

2012 Act 79 Requirements and Status Updates

Legislative Requirements

(Priorities noted in BOLD)

Requirement:

Establish Clinical Resource Management System to coordinate movement of individuals to appropriate services throughout the continuum of care and perform ongoing valuations/improvements of system.

System functions include:

- care coordinators to assist crisis clinicians in the field,
- an electronic bed board to track available bed space
- coordination of patient transport services,
- access by individuals to a mental health patient representative
- periodic review of individuals' clinical progress.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • VPCH 24/7 Admissions Office is point of contact for Care Management. Care Management available daily and on weekends to facilitate transfers and discharges. Director of Care Management available as needed after hours. • DMH Administration and Legal available 24/7 for consultation. • Care Management team meets weekly with hospitals to review all patients involuntarily hospitalized. • Care Management monitors voluntary and involuntary individuals waiting for inpatient beds. • Care Management facilitates/monitors transitions between levels of care. • Care Management tracks individuals who are hospitalized and on Orders of Non-hospitalization. • DMH contracts with Vermont Psychiatric Survivors for 1.0 FTE patient representative. • Established Electronic web-based bed board system. • DMH established MOU with Mental Health Care Ombudsman • DMH established criteria for Level I patients. • DMH and DVHA providing Utilization Review for all Medicaid beneficiaries needing inpatient psychiatric hospitalization. • DMH established contracts with law enforcement for least restrictive transportation options for those needing involuntary hospitalization. 	

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Requirement:

Develop Peer Services, including statewide warm line access, new services to reduce need for inpatient services; quality improvement, infrastructure, and workforce development of peer services; and peer-run transportation services.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • Statewide Support Line (warm line) operating 10 hours per day, seven days per week including holidays. Has diverted over 1080 callers from emergency level services (crisis line, emergency room, hospital, 911, etc.) since 2013. • Community Links peer outreach in Rutland County providing community support and crisis prevention to individuals transitioning from hospitalization to community. Serving approximately 60 individuals per quarter. • DMH enhanced capacity and infrastructure funding to peer organizations. Alyssum, Vermont Psychiatric Survivors, Wellness Co-op and Another Way have increased staffing for community support, crisis prevention, hospital diversion. Peer-run transport capacity increased. • DMH funded peer workforce development and quality improvement through Vermont Center of Independent Living (Wellness Workforce Coalition): core peer support training offered at regular intervals. Peer support core competencies recently adopted state-wide. 	<ul style="list-style-type: none"> • Expansion of Support line to 24-hours per day. • Expand peer services in under-served regions (e.g. Northeast Kingdom) • Increase access to peer services in inpatient settings

Requirement:

Improve DA Emergency Response, Non-categorical Case management, Mobile Support Teams, Adult Outpatient services, and Alternative residential opportunities.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • Emergency staffing increased with enhanced funding to provide more outreach/mobility capacity. • All Designated Agencies are providing mobile response when requested, within the progress limits noted in areas for development. • 90% of Designated Agencies have fully implemented mobile crisis. • Communications with law enforcement improved through continuation of Team Two trainings. 	<ul style="list-style-type: none"> • Mobile outreach capacity limited by turnover and hiring of clinicians in various parts of the state. • Night-hour mobility not fully implemented as requires finite staffing and resources to a variable demand. • Large geographic coverage areas are still a challenge for timely mobile response again due to variable demand and resources.

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<ul style="list-style-type: none"> Peer supports have been added to some emergency services capacities Non-categorical case management available at all Designated Agencies. 	<ul style="list-style-type: none"> Dispatch communications (connection to law enforcement personnel for response) have regional variations. Time constraints for law enforcement encountering mental health needs and time delay in mobile response can result in potentially avoidable ER visits.
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Requirement:

Develop at least four Short-term Crisis Beds in designated agencies to prevent or divert individuals from hospitalization when clinically appropriate,

Accomplishments	Areas for Development
<ul style="list-style-type: none"> 2 additional crisis beds added in Rutland county. 2 bed crisis program in Orange county. 2 bed crisis program in Lamoille county. Overall Crisis Bed utilization FY 16 – 69% 	<ul style="list-style-type: none"> Scrutinize decrease in utilization trend of crisis bed programs statewide from 80% occupancy target

