1 Introduced by Committee on Health and Welfare
2 Date:
3 Subject: Health; mental health; access to care; care coordination
4 Statement of purpose of bill as introduced: This bill proposes to examine
5 various aspects of the mental health system in order to improve access to care
6 and care coordination throughout the system.

7 An act relating to examining mental health care and care coordination

8 It is hereby enacted by the General Assembly of the State of Vermont:
9 * * * Findings * * *
10 Sec. 1. FINDINGS
11 The General Assembly finds that:
12 (1) The State's mental health system has undergone substantial
13 transformations during the past ten years, with regard to both policy and the
14 structural components of the system.
15 (2) The State's adult mental health system was in disarray after Tropical
16 Storm Irene flooded the Vermont State Hospital in 2011. The General
17 Assembly recognized at that time that attributes characteristic of a system,
18 such as connections and communications between providers of varying levels
19 of care, were absent in Vermont's treatment for individuals experiencing
20 mental illness and psychiatric disability.

1 (3) When patients were displaced from the Vermont State Hospital, the
2 General Assembly learned that approximately one-half of the patients were at
3 the hospital because alternative levels of care in the community were not
4 available and that this had been the case for many years. In the aftermath of
5 Tropical Storm Irene, hospitals and designated agencies across the State
6 collaborated with the Department of Mental Health to provide services to
7 patients until appropriate residential beds became available.
8 (4) 2012 Acts and Resolves No. 79 established a system in which
9 patients with the most acute conditions are served by the Vermont Psychiatric
10 Care Hospital and designated hospitals. The act also funded intensive
11 residential recovery facilities, a secure residential recovery facility, crisis beds,
12 and enhanced community and peer services.
13 (5) During the transition between the old and new systems, hospital
14 emergency departments experienced an increase in the number of acute
15 patients seeking care. Patients presenting in the emergency departments often
16 remained at that setting for many hours or days under the supervision of peers,
17 crisis workers, or law enforcement officers until a bed in a psychiatric inpatient
18 unit became available. Some of these patients' conditions worsened while they
19 waited for an appropriate placement. Although this circumstance improved
20 slightly after the opening of the Vermont Psychiatric Care Hospital, it has not

1 been completely resolved due in part to the lack of available community
2 placements in other parts of the system.
3 (6) Care provided by the designated agencies was and still is the
4 cornerstone upon which the entire mental health system balances. The
5 designated agencies enable individuals with mental illness and psychiatric
6 disability to be served close to home and in a manner that not only addresses
7 an individual's health needs, but also enables an individual to build stronger
8 family and community connections. The State has yet to fund intensive
9 residential recovery beds authorized by 2012 Acts and Resolves No. 79. Their
10 funding could enable the designated agencies to move more patients out of an
11 inpatient hospital setting and into the community, which would alleviate
12 pressure throughout the system.
13 (7) Before moving ahead with changes to refine the performance of the
14 current mental health system, an analysis is necessary to take stock of how it is
15 functioning and what steps are necessary to achieve evidence-based, cost-
16 efficient improvements.
17 * * * System Operation and Coordination * * *
18 Sec. 2. OPERATION OF MENTAL HEALTH SYSTEM
19 The Secretary of Human Services, in collaboration with the Commissioner
20 of Mental Health and Green Mountain Care Board, shall conduct an analysis of
21 patient movement through Vermont's mental health system, including

1 voluntary and involuntary hospital admissions, emergency departments,
2 intensive residential recovery facilities, secure residential recovery facility, and
3 crisis beds. The analysis shall identify barriers to efficient, medically-
4 necessary patient transitions between the mental health system's levels of care
5 and opportunities for improvement. On or before September 15, 2017, the
6 Secretary shall submit a legislative proposal to the Senate Committee on
7 Health and Welfare and the House Committee on Health Care based upon the
8 results of its analysis and previous work conducted pursuant to the Health
9 Resource Allocation Plan described in 18 V.S.A. § 9405.
10 Sec. 3. CARE COORDINATION
11 (a) The Commissioner of Mental Health shall examine the effectiveness
12 and current deployment of its Care Coordination Team and the level of
13 accountability amongst admitting and discharging mental health professionals,
14 as defined in 18 V.S.A. § 7101, with regard to patient flow and the provision
15 of services throughout the mental health system.
16 (b) The Commissioner shall development a plan for and estimate the fiscal
17 impact of implementation of regionally-specific navigation and resource
18 centers for referrals from primary care providers, hospital emergency
19 departments, inpatient psychiatric units, and community providers, including
20 the designated agencies and private counseling services, in order to foster more

