

House Health Care -- January 31 (from Anne)

Bullet points/Outline for mental health issues as background to budget and facilities proposals, based on the requested analyses in Act 82:

Broadly:

What are DMH's specific responses and recommendations for each the areas we asked for analysis?

What is the data in support of those recommendations?

Where do key stakeholders stand on those recommendations?

What are the priorities, and how are they reflected in the budget and in facility recommendations?

Act 82, Section 3:

(a)(1)(A) What steps have been identified to engage stakeholders in the development of a common, long-term, statewide vision for integration of mental health as part of a comprehensive and holistic health care system? *(NB: Report has long description of ongoing DMH integration initiatives, but says there is no stakeholder agreement on what parity means, and the report has no description of work underway on development of a unified vision.)*

(B) What data is needed, but not yet available, to inform planning? Is there legislation required/recommended in order to access needed data?

(C) What causes have been identified by DMH for increased ED referrals? *(Report identifies factors listed by others, but no data or DMH conclusions, apart from that regarding children. For children's needs: "increased demand outpaces resources" – what is response to this?)*

(D) Were any gaps identified in services capacities for:

- voluntary inpatient hospital care?
- involuntary hospital care?
- intensive residential recovery?
- secure residential recovery?
- crisis diversion programs?
- crisis intervention services?
- peer respite and support?
- intensive and other outpatient services?
- services for transition age youths?
- stable housing?
- other? (e.g., finding that there are no "in-between" capacities for high acuity – meaning?)

If gaps were identified, in which areas; based on what data; and what are the recommendations to address them and in what priority?

(E) What are the quality metrics that have been established for emergency department wait times?

(F) What demographic trends have been identified that influence anticipated future need; What impact has been identified, if any, resulting from the opiate crisis? *(p. 35: "additional treatment capacity needed" ... what is recommendation to accomplish this?)*

(G) What has been identified as the levels of resources necessary to attract and retain qualified staff at designated agencies? What timeline has been established for achieving them?

(b)(1) What did the data show about the circumstances around referrals to the ED, the relationship to factors in research about length of waits, and the rates of EE versus non-admissions?

Section 4

1. What are the recommendations about whether to pursue regional navigation or other care coordination systems?
2. What was the result of the assessment of the DMH care coordination team's role, and whether there are discriminatory practices among hospitals regarding admissions?
3. Are there any recommendations for new models for crisis diversion programs?
4. Are there gaps in completing components of services laid out on Act 79? What are the recommendations specifically regarding:
 - full funding of the 24-hour warm line
 - the remaining eight intensive residential recovery facility beds
 - other models of supported housing?
5. What steps are being recommended to remove barriers to parity in access to emergency rooms for: screening of health emergencies; transfer and disposition planning; stabilization and admission; and transfer to specialized or long-term care services?
6. What are the next recommended steps for creating augmented services that enable nursing and residential care programs to admit geriatric patients? (*Discussed in facilities report.*)
7. What additional services or supports are needed for access to appropriate care for forensic patients? (*Discussed in facilities report.*) Are any community-based or enhanced residential services being recommended?
8. (9) What are the recommendations regarding funding structures for designated agency emergency services?

For each of these: which are the identified priorities, and how are they addressed in the DMH budget?

Section 5.

Is DMH proposing any specific legislative as a result of its evaluation of involuntary medication laws?

Section 7.

What is the agency's plan for integration of payment sources for mental and substance abuse services to the designated and specialized service agencies?

Section 8.

What is the budget development process in place this year that moves forward in unifying payment for services, policies, and utilization review of services within an appropriate department within AHS?

Section 9.

What are the recommendations from the Workforce Study Committee, including any legislative proposals for both long-term and immediate steps the State may take to attract and retain more providers in Vermont?

Outcomes/recommendations regarding:

Section 11: reasonable and adequate rates of payment?

Also: Status of specific proposals raised by DMH referred in the report --
follow-up regarding its recommendations on inpatient consent under age 12;
MH treatment courts

Additional data request made in January:

Do we have a 10-year trendline for expenditures in inpatient versus community programs?