Requirement:

Develop voluntary five-bed residence (Soteria House) for individuals experiencing an initial episode of psychosis or seeking to avoid or reduce reliance on medication.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Soteria House 5-bed program opened April 2015. Average length of stay 14 weeks Utilization rate averaging 90% Approximately 60% of residents discharge to independent community settings 	

Requirement:

Develop Housing Subsidies for individuals living with or recovering from mental illness.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> DMH partnered with Vermont State Housing Authority to oversee rental subsidy and housing resource options. 127 persons who were homeless, mentally ill and at risk of needing an acute care bed have been housed and supported in the community. 	<ul style="list-style-type: none"> HUD Section 8 vouchers remain in short supply for movement of individuals off housing subsidy funding.

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<ul style="list-style-type: none"> Length of Stay is trending at 3.72 years Individual per month costs of less than \$6000 is approximately ¼ of 30-day general psychiatric inpatient costs of \$24,000+. All DAs participate in the HUD Shelter + Care program for people who are mentally ill regardless of criminal history (DMH has an identical mechanism with state funding, described above). 	<ul style="list-style-type: none"> Ongoing monitoring of utilization review and residential housing options to determine cost effectiveness related to client outcomes.
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Requirement:

Develop 8 Intensive Residential Recovery Beds (IRR) in southeastern Vermont.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Hilltop 8-bed residential program opened in Westminster. 	

Requirement:

Develop 8 Intensive Residential Recovery Beds (IRR) in either central or southwestern Vermont.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> 4-bed Maplewood IRR opened in Rutland. Funding for 2 IRR beds used to increase Rutland crisis program from 2 to 4 beds. Funding for 2 IRR beds used to create 2 crisis beds at Second Spring in Williamstown. 	

Requirement:

Develop 15 Intensive Residential Recovery (IRR) Beds in northwestern Vermont

Accomplishments	Areas for Development
<ul style="list-style-type: none"> 8-bed IRR opened in Westford 	<ul style="list-style-type: none"> 7 IRR beds remain unfunded and undeveloped. DMH proposed to reallocate the 7 unfunded IRR beds in Act 79 to increase the current 7 secure residential program bed capacity to 14 beds in 2015 (approximated capital cost of \$12 million dollars if state construction and \$5 million annually if state operated).

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(Priorities noted in BOLD)

Requirement:

Develop a Secure Seven-bed Residential Recovery Facility owned and operated by the state for individuals no longer requiring acute inpatient care, but who remain in need of treatment within a secure setting for an extended period of time.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • Middlesex Therapeutic Community Residence, a secure facility, opened June, 2013. • Facility has served 34 Residents in 38 Admissions. Only 4 residents have been re-admitted. • Average Length of Stay is 6 months • 79% of residents stepped down to less restrictive settings. • As requested by Legislature, a planning report and potential cost projections for a permanent replacement was submitted 1/15/15. • Request for Information was issued Fall, 2015 • A report to the legislature was submitted February 2016 proposing the expansion of SRR capacity to 16 beds for eligible population from both DMH and DOC. • Request for Proposals issued Winter, 2016 • Participation with AHS/DAIL/DOC and key stakeholders in the Mentally Ill Offender Commission convened by the Joint Justice Oversight Committee and report submitted to the Legislature. • DMH working with DAIL to identify interested long-term care (LTC) facilities to consider older individuals in higher cost facilities who are eligible for LTC services, establish rate setting methodology to support facility costs, and identify support program service needs. 	<ul style="list-style-type: none"> • Act 26 (2015) directed the AHS Secretary to conduct an examination of the needs of AHS for siting and designing a residential facility. • Permanent siting, facility size, population to be served, cost and operating projections, and management of the facility are still being informed through legislative interests in the mental health populations who might be best served by AHS. • Determining whether or not individuals with mental illness and ongoing justice involvement would be cost-effectively and best served by DMH or DOC. • Determining impact on secure bed need, if any, from implementation of Act 158 without financial allocation to DAIL (program service requirements for individuals with traumatic brain injury) • Determining the adequacy of and financing for one 16-bed program or more in meeting the needs of the population to be served. • Determining whether additional voluntary or secure facility/s programs and state financing requirements for each will better address step-down needs for individuals existing inpatient care. • Determining any applicable statutory impacts or changes necessary for population, program services, and facility oversight. • Funding allocation for further planning and development of a permanent facility.