1 seamless transitions in the care of individuals with a mental condition or
2 substance use disorder.
3 (c) On or before August 1, 2017, the Commissioner shall submit a report
4 containing his or her findings and specific legislative proposals related to
5 subsections (a) and (b) of this section to the Senate Committee on Health and
6 Welfare and the House Committee on Health Care.
7 Sec. 4. INVOLUNTARY TREATMENT AND MEDICATION
8 (a)(1) The Commissioner of Mental Health, in consultation with the Chief
9 Administrative Judge of the Vermont Superior Courts, shall conduct an
10 analysis of the role that involuntary treatment and psychiatric medication play
11 in hospital emergency departments and inpatient psychiatric admissions. The
12 analysis shall examine the interplay between staff and patients' rights and the
13 use of involuntary treatment and medication. The analysis shall also address
14 the following policy proposals, including the legal implications, the rationale
15 or disincentives, and a cost-benefit analysis for each:
16 (A) a statutory directive to the Department to prioritize the
17 restoration of competency where possible for all forensic patients committed to
18 the care of the Commissioner;
19 (B) enabling applications for involuntary treatment and applications
20 for involuntary medication to be filed simultaneously or at any point that a

1 licensed independent practitioner, as defined in X, believes joint filing is
2 necessary for the restoration of the individual's competency;
3 (C) enabling a patient's counsel to request only one evaluation
4 pursuant to 18 V.S.A. § 7614 for court proceedings related to hearings on an
5 application for involuntary treatment or application for involuntary medication,
6 and preventing any additional request for evaluation from delaying treatment
7 directed at the restoration of competency; and
8 (D) enabling both qualifying psychiatrists or psychologists to conduct
9 patient examinations pursuant to 18 V.S.A. § 7614.
10 (2) On or before August 1, 2017, the Commissioner shall submit the
11 analysis described in subdivision (1) of this subsection (a), with specific
12 legislative proposals, to the Senate Committee on Health and Welfare, the
13 House Committee on Health Care, Vermont Legal Aid, and Disability Rights
14 Vermont.
15 (b) On or before September 1, 2017, Vermont Legal Aid and Disability
16 Rights Vermont shall jointly submit an addendum to the analysis submitted
17 pursuant to subsection (a) of this section to the Senate Committee on Health
18 and Welfare and the House Committee on Health Care with any policy or legal
19 concerns implicated by the Commissioner's analysis or legislative proposals.

1 Sec. 5. PSYCHIATRIC ACCESS PARITY

2 The Agency of Human Services, in collaboration with the Commissioner of
3 Mental Health and designated hospitals, shall evaluate opportunities for and
4 barriers to implementing parity in the manner that individuals presenting at
5 hospitals are received, regardless of whether for a psychiatric or a physical
6 condition. The evaluation shall examine: existing processes to screen and
7 triage health emergencies; transfer and disposition planning; stabilization and
8 admission; and criteria for transfer to specialized or long-term care services.
9 On or before August 1, 2017, the Commissioner shall submit the evaluation
10 and specific legislative proposals to the Senate Committee on Health and
11 Welfare and to the House Committee on Health Care.

12 * * * System Components * * *

13 Sec. 6. INPATIENT GERIATRIC AND FORENSIC PSYCHIATRIC
14 UNIT OR FACILITY

15 The Secretary of Human Services shall assess the extent to which an
16 inpatient geriatric and forensic psychiatric unit or facility or both are needed
17 within the State. If the Secretary concludes that the situation warrants a
18 geriatric or forensic unit or facility, or both, he or she shall develop a plan for
19 the design, siting, and funding of one or more units or facilities with a focus on
20 the clinical best practices for these patient populations. On or before August 1,
21 2017, the Secretary shall submit the plan and any recommendations for

