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H.848

Introduced by Representatives Cina of Burlington, Buckholz of Hartford,  
Burke of Brattleboro, Carr of Brandon, Colburn of Burlington,  
Connor of Fairfield, Dunn of Essex, Gonzalez of Winooski,  
Haas of Rochester, Jessup of Middlesex, Keenan of St. Albans  
City, Lanpher of Vergennes, Masland of Thetford, McCormack  
of Burlington, Pajala of Londonderry, Stuart of Brattleboro, Till  
of Jericho, and Weed of Enosburgh

Referred to Committee on

Date:

Subject: Human services; substance use disorder; mental health; co-occurring  
disorders

Statement of purpose of bill as introduced: This bill proposes to establish a  
central intake system to ensure individuals with co-occurring mental health and  
substance use disorders receive appropriate services. It creates the Co-  
occurring Disorder Working Group and also requires the completion of a  
literature review on the biopsychosocial and systemic influences on addiction.

An act relating to increasing access to treatment for co-occurring mental  
health and substance use disorders

1 It is hereby enacted by the General Assembly of the State of Vermont:

2 Sec. 1. 18 V.S.A. chapter 197 is amended to read:

3 ~~CHAPTER 197. MENTALLY ILL USERS OF ALCOHOL OR DRUGS~~  
4 ~~CARE AND TREATMENT OF INDIVIDUALS WITH CO-OCCURRING~~  
5 ~~MENTAL HEALTH AND SUBSTANCE USE DISORDERS~~

6 ~~Subchapter 1. Care and Treatment~~

7 ~~§ 8401. DEFINITIONS~~

8 ~~As used in this chapter, “drug addict” means a person who shows signs of~~  
9 ~~mental illness because of his or her use of drugs, hallucinogens, stimulants, or~~  
10 ~~sedatives or who has an uncontrollable desire for their use or consumption.~~

11 ~~§ 8402. HOSPITALIZATION~~

12 ~~Except as otherwise provided in this chapter a drug addict may be admitted~~  
13 ~~to a designated hospital and provided with care and treatment in the same~~  
14 ~~manner and under the same conditions as a mentally ill person.~~

15 ~~§ 8403. LENGTH OF TREATMENT~~

16 ~~No drug addict may be admitted to a hospital for voluntary treatment for a~~  
17 ~~period in excess of six months. If he or she is admitted by order of the~~  
18 ~~criminal division of the superior court the order shall specifically provide for a~~  
19 ~~maximum of six months in the hospital.~~

1     ~~§ 8404. CONDITIONAL DISCHARGE~~

2           ~~The board of mental health, in its discretion, may grant a conditional~~  
3     ~~discharge to a patient admitted under this chapter after the expiration of one~~  
4     ~~month from the date of admission and may revoke any conditional discharge~~  
5     ~~so granted. A revocation of a conditional discharge by the board of mental~~  
6     ~~health at any time prior to the expiration of the original term of hospitalization~~  
7     ~~shall be sufficient warrant for the return of the patient to the hospital from~~  
8     ~~which he or she was discharged, there to remain until a subsequent conditional~~  
9     ~~discharge or the expiration of the full term from the date of the original~~  
10    ~~admission.~~

11    ~~§ 8405. OUTSIDE VISITS~~

12           ~~In the discretion of the head of a hospital, a patient admitted under this~~  
13    ~~chapter may be permitted to visit a specifically designated place for a period~~  
14    ~~not to exceed five days and return to the same hospital. The visit may be~~  
15    ~~allowed to see a dying relative, to attend the funeral of a relative, to obtain~~  
16    ~~special medical services, to contact prospective employers, or for any~~  
17    ~~compelling reason consistent with the welfare or rehabilitation of the patient.~~

18    ~~[Repealed.]~~

1 Subchapter 2. Central Intake System

2 § 8406. CENTRAL INTAKE SYSTEM; CREATION

3 The Director of Alcohol and Drug Abuse Programs within the Department  
4 of Health and the Commissioner of Mental Health, in consultation with  
5 preferred providers and individuals with lived experience of co-occurring  
6 mental health and substance use disorders, shall design and implement a  
7 central intake system to ensure access to appropriate treatment and recovery  
8 services. The central intake system shall:

9 (1) monitor the availability of opioid-related treatment slots with  
10 participating outpatient, intensive outpatient, and inpatient service providers in  
11 real time using an electronic, web-based system;

12 (2) refer prospective patients to appropriate, geographically accessible  
13 service providers with available treatment slots; and

14 (3) facilitate the use of case management services by prospective  
15 patients to foster compliance with treatment plans.

