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Act No. 82 (S.133). Health; mental health

An act relating to examining mental health care and care coordination

This act requires the Secretary of Human Services (Secretary), in collaboration with the Commissioner of Mental Health (Commissioner) and the Green Mountain Care Board (Board), providers, and person affected by current services, to produce an analysis and action plan for the General Assembly on or before December 15, 2017. The analysis must be conducted in conjunction with planned updates to the Health Resource Allocation Plan. With regard to children, adolescents, and adults, the analysis and action plan shall:

- specify steps to develop common, long-term vision of how integrated, recovery- and resiliency-oriented services shall become part of a comprehensive and holistic health care system
- identify data not currently gathered that are necessary for future planning, long-term evaluation of the system, and for quality measures
- identify causes underlying increased referrals and self-referrals for emergency services
- identify gaps in services that affect ability of individuals to access emergency psychiatric care
- determine whether appropriate types of care are being made available as services in Vermont, including intensive and other outpatient services and services for transition age youths
- determine availability and regional accessibility of involuntary and voluntary hospital admissions, emergency departments, intensive residential recovery facilities, secure residential recovery facility, crisis beds and other diversion capacity, crisis intervention services, peer respite and support services, and stable housing
- identify barriers to patient care at levels of supports that are least restrictive and most integrated, and opportunities for improvement
- incorporate existing information from research and from established quality metrics regarding emergency department wait times
- incorporate anticipated demographic trends, the impact of the opiate crisis, and data that indicate short- and long-term trends
- identify the resources necessary to attract and retain qualified staff to meet identified outcomes required of designated and specialized service agencies and specify timelines for achieving those levels of support

A status report describing the progress made in completing the analysis and action plan shall be submitted to the General Assembly by the Secretary on or before September 1, 2017.

In addition, this act requires the Secretary to submit a comprehensive evaluation of the overarching structure for the delivery of mental health services within a sustainable, holistic health care system in Vermont on or before January 15, 2019. This long-term vision evaluation shall address:

- whether the current structure is succeeding in serving Vermonters with mental health needs and meeting goals of access, quality, and integration of services
- whether quality and access to mental health services are equitable throughout Vermont
- whether the current structure advances the long-term vision of an integrated, holistic health care system
- how the designated and specialized service structure contributes to the realization of the long-term vision
- how mental health care is being fully-integrated into health care payment reform
- any recommendations for structural changes to the mental health system that would assist in achieving the vision of an integrated, holistic health care system

Sec. 4 of the act requires that the Secretary's analysis, action plan, and long-term vision evaluation address the following additional subjects:

- potential benefits and costs of developing regional navigation and resource centers, including consideration of other coordination models identified during the analysis
- effectiveness of the Department of Mental Health's care coordination team in providing access to and accountability for coordination and collaboration among hospitals and community partners for transition and ongoing care, including an assessment of potential discrimination in hospital admissions and the extent to which individuals are served by their medical homes
- use and potential need to expand crisis diversion throughout the State
- whether the components of 2012 Acts and Resolves No. 79 that were not fully implemented remain necessary and whether components fully implemented remain necessary
- opportunities for and removal of barriers to implementing parity in the manner that individuals presenting at hospitals are received, regardless of whether for a psychiatric or physical condition

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- the extent to which additional support services are needed for geriatric patients in order to prevent hospital admissions or to facilitate inpatient discharges
- the extent to which additional services or facilities are need for forensic patients
- to the extent the analysis indicates need for additional units or facilities, whether there are any units or facilities that the State could utilize for a geriatric skilled nursing or forensic psychiatric facility, additional intensive residential recovery facilities, expanded secure residential recovery, or supportive housing
- how designated and specialized service agencies fund emergency services to ensure maximum efficiency and availability to all individuals within a specific catchment area

Sec. 5 requires the Secretary, in collaboration with the Commissioner and Chief Superior Judge to submit a report to the General Assembly on or before December 15, 2017 regarding role of involuntary treatment and medication in emergency department wait times, including concerns arising from judicial timelines and processes and the interplay between staff and patient rights. Vermont Legal Aid, Disability Rights Vermont, and Vermont Psychiatric Survivors may submit a response to this portion of the Secretary's report on or before January 15, 2018. This section of the act also requires the Department of Mental Health to issue a request for information for a longitudinal study comparing outcomes of patients who received court-ordered medications while hospitalized with those patients who did not receive court-ordered medication while hospitalized.

Sec. 6 requires the Board to review the ACO model of care and integration with community providers, including the designated and specialized service agencies, regarding how model of care promotes coordination across the continuum, business or operational relationships, and any proposed investments or expansions to community-based providers. In the Board's January 15, 2018 report, it is required to include a summary of information relating to integration with the community. Additionally, on or before December 31, 2020, the Agency of Human Services (Agency), in collaboration with the Board, must provide a copy of the report required by Sec. 11 of All-Payer Model ACO Model Agreement to the General Assembly.

Sec. 7 requires the Secretary, in collaboration with the Commissioners of Mental Health and of Disabilities, Aging, and Independent Living, to develop a plan to integrate multiple sources of payments to the designated and specialized service agencies.

Sec. 8 requires the Agency to continue with budget development processes enacted in legislation during the first year of the 2015–2016 biennium that shall unify payment for services, policies, and utilization review of services within an appropriate department.

Sec. 9 creates the Mental Health, Developmental Disabilities, and Substance Use Disorder Workforce Study Committee to examine best practices for training, recruiting, and retaining health care providers, particularly with regard to the fields of mental health, developmental disabilities, and substance use disorders.

Sec. 10 requires the Director of Professional Regulation to engage other states in a discussion of the creation of national standards for coordinating the regulation and licensing of mental health professionals for the purpose of licensure reciprocity and greater interstate mobility of that workforce.

Sec. 11 provides that the Secretary shall have sole responsibility for establishing the Departments of Health's, of Mental Health's, and of Disabilities, Aging, and Independent Living's rates of payments for the designated and specialized service agencies that are reasonable and adequate to meet costs of achieving required outcomes for designated populations. The Secretary is required to adjust rates to account for reasonable cost of any government mandate and the cost adjustment factors to reflect changes in reasonable cost of goods and services of the designated and specialized service agencies. The Secretary may adjust rates to account for geographic differences in wages, benefits, housing, and real estate costs.

Sec. 12 requires the Commissioner of Human Resources to consult with BlueCross BlueShield of Vermont and Vermont Care Partners regarding the operational feasibility of including the designated and specialized service agencies in the State employees' health benefit plan and submit relevant findings on or before September 1, 2017.

Effective Date: June 15, 2017.