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Requirement:

Establish 6-Bed Inpatient Unit in southwestern Vermont (RRMC).

Accomplishments	Areas for Development
<ul style="list-style-type: none"> 6 Level I beds added at RRMC (PICU Unit Renovation) Annual expenditures of \$3 million 	

Requirement:

Establish a **14-Bed Inpatient Unit** in southeastern Vermont (**Brattleboro Retreat**)

Accomplishments	Areas for Development
<ul style="list-style-type: none"> 14 Level I beds added at Brattleboro Retreat (Tyler 4 Renovation) Annual expenditures of \$5 million 	<ul style="list-style-type: none"> Per most recent renewal of Medicaid Global Commitment State Terms and Conditions (STC), comprehensive evaluation of cost-effectiveness of investment funding flexibility for IMD services over the five years of the waiver.

Requirement:

Construct and operate a 25-bed Acute Inpatient Hospital in central Vermont (Berlin).

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Vermont Psychiatric Care Hospital opened in July, 2014. Maintains CMS certification and Joint Commission accreditation Use of Emergency Involuntary Procedures remains below national and state averages 24-25 bed occupancy for past calendar year despite permanent nurse staff recruiting challenges Successfully implemented a new Electronic Health Record (EHR) at the hospital in 2016 	<ul style="list-style-type: none"> Pharmacy Services options for FY 19. Existing services and staff transitioning away from Copley Hospital Contract to state-operated/staffed or alternative contract for FY 19 to be determined. Per most recent renewal of Medicaid Global Commitment State Terms and Conditions (STC), comprehensive evaluation of cost-effectiveness of investment funding flexibility for IMD services over the five years of the waiver.

Requirement:

Contract on a short-term basis for 7 to 12 Acute Inpatient Hospital Beds at Fletcher Allen Health Care until the state-owned and -operated hospital becomes operational.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> UVM-MC closed its Level 1 beds with the opening of VPCH in July 2015. No Level 1 patients at UVM-MC. 	

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Requirement:

Develop 8-bed Temporary Acute Inpatient Hospital in Morrisville, which will be discontinued when the state-owned and -operated hospital is operational.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Temporary hospital in Morrisville closed July, 2014. Restoration of the Lamoille County Mental Health building complete. 	

Requirement:

Establish a System to Review any death or serious bodily injury occurring outside an acute inpatient hospital when the individual causing or victimized by the death or serious bodily injury is or recently has been within the custody of the commissioner.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Incident Reporting Guidelines in place and posted on DMH website, for both Designated Hospitals and Designated Agencies Reports can be submitted electronically (via email or electronic fax) to streamline submission process Incident notification and review protocol in place Routine notification to AHS Departments of Hospital and Residential Facility survey findings and any Plans of Correction in place 	

Requirement:

Initiate rulemaking process that establishes Standards for the Use and Reporting of Seclusion or Restraint on individuals within the custody of the commissioner, as well as requirements pertaining to the Training and Certification of Personnel Performing Emergency Involuntary Procedures.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> DMH Rulemaking regarding Emergency Involuntary Procedures (EIPs) completed. Effective July 1, 2016. DMH established a quarterly multi-stakeholder Emergency Involuntary Procedures Review Committee to review aggregate trends of EIPs at hospitals and make recommendations to the DMH Commissioner. DMH is funding an ongoing initiative to reduce seclusion and restraint at the Designated hospitals using the SAMHSA Six-Core Strategies Model with a national 	

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<p>expert and the Vermont Cooperative for Practice Improvement and Innovation.</p> <ul style="list-style-type: none">• VPCH and Designated hospital policies are fully compliant with CMS and TJC standards for EIPs	
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Consultant Report Recommendations
(Priorities noted in BOLD)