1 legislation to the Senate Committees on Health and Welfare and on Institutions
2 and the House Committees on Health Care and on Corrections and Institutions.
3 Sec. 7. MAPLE LEAF PROPERTY
4 The Secretary of Human Services shall enter into conversations with the
5 Board of Trustees for the Maple Leaf Treatment Center to determine whether
6 the State could utilize its facility for another purpose, including potentially an
7 inpatient geriatric or forensic psychiatric facility.
8 Sec. 8. LICENSURE OF 23-HOUR BEDS
9 The Commissioner of Mental Health shall examine potential licensure
10 models for 23-hour beds and the implementation costs related to each potential
11 model. Beds shall be used for patient assessment and stabilization, involuntary
12 holds, diversion from emergency departments, and holds while appropriate
13 discharge plans are determined. At a minimum, the models considered by the
14 Commissioner shall address psychiatric oversight, nursing oversight and
15 coordination, peer support, and security. On or before August 1, 2017, the
16 Commissioner shall submit a summary of models considered with his or her
17 recommendations and any legislative proposals to the Senate Committee on
18 Health and Welfare and the House Committee on Health Care.
19 Sec. 9. PSYCHIATRIC WARM LINE; APPROPRIATION
20 The sum of $240,000.00 is appropriated from the General Fund to the
21 Department of Mental Health in fiscal year 2018 for the purpose of expanding

1 staffing of the existing peer-run warm line to 24 hours a day, seven days a
2 week.

3 * * * Workforce Development * * *

4 Sec. 10. WORK FORCE DEVELOPMENT; MENTAL HEALTH AND
5 SUBSTANCE USE DISORDER SERVICE PROVIDERS

6 (a) Vermont's Area Health Education Centers (AHEC), in consultation
7 with the Vermont Health Care Innovation Project's (VHCIP) work group,
8 Secretary of Human Services, Commissioner of Labor, Vermont Care Partners,
9 designated and specialized service agencies, and Vermont's institutions of
10 higher education, shall examine and report on best practices for training,
11 recruiting, and retaining health care providers in Vermont, particularly with
12 regard to the fields of mental health, developmental disabilities, and substance
13 use disorders. AHEC shall consider and weigh the effectiveness of loan
14 repayment, tax abatement, long-term employment agreements, funded training
15 models, internships, rotations, and any other evidence-based training,
16 recruitment, and retention tools available. On or before August 1, 2017,
17 AHEC shall submit a report to the Senate Committee on Health and Welfare
18 and the House Committee on Health Care regarding the results of its
19 examination, including any legislative proposals for both long-term and
20 immediate steps the State may take to attract and retain more health care
21 providers in Vermont.

1 (b) AHEC shall enter into conversations with other states to develop
2 reduced-tuition opportunities for Vermonters pursuing degrees in the fields of
3 mental health, developmental disabilities, and substance use disorders.
4 Sec. 11. OFFICE OF PROFESSIONAL REGULATION; INTERSTATE
5 COMPACTS
6 The Director of Professional Regulation shall engage other states in a
7 discussion of the creation of national standards for coordinating the regulation
8 and licensing of alcohol and drug abuse counselors, as defined in 26 V.S.A.
9 § 3231, and mental health professionals, as defined in 18 V.S.A. § 7101, for
10 the purposes of licensure reciprocity and greater interstate mobility of that
11 workforce. On or before August 1, 2017, the Director shall report to the
12 Senate Committee on Health and Welfare and the House Committee on Health
13 Care regarding the results of his or her efforts and any recommendations for
14 legislative action.
15 Sec. 12. EMPLOYMENT MODELS FOR RECOVERY
16 The Secretary of Human Services, in consultation with the Commissioners
17 of Health, of Mental Health, and of Disabilities, Aging, and Independent
18 Living, shall develop a plan to improve the payment processes to the
19 designated and specialized service agencies, which may include improving
20 funding flexibility through integrated bundled payments from multiple
21 payment streams. The plan shall ensure accountability for specific outcomes,

1 increased efficiency, and reduced administrative requirements. On or before
2 August 1, 2017, the Secretary shall submit the plan and any recommendations
3 for legislative action to the Senate Committee on Health and Welfare and the
4 House Committees on Health Care and on Human Services.

