

Sec. 3. ANALYSIS, ACTION PLAN, AND LONG-TERM VISION FOR  
THE PROVISION OF MENTAL HEALTH CARE WITHIN THE  
HEALTH CARE SYSTEM

(a) In order to address the present crisis that emergency departments are experiencing in treating an individual who presents with symptoms of a mental health crisis, and in recognition that this crisis is a symptom of larger systematic shortcomings in the provision of mental health services statewide, the General Assembly seeks an analysis and action plan from the Secretary of Human Services in accordance with the following specifications:

(1) On or before December 15, 2017, the Secretary of Human Services, in collaboration with the Commissioner of Mental Health, the Green Mountain Care Board, and persons who are affected by current services, shall submit an action plan with recommendations and legislative proposals to the Senate Committee on Health and Welfare and to the House Committees on Health Care and on Human Services that shall be informed by an analysis of specific issues described in this section and Sec. 4 of this act. The analysis shall be conducted in conjunction with the planned updates to the Health Resource Allocation Plan (HRAP) described in 18 V.S.A. § 9405, of which the mental health and health care integration components shall be prioritized. With regard to children, adolescents, and adults, the analysis and action plan shall:

(A) specify steps to develop a common, long-term, statewide vision of how integrated, recovery-oriented services shall emerge as part of a comprehensive and holistic health care system;

(B) identify data that are not currently gathered, and which are necessary for current and future planning, long-term evaluation of the system, and for quality measurements, including identification of any data requiring legislation to ensure their availability;

(C) identify the causes underlying increased referrals and self-referrals for emergency services;

(D) identify gaps in services that affect the ability of individuals to access emergency psychiatric care;

(E) 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;

(F) determine the availability of voluntary and involuntary hospital admissions, emergency departments, intensive residential recovery facilities, secure residential recovery facilities, crisis beds and other diversion capacities, crisis intervention services, peer respite and support services, and stable housing; and

(G) identify barriers to efficient, medically necessary, recovery-oriented, patient care at levels of supports that are least restrictive and most integrated, and opportunities for improvement.

(H) incorporate existing information from research and from established quality metrics regarding emergency department wait times; and

(I) incorporate anticipated demographic trends, the impact of the opiate crisis, and data that indicate short- and long-term trends.

(2) On or before September 1, 2017, the Secretary shall submit a status report to the Senate Committee on Health and Welfare and to the House Committees on Health Care and on Human Services describing the progress made in completing the analysis required pursuant to this subsection and producing a corresponding action plan. The status report shall include any immediate action steps that the Agency was able to take to address the emergency department crisis that did not require additional resources or legislation.

(b)(1) Data collected to inform the analysis and action plan regarding emergency services for persons with psychiatric symptoms or complaints, patients who are seeking voluntary assistance, and those under the temporary custody of the Commissioner shall include at least:

(A) the circumstances under which and reasons why a person is being referred or self-referred to emergency services;

(B) reports on the use of restraints, including chemical restraints;

(C) any criminal charges filed against an individual during emergency department waits;

(D) measurements shown by research to affect length of waits, such as homelessness, the need for an interhospital transfer, transportation arrangements, health insurance status, age, comorbid conditions, prior health history, and response time for crisis services and for the first certification of an emergency evaluation pursuant to 18 V.S.A. § 7504; and

(E) rates at which persons brought to emergency departments for emergency examinations pursuant to 18 V.S.A. §§ 7504 and 7505 are found not to be in need of inpatient hospitalization.

(2) Data to otherwise inform the action plan and preliminary analysis shall include short- and long-term trends in inpatient length of stay and readmission rates.

(3) Data for persons under 18 years of age shall be collected and analyzed separately.

(c) On or before January 15, 2019, the Secretary shall submit a comprehensive analysis of the overarching structure for the delivery of mental health services within a holistic health care system in Vermont to the Senate Committee on Health and Welfare and to the House Committees on Health Care and on Human Services, including:

(1) whether the current structure is succeeding in serving Vermonters with mental health needs and meeting the goals of access, quality, and integration of services;

(2) whether quality and access to mental health services are equitable throughout Vermont;

(3) whether the current structure advances the long-term vision of an integrated, holistic health care system;

(4) how the designated and specialized service agency structure contributes to the realization of that long-term vision;

(5) how mental health care is being fully integrated into health care; and

(6) any recommendations for structural changes to the mental health system that would assist in achieving the vision of an integrated, holistic health care system.