



**Act 82 Report Sections 3-4-5 Response**  
**Dillon Burns, Director of Mental Health Services**  
**January 31, 2018**

- We appreciate the analysis provided by the Department of Mental Health in Act 82 on a very complex topic, and appreciate the stakeholder engagement process DMH used to produce the report.
- We support a “whole health” delivery system approach and are currently partnering with DMH in many of its efforts towards this, including implementing evidenced-based practices, trauma-informed care, data collection, focusing on population health and prevention through our Children’s Services, and providing a continuum of care for those in need.

**Act 82 Next Steps: Data Needs**

- We are working with other stakeholders, including DMH, VAHHS, Vermont Psychiatric Survivors, and NAMI to **collect data across the system of care** using common definitions and tracking tools.
- Using the framework of Dr. Desjardins who analyzed long inpatient hospital stays, we are **quantifying barriers to discharge** from a subset of our crisis bed programs.
- We are building a data repository that allows us to internally analyze our own data as a network so that we can contribute to the data needs that exist across the system; this will help us **streamline reporting of data and outcomes** and improve quality of care.

**Act 82 Next Steps: Community-Based Services**

We support DMH’s analysis that long lengths of stays in inpatient hospitals and in crisis bed programs are driven by some key factors that could be addressed with increased community-based services. These factors include homelessness, high level of medical and nursing care need, and behavioral presentation that is associated with risk to staff. We support DMH’s recommendations in the following areas to address this problem, and our membership is ready to partner on these:

- **Increase supported housing resources** (p. 46), such as Howard Center’s MyPad. As noted on p. 29, “there have been no increases to designated agencies to make community housing via housing subsidy a more viable option since 2012. Annual market

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rent increases continue to shrink the value of this....and the number that it could potentially serve (p.29).

- DMH noted the demographic trends of an aging population (p.34); it is crucial that Vermont **address the needs of elders with significant psychiatric needs**. We support the ideas presented in the Act 84 Facilities Report (p.24) on this topic.
- **Further exploration of intensive residential programs** treating and maintaining individuals with aggressive behavior (p. 46).

### **Act 82 Next Steps: Addressing Gaps in the System/Long Waits in EDs**

We are very concerned about individuals experiencing long waits of stay in Emergency Departments. We recognize a national and international increase in use of emergency departments for those in crisis. In the last year we have been implementing new models of care coordination to address high utilization of EDs by:

- **Teaming with the local hospital** on an Integrated Health Home
- **Delivering embedded mental health services** in an emergency department
- **Expanding street outreach programs** to reduce ED use
- Partnering with OneCare to **document care coordination** for people with high utilization of health care
- Vermont Care Partners is teaming with DMH and the Vermont Association for Hospitals and Health System to **offer community placements** for those with long length of stays

### **ACT 82 Section 5: Involuntary Treatment and Medication Review Comment**

- Several designated agencies have embraced use of the **Collaborative Network Approach** cited on p. 7. We support DMH's plans to spread this approach across all levels of care. We believe that it can be an effective intervention in addressing First Episode Psychosis and prevention for those who could otherwise develop severe and persistent mental illness.
- The "Reimagining ONH" [Orders of Nonhospitalization] Report appended to Section 5 accurately reflected our concerns with the ONH process as it exists now. VCP supports DMH's recommendation to **expand mental health treatment court capacity** (p.47 of Section 4), such as by piloting a mental health court program based on the recommendations in this report.

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