

1. Are all of the DAs using their AOP allocation?
 - In FY 14, the DAs billed approximately 79% of their allocation. In FY 15, they billed approximately 95% of their allocation, and in FY 16, they are trending at over 100%.

2. Can you provide the technical report on youth and family services?
 - Link to Technical Reports for adolescents, families of adolescents and CRT.
<http://mentalhealth.vermont.gov/report/survey>

3. What % of kids are the 134 in JOBS program keeping jobs for at least 90 days?
 - In FY 14 the JOBS program served 542 youth with severe emotional/behavioral disabilities. These are youth who have not yet graduated or otherwise left school, or who are seriously at risk of dropping out, are at high risk for involvement with Corrections, substance abuse, homelessness, physical abuse or abusive behaviors, or other concerning behaviors. Youth tend to be served over two or more years before exit when outcomes are collected.

During FY 14 218 of the youth served exited the program after developing a plan for employment. Of those 218 who exited the program, 134 (or 61%) had been employed for at least 90 days and were closed because they had met their employment goal.

4. Copy of Nurse Consultant report.
 - See attached report

5. Will E H R work with other hospitals?
 - The long term goal is to utilize the Vermont Health Information Exchange(VHIE) for inter-provider transfer of CCD (continuity of care) and ADT (admission discharge and transfer) documentation. While full connectivity of the new EHR will be technologically possible, there are statutory barriers to complete information sharing for VPCH and other 42 CFR part 2 (substance abuse) provider entities in the electronic transfer and sharing of part 2 health care data to the VHIE. DVHA, the State of Vermont, and VITL have been working on this issue, which is still not fully resolved at the national level, for quite some time. Toward a resolution for Vermont, this collective group is planning to undertake a project in the near future to attempt to resolve the Part 2 barriers faced by our state-level providers.

6. Outcomes for peer services.
 - See attached funding justification documents

7. What is not being done by the \$900K technical adjustment? What else did the Transformation Grant support?
 - The \$900,000 down in federal funding is due to the Transformation grant ending, as well as a technical adjustment to federal spending authority. The Transformation grant not only supported Another Way and Wellness Coop to do peer support activities, but it also supported VPS and the Wellness Workforce Coalition to provide peer services training. We've been able to find other state funding to support ongoing training to support our two sites. The rest of the funding was focused on coordination and evaluation of the grant; and because the grant is ending, we don't need replacement funds for these components which will be rolled into ongoing oversight activities performed by DMH.

8. What is the PNMI rate setting process and list of programs.
 - See attached document "How we rate set PNMI" and "Residential Inventory for MB

9. More programmatic detail to the ups
 - See attached funding justification for VCPI and peer services and suicide prevention.

10. Act 79 report
 - See attached

11. Break out of 70-75 between VPCH, BR and RRMCM?

Number of Involuntary Med Filings by Hospital: 2015

<u>DH</u>	<u># Filings</u>
BR	18
CVMC	5
FAHC	6
GMPCC	1
RRMC	16
UVMC	2
VPCH	23

12. Break out of Pre & Post law from 2 years ago.

Pre Act 192 is 2011-2014, post Act 192 is 2015:

Time from Admission to COIVM Decision						
Year	expedited subdivisions		standard subdivisions		All subdivisions	
	Mean Time (Days)	# Filings	Mean Time (Days)	# Filings	Mean Time (Days)	# Filings
2011			145	39	145	39
2012	expedited started in Q4 2014		122	46	122	46
2013			88	64	88	64
2014	37	1	115	77	114	78
2015	48	15	146	56	125	71
Grand Total	47	16	120	282	116	298

Time from Admission to COIVM Decision						
Year	expedited subdivisions		standard subdivisions		All subdivisions	
	Median Time (Days)	# Filings	Median Time (Days)	# Filings	Median Time (Days)	# Filings
2011			66	39	66	39
2012	expedited started in Q4 2014		50	46	50	46
2013			64	64	64	64
2014	37	1	66	77	66	78
2015	44	15	71	56	64	71
Grand Total	41	16	65	282	63	298

13. How long does it take to get a decision for an involuntary medication request in the court system?

- It takes an average of 2 weeks

14. Info on availability of psychiatrists to do evaluations.

DMH is still evaluating the data to respond to this issue, and will provide this information as soon as possible.