

Act 79 Consultant report crosswalk to document

RECOMMENDATIONS (Priority noted in bold.)	STATUS
1: The Department of Mental Health (DMH) should develop an updated mission, vision, values, and principles statement that not only aligns and adheres with those in Act 79, but goes beyond to articulate DMH’s core values, principles of recovery, and key tenets of service provision.	Planned with the installation of the new Commissioner. This work is included in the Quality Management Unit plan.
2: The Department of Mental Health should develop a detailed ACT 79 implementation plan.	Established and updated regularly
3: Establish a set of broad “system” performance measures that include reports on service and support "process" delivery, as well as outcomes of these changes. All of this data should be used to compile and deliver monthly or quarterly dashboard reports that can be used to track progress and identify needed changes.	In progress. The Quality Management Unit is establishing dashboards for each area within the DMH. Currently, there is a monthly snapshot for significant measures pertinent to Act 79.
4: DMH should provide real-time web access to the Act 79 implementation plan and the measures that will be used to gauge implementation progress.	Planned.
5: The Administration and Legislature should develop a communications strategy for sharing with the public the progress made to implement Act 79.	To be planned.
6: There should be an established single point of clinical responsibility and authority within the State’s mental health system.	This role is the responsibility of the DMH Medical Director. An RFP was issued for clinical services for both the new state hospital and the DMH central office. In the interim, contracts are in place for a Children’s Medical Director and DMH psychiatrist who is available for consultation to the care management team. Psychiatry services are in place for GMPCC and consultation is available as requested.

<p>7: The State should undertake a “high utilizer” study to identify those individuals who cycle through community and state inpatient psychiatric facilities, homeless shelters, emergency departments, prisons, and other costly settings.</p>	<p>In process.</p> <p>The Care Management Unit and the Research and Statistics Unit are exploring mechanisms to capture this data for analysis as it exists in multiple locations.</p>
<p>8: The Department of Mental Health should consider using contractual performance measures to incentivize Providers to meet system level outcomes by allocating a small percentage (2-5%) of all service dollars tied to ACT 79 funding.</p>	<p>In process.</p> <p>Contracts with DHs and the Master Grant with DAs includes performance measures and there is a plan to expand these. Incentive payment is under consideration.</p>
<p>9: The Department of Mental Health should enhance its capacity to hire sufficient and competent staff with the expertise to aggressively monitor the utilization of all services currently financed under the State’s mental health system, including Community Rehabilitation and Treatment clients and clients receiving adult outpatient services.</p>	<p>In process.</p> <p>The Care Management Unit is undergoing a review of activities and responsibilities. Recommendations from this review will include a comprehensive staff plan. A new care management director has been hired, as well as, a new Research and Statistics Chief. An additional Nurse Quality Management Coordinator has also been added to the QM Team.</p>
<p>10: Based upon the “high utilizer” review (see Recommendation 7), the Department of Mental Health should enhance its care management capacity to include sufficient staff and expertise to identify and coordinate behavioral health and medical care for the top (10-20%) of high-risk/high-cost consumers with serious mental illness and high risk/high cost consumers receiving adult outpatient services.</p>	<p>In process.</p> <p>See 9 above.</p>
<p>11: The Department of Mental Health should work with the Department of Vermont Health Access, Department of Health, and the Division of Alcohol and Drug Abuse Programs to expand the scale and scope of Blueprint activities as they relate to the integration of mental health and substance abuse services with primary medical care.</p>	<p>In process.</p> <p>Plans to expand the scope of the Blueprint are underway. The development of the “Hub and Spoke” model for substance abuse treatment has started. DMH has created and hired a Health Care Liaison position whose responsibilities will be both monitoring and participating in</p>

	reform activities and representing mental health as planning evolves.
12: The Department of Mental Health should create a set of system objectives that ensures that both inpatient and community services align. This should include the establishment of clearly defined clinical expectations relative to admission, discharge, and continuity of care.	In process. Work with the DHs and DAs to define expectations continues. Minimum standards are currently being revised, and the DMH UR unit is actively involved in determining thresholds for level of care authorization.
13: The Department of Mental Health should establish comparative performance targets and measures (e.g., admission, discharge, re-admission) that document how well providers manage patient flow between inpatient and community based care. DMH should develop methods for incentivizing its providers to attain specific system level outcomes aimed at aligning inpatient and community care.	In process. Dashboard development is underway. Small incentive payments have been and will continue to be added to the Master Grant for DAs and other contracts
14: The Agency of Human Services should continue to seek written clarification from the Centers for Medicare and Medicaid Services on the opportunity for Medicaid reimbursement for the future psychiatric Hospital.	In process. The new hospital is designed to meet current requirements and will operate under the Global Commitment waiver.
15: The Department of Mental Health should immediately develop a workgroup led by its medical director to develop appropriate polices, procedures and plans for the operation of the new Vermont state psychiatric hospital that meet federal standards of care and are directed by the ADA and the Olmstead Decision, for example, in terms of discharge planning. The workgroup should prioritize the development of new services that will prevent people from entering the inpatient care system, and provide intensive services and supports to those being discharged from care to help them become integrated in their communities.	In process. Workgroup meetings ongoing.
16: The State should formally establish “use liens” for any space where state capital funds are being used to renovate non state-owned or -controlled space as alternatives to the state psychiatric hospital.	Under consideration
17: Evaluate the clinical eligibility criteria and raise the cap on	In process.

Community Rehabilitation and Treatment (CRT) to accommodate increased need for CRT services.	
18: Consider the benefits and drawbacks of “Medicaiding” most or all of mental health services for the Community Rehabilitation and Treatment program and adult outpatient population.	In process.
19: Immediately direct Act 79 funds toward ensuring timely statewide access to quality crisis services. This should entail the establishment of access and quality standards for these services that can be used to identify and direct new resources to closing gaps in services.	Complete. Included in DH contracts and enhanced funding for DAs.
20: The Department of Mental Health should expand jail diversion and crisis intervention teams available to work with local and state police.	Complete. Mobile crisis capability has been established across the state.
21: The Department of Mental Health should ensure adequate training and supervision of lay peer counselors as peer-run services expand. DMH should also explore the potential to certify peer counselors for quality assurance purposes and to understand potential reimbursement for these services under Medicaid.	In process.
22: The Department of Mental Health should establish a relationship with a nonprofit support center or other similar organization to help consumers develop new peer-operated services.	In process.
23: Create a quality assurance unit within the Department of Mental Health to develop standards and to assess the clinical efficacy, capacity, and effectiveness of current and new services provided under contract to the State.	Complete Quality Management Unit Director was hired in September 2012.
24: The Department of Mental Health should establish a dedicated program development team that can provide training, technical assistance, and support to new and existing providers in the development of new programs and services across the State.	The DMH Technical Assistance team is established and working with provider agencies in developing new programs for high need or complex individuals in the service system.