

DEPARTMENT OF MENTAL HEALTH REPORT TO  
MENTAL HEALTH OVERSIGHT COMMITTEE

September 23, 2014

Good afternoon. Thank you for the opportunity to come before you and describe the current status of the mental health system and the next steps.

Most of the infrastructure that was planned for in Act 79 is near completion with the exception of opening of the last few beds at VPCCH and the opening of Soteria VT in January 2015. As you see, in the attached graphic of the system, it is indeed a complex system.

As you all know that any point of transition in a system has the potential of slowing the system down. The DMH care management division's focus is to address these friction points and facilitate communication and help with having the person receive the appropriate level of care. The way they facilitate this is:

- Weekly (at a minimum) meeting with Intensive Recovery Residential facilities re: admits and discharges.
- Weekly (at a minimum) meeting with Hospitals re: admits and discharges.
- Daily contact with Emergency Departments and DA Emergency Services re: triage/problem solving for people waiting for in-patient beds.
- Regular contact with DAs regarding people on ONHs, treatment options and consultations re: revocations.
- Facilitate meetings with DAs, DHs as well as other providers to coordinate community transition.

Despite these efforts some areas prove more challenging than others. Time taken to resolve criminal charges remain long and not sensitive to the purpose of inpatient treatment. Another area of concern is person with history of mental illness who needs nursing home level of care. An infrequent but problematic area is the timely transfer of out of state inpatients under the Interstate Compact. We are working to

address these problems. In the case of NH care level, we are working with DAIL to see how we can best address that.

Our efforts to improve the flow of system will include the Care Management System working closely with the Designated Agencies on patients who are on Orders of Non-Hospitalization (ONH) to improve and make consistent the expectations of following someone on an ONH. The Department is working with DA's to create an ONH manual that makes the process consistent and clear. The improvements expected are that DMH will be actively involved in discussions throughout the process rather than at some key triggers and the Designated Agencies will follow a uniform process and engage the patient sooner if they are not following conditions set by the court.

Another effort underway (see handout) is a comprehensive plan on addressing suicide in the state of Vermont. The attached document that you have before you includes both what is currently in place, and what we would like to accomplish. It aligns itself with a public health approach in addressing this problem and is consistent with the World Health Organization's plan. Improving access and workforce trainings will likely be able to better address suicidality in the community thereby reducing need for hospitalization for some people.

Thank you. I welcome your questions and thoughts.

Jaskanwar S Batra, MD

Medical Director, Vermont Department of Mental Health