5 * * * Designated Agencies * * *

6 Sec. 13. PAYMENTS TO THE DESIGNATED AND SPECIALIZED
7 SERVICE AGENCIES

8 The Secretary of Human Services, in collaboration with the Commissioners
9 of Mental Health and of Disabilities, Aging, and Independent Living, shall
10 develop a plan to integrate multiple sources of payments to the designated and
11 specialized service agencies. The plan shall implement a Global Funding
12 model as a successor model to the Medicaid Pathways work already
13 undertaken by the Agency of Human Services, with a staged implementation
14 funding framework and, where appropriate, rely on lessons learned from the
15 bundled payments used within the Department of Mental Health's CRT
16 Program Case Rate Model and Integrated Family Services Initiative. It shall
17 increase efficiency and prevent additional administrative burden. On or before
18 August 1, 2017, the Secretary shall submit the plan and any related legislative
19 proposals to the Senate Committee on Health and Welfare and the House
20 Committee on Health Care.

1 Sec. 14. RATES OF PAYMENTS TO DESIGNATED AND SPECIALIZED
2 SERVICE AGENCIES

3 The Secretary of Human Services shall have sole responsibility for
4 establishing rates of payments for designated and specialized service agencies
5 that are reasonable and adequate to meet the costs of achieving the required
6 outcomes for designated populations. When establishing rates of payment for
7 designated and specialized service agencies, the Secretary shall adjust rates to
8 take into account factors, that include:

9 (1) the reasonable cost of any new governmental mandate that has been
10 enacted, adopted, or imposed by any State or federal authority;

11 (2) a cost adjustment factor to reflect changes in reasonable cost of
12 goods and services of designated and specialized service agencies, including
13 those attributed to inflation and labor market dynamics; and

14 (3) geographic differences in wages, benefits, housing, and real estate
15 costs in each region of the State.

16 Sec. 15. PAY SCALE; DESIGNATED AGENCY EMPLOYEES

17 The Secretary of Human Services shall establish and the designated
18 agencies shall implement a fiscal year 2019 pay scale for the benefit of
19 designated agency employees and contracted staff. The pay scale shall include
20 a minimum hourly payment of $15.00 to direct care workers. The pay scale
21 shall reflect salaries for employees and contracted staff at the designated and

1 specialized service agencies of at least 85 percent of those salaries earned by
2 equivalent State, health care, or school-based positions with equivalent lengths
3 of employment, with the goal of achieving parity on or before November 1,
4 2018.
5 Sec. 16. HEALTH INSURANCE; DESIGNATED AGENCY EMPLOYEES
6 The Secretary of Human Services, in collaboration with the Commissioner
7 of Human Resources, shall evaluate opportunities for employees of the
8 designated agencies to purchase health insurance through the State employees'
9 health benefit plan, for the purpose of finding efficiencies in coverage and
10 budgeting. The evaluation shall include the estimated financial impact of each
11 potential option on the designated agencies, employees of the designated
12 agencies, and State employees. On or before November 15, 2017, the
13 Secretary shall submit the evaluation and any related recommendations for
14 legislative action to the Senate Committees on Health and Welfare, on
15 Government Operations, and on Finance and the House Committees on Health
16 Care and on Government Operations.
17 * * * Substance Abuse Prevention * * *
18 Sec. 17. REPORT; SUBSTANCE ABUSE PREVENTION FUNDING
19 (a) On or before January 1, 2018, and each subsequent year, the Agency of
20 Human Services, in consultation with representatives from preferred providers,

1 shall submit a report to the Senate Committee on Health and Welfare and to
2 the Office of the Attorney General. The report shall address the following:
3 (1) The amount and type of funding used for substance abuse prevention
4 in the previous fiscal year.
5 (2) The amount and type of funding available but not used for substance
6 abuse prevention in the previous fiscal year.
7 (3) The feasibility of utilizing the funds referenced in subdivision (2) of
8 this subsection for the purpose of furthering the goals of the Community
9 Justice initiatives overseen by the Office of the Attorney General. These
10 initiatives include the expansion of Diversion and Pre-Trial Services, with the
11 goal of providing necessary treatment, reducing the burden on the courts, and
12 keeping communities safer through a more effective justice system.
13 (4) Such other funding and resources available for the purpose of
14 furthering the goals of the Community Justice initiatives overseen by the
15 Office of the Attorney General as described in subdivision (3) of this
16 subsection.
17 (b) As used in this section, "preferred provider" means any substance abuse
18 organization that has attained a certificate of operation from the Department of
19 Health's Division of Alcohol and Drug Abuse Programs and has an existing
20 contract or grant from the Division to provide substance abuse treatment.

1 * * * Effective Date * * *

2 Sec. 18. EFFECTIVE DATE

3 This act shall take effect on passage.