

S. 133, Draft Amendment, House Health Care

Context and Language

1. person-centered language versus focus on “system flow”
Recovery-oriented, *least restricted and most integrated* (Olmstead language), connection to right care, right place, right time: “rapid access to each level of support within the continuum of care as needed to ensure appropriate, high-quality, and recovery-oriented services in the least restrictive and most integrated settings for each stage of an individual’s recovery”
2. Children/adolescents inclusion
3. Legislative intent: statement of principles from Act 79
4. Mental health services within the Health Care System (rather than a separate system of MH Care): “develop a common, long-term, statewide vision of how integrated, recovery-oriented services will emerge as part of a comprehensive and holistic health care system”

Action Plan and Analysis

1. Analysis and plan integrated, and phased in
 - All under AHS in consultation with GMCB and persons affected
 - Components within single plan
 - Phases:
 - A. September 1, draft plan and status of analysis to date; some immediate actions
 - B. December 1, action plan and preliminary analysis; assumes ongoing, further analysis; requires next steps planning, rather than implementation plans, for new program proposals
 - Data specifications
 - Measures of effectiveness

2. Components of preliminary analysis and action plan
 - Care coordination (regional resource centers plus other models)
 - Accountability
 - Crisis diversion models (including 23-hour beds)
 - Act 79 components
 - Parity of access
 - Geriatric (including community supports)
 - Forensic (including cross reference to Dept of Corrections)
 - Potential reuse facilities

3. Involuntary care (compromise language from DMH and Legal Aid)

Integration with Payment Reform (mostly same as Senate, with budget alignment language added)

Workforce Development (same; Human Services Committee is reviewing)

Supports for DAs (on hold for Appropriations Committees)