout the continuum of care and perform ongoing evaluations/improvements of system. System functions include:</p> <ul style="list-style-type: none"> <li>-care coordinators to assist crisis clinicians in the field,</li> <li>-an electronic bed board to track available bed space</li> <li>-coordination of patient transport services,</li> <li>-access by individuals to a mental health patient representative</li> <li>-periodic review of individuals’ clinical progress.</li> </ul>	<ul style="list-style-type: none"> <li>-Care Management team meets weekly with hospitals to review all patients involuntarily hospitalized, monitor transitions between levels of care, and facilitate expedited patient transitions to appropriate of care level.</li> <li>-DMH monitors treatment and outcomes of all involuntary hospitalizations, as well all individuals who are on Orders of Non-hospitalization in community placements.</li> <li>-DMH is contracting with Vermont Psychiatric Survivors for two .5 FTE patient representatives.</li> <li>-Electronic web-based system operating since August 2013 and continues to be upgraded for increased responsiveness to system needs.</li> <li>-Criteria for Level I patients written and procedures implemented within DMH.</li> <li>-DMH providing Utilization Review for all Medicaid beneficiaries needing inpatient psychiatric hospitalization.</li> <li>-DMH and law enforcement implementing approaches to providing least restrictive transportation options for those needing involuntary hospitalization.</li> </ul>
<p>Develop <b>Peer Services</b>, including statewide warm line access, new services to reduce need for inpatient services; quality improvement, infrastructure, and workforce development of peer services; and peer-run transportation services.</p>	<ul style="list-style-type: none"> <li>- State support line operating 8 hours per day.</li> <li>- Peer outreach teams established in St. Johnsbury and Rutland; veterans outreach in development.</li> <li>- Increased service capacity at Another Way, Alyssum and Vermont Psychiatric Survivors.</li> <li>- Peer workforce initiative (Wellness Workforce Collaborative) established and sponsoring core peer training.</li> </ul>

<p>Improve DA <b>Emergency Response, Non-categorical Case management, Mobile Support Teams, Adult outpatient services, and Alternative residential opportunities.</b></p>	<p>- Enhancements at DA's include:</p> <ul style="list-style-type: none"> <li>◆ Expanded mobile outreach and crisis intervention and stabilization capacity,</li> <li>◆ Expanded residential crisis alternatives to hospitalization, Enhanced case management services for those in Adult Outpatient services, who need that level of assistance, but are not meeting eligibility requirements for CRT or DS programs,</li> <li>◆ Increased use of peer support services to provide care and social support to those in need,</li> <li>◆ Improved interface with Law enforcement where there is overlap with persons who have mental health problems and have come in contact with the criminal justice system.</li> </ul>
<p>Develop at least four <b>Short-term Crisis Beds</b> in designated agencies to prevent or divert individuals from hospitalization when clinically appropriate,</p>	<p>-Developed 10 additional crisis beds: 4 in Rutland; 2 in Orange County; 2 in Lamoille County; 2 in Springfield.</p>
<p>Develop voluntary five-bed residence (<b>Soteria House</b>) for individuals experiencing an initial episode of psychosis or seeking to avoid or reduce reliance on medication.</p>	<p>- Planned opening in January 2014.</p>
<p>Develop <b>Housing Subsidies</b> for individuals living with or recovering from mental illness.</p>	<p>-133 individuals currently being supported.</p>
<p>Develop <b>15 Intensive Residential Recovery Beds</b> in northwestern Vermont</p>	<p>- 8-bed facility to open in Summer 2013. - 7 on hold while evaluating ongoing need.</p>
<p>Develop <b>8 Intensive Residential Recovery Beds</b> in southeastern Vermont</p>	<p>8-Bed facility (Hilltop) operating in Westminster (focus on first episode psychosis w/minimal meds)</p>
<p>Develop <b>8 Intensive Residential Recovery Beds</b> in either central or southwestern Vermont.</p>	<p>- 4-bed facility in Rutland under construction. - 2 beds added to Second Spring in Williamstown. - 2 beds converted to crisis beds in Rutland</p>
<p>Establish a <b>14-Bed Inpatient Unit</b> in southeastern Vermont (<b>Brattleboro Retreat</b>)</p>	<p>- Complete</p>

Establish <b>6-Bed Inpatient Unit</b> in southwestern Vermont ( <b>RRMC</b> )	- Complete
Construct and operate a <b>25-bed Acute Inpatient Hospital</b> in central Vermont ( <b>Berlin</b> )	- Facility under construction; first 16 beds scheduled to open in May 2014.
Contract on a short-term basis for <b>7 to 12 Acute Inpatient Hospital Beds at Fletcher Allen Health Care</b> until the state-owned and -operated hospital becomes operational.	- Services contract complete.
Develop <b>8-bed Temporary Acute Inpatient Hospital in Morrisville</b> , which will be discontinued when the state-owned and -operated hospital is operational.	- Complete
Develop a <b>Secure Seven-bed Residential Recovery Facility</b> owned and operated by the state for individuals no longer requiring acute inpatient care, but who remain in need of treatment within a secure setting for an extended period of time.	- Facility complete and accepting patients as of June 19, 2013.
Establish a <b>System to Review any death or serious bodily injury</b> occurring outside an acute inpatient hospital when the individual causing or victimized by the death or serious bodily injury is or recently has been within the custody of the commissioner.	- Protocol for review has been recently re-written and implemented.
Initiate rulemaking process that establishes <b>Standards for the Use and Reporting of Seclusion or Restraint</b> on individuals within the custody of the commissioner, as well as requirements pertaining to the <b>Training and Certification of Personnel Performing Emergency Involuntary Procedures.</b>	- Rules to be filed with LCAR.