16 § 8407. PROVIDER PARTICIPATION

17 Preferred providers and providers in good standing outside the preferred  
18 provider network who are licensed to provide therapeutic services for  
19 individuals with co-occurring mental health and substance use disorders may  
20 participate in the central intake system established in section 8406 of this title.  
21 The Director of Alcohol and Drug Abuse Programs and the Commissioner of

1 Mental Health shall enable qualified providers to participate in the central  
2 intake system on a voluntary basis. Qualified providers who previously chose  
3 to participate in the central intake system may opt out at any time.

4 § 8408. RULEMAKING

5 The Commissioner of Health, in consultation with the Commissioner of  
6 Mental Health, shall adopt rules pursuant to 3 V.S.A. chapter 25 for the  
7 purpose of implementing the central intake system. The rules shall address:

8 (1) requisite provider eligibility criteria for participation in the central  
9 intake system, including licensure and experience;

10 (2) the protocol for participating providers to opt in and opt out of the  
11 central intake system;

12 (3) who has access to the central intake system and the circumstances in  
13 which it shall be queried;

14 (4) the frequency with which participating providers shall update the  
15 availability of opioid-related treatment slots within their practice; and

16 (5) any other provision as the Commissioner shall deem appropriate.

17 Sec. 2. CO-OCCURRING DISORDER WORKING GROUP

18 (a) Creation. There is created the Co-occurring Disorder Working Group to  
19 identify gaps in existing services for persons in Vermont with co-occurring  
20 mental health and substance use disorders and make recommendations to the  
21 General Assembly.

1        (b) Membership. The Working Group shall be composed of the following  
2        seven members:

3            (1) a current member of the House of Representatives, who shall be  
4        appointed by the Speaker of the House;

5            (2) a current member of the Senate, who shall be appointed by the  
6        Committee on Committees;

7            (3) the Deputy Commissioner of the Department of Health's Division of  
8        Alcohol and Drug Abuse Programs or designee;

9            (4) the Commissioner of Mental Health or designee;

10          (5) the Commissioner of Public Safety or designee;

11          (6) a social worker specializing in co-occurring disorders appointed by  
12        the Vermont chapter of the National Association of Social Workers; and

13          (7) a health care provider employed at and appointed jointly by the  
14        designated agencies.

15          (c) Powers and duties. The Working Group shall assess the delivery of  
16        services to persons in Vermont with co-occurring mental health and substance  
17        use disorders, including:

18            (1) identifying gaps in services, if any;

19            (2) examining the accessibility and geographic distribution of  
20        services; and

1           (3) exploring opportunities and timelines for the expansion of treatment  
2 options.

3           (d) Assistance. The Working Group shall have the technical and legal  
4 assistance of the Office of Legislative Council.

5           (e) Report. On or before December 15, 2018, the Working Group shall  
6 submit a written report to the House Committees on Health Care and on  
7 Human Services and the Senate Committee on Health and Welfare with its  
8 findings and any recommendations for legislative action.

9           (f) Meetings.

10           (1) The member of the House of Representatives shall call the first  
11 meeting of the Working Group to occur on or before September 1, 2018.

12           (2) The member of the House of Representatives shall be the Chair.

13           (3) A majority of the membership shall constitute a quorum.

14           (4) The Working Group shall cease to exist on December 31, 2018.

15           (g) Compensation and reimbursement.

16           (1) For attendance at meetings during adjournment of the General  
17 Assembly, a legislative member of the Working Group shall be entitled to per  
18 diem compensation and reimbursement of expenses pursuant to 2 V.S.A. § 406  
19 for not more than three meetings.

20           (2) Other members of the Working Group who are not employees of the  
21 State of Vermont and who are not otherwise compensated or reimbursed for

1 their attendance shall be entitled to per diem compensation and reimbursement  
2 of expenses pursuant to 32 V.S.A. § 1010 for not more than three meetings.

3 (3) Payments to members of the Working Group authorized under this  
4 subsection shall be made from monies appropriated to the General Assembly.

5 Sec. 3. BIOPSYCHOSOCIAL AND SYSTEMIC INFLUENCES ON  
6 ADDICTION; LITERATURE REVIEW

7 The Department of Health shall conduct a literature review examining the  
8 biopsychosocial and systemic factors contributing to the addiction of opioids.

9 The Department shall present the results of the literature review to the General  
10 Assembly on or before February 1, 2019 and recommendations for altering  
11 biopsychosocial and systemic factors in a manner that mitigates Vermont's  
12 opioid epidemic.

13 Sec. 4. EFFECTIVE DATE

14 This act shall take effect on July 1, 2018.