Requirement:

1: The Department of Mental Health (DMH) should develop an updated mission, vision, values, and principles statement that not only aligns and adheres with those in Act 79, but goes beyond to articulate DMH’s core values, principles of recovery, and key tenets of service provision.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Vision and mission of Vermont Department of Mental Health: <i>“Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental-health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental-health treatment and supports as needed to live, work, learn, and participate fully in their communities. It is the mission of the Vermont Department of Mental Health to promote and improve the mental health of Vermonters.”</i> DMH’s Mental Health & Health Care Integration Director works closely with the Medical Director and the Policy Director to bring a public health approach to mental illness prevention and mental health promotion. Projects include partnering with the Vermont Department of Health on perinatal depression screening; Advisory Group membership for VDH’s Culture of Health grant work; and other projects including those listed under Requirement 11, below. 	<ul style="list-style-type: none"> Additional DMH development work is part of work plan, but has been delayed given operational priorities that have remained in the forefront.

Requirement:

2: The Department of Mental Health should develop a detailed ACT 79 implementation plan.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Initial plan created (see previous section, <i>Legislative Requirements</i>). 	

Requirement:

3: Establish a set of broad “system” performance measures that include reports on service and support “process” delivery, as well as outcomes of these changes. All of this data should be used to compile and deliver monthly or quarterly dashboard reports that can be used to track progress and identify needed changes.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Quarterly “snapshot” and “continued reporting” reports have been converted to RBA scorecards with quarterly measures 	<ul style="list-style-type: none"> Develop the “story behind the curve” for each measure

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<ul style="list-style-type: none"> • RBA scorecards are publically hosted on the DMH website and are updated as soon as the department has available data • Scorecards are also available on emergency involuntary procedure usage, community programs, and VPCH outcomes 	
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Requirement:

4: DMH should provide real-time web access to the Act 79 implementation plan and the measures that will be used to gauge implementation progress.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • DMH provides key performance indicators identified for monthly reporting and a monthly snapshot of system measures on the DMH website. Annually, the Act 79 implementation report is provided to the legislature and posted to the DMH website. 	<ul style="list-style-type: none"> • As sections of the implementation plan are completed, DMH will transition the Act 79 implementation plan into the larger performance accountability RBA framework

Requirement:

5: The Administration and Legislature should develop a communications strategy for sharing with the public the progress made to implement Act 79.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • The DMH Advisory communication provides at least monthly or more frequent updates on DMH activities, milestones, and public meeting schedules. It is distributed broadly to 400+ stakeholders. The Department of Libraries is utilized for public meeting schedules • DMH has convened annual conferences to discuss Act 79, as well as other areas of development in the mental health system of care • Consistent posting of meeting agendas and meetings on the Department of Libraries website 	<ul style="list-style-type: none"> • DMH in the process of updating the website.

Requirement:

6: There should be an established single point of clinical responsibility and authority within the State’s mental health system.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • The DMH Medical Director was hired and is a single point of contact for issues requiring clinical collaboration and 	<ul style="list-style-type: none"> • The DMH Medical Director recently ended a contract with DMH. An RFP was has been

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<p>involvement/guidance of the State mental health authority, in consultation with the DMH Commissioner.</p> <ul style="list-style-type: none"> • Medical Director is supported by Mental Health Services Director for additional clinical and systems guidance 	<p>released seeking new Medical Director contract services.</p>
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Requirement:

7: The State should undertake a “high utilizer” study to identify those individuals who cycle through community and state inpatient psychiatric facilities, homeless shelters, emergency departments, prisons, and other costly settings.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • DVHA analysis of high end users for Chronic Care Initiative supported local teams funded by Blueprint and DA providers in coordinating mental and physical health services. Blueprint is looking at high utilizer ED usage and involving mental health resources for identified users who may need ongoing mental health support and follow-up. • As part of Act 87, DMH conducted a study to identify the mental health treatment needs and supports needed by incarcerated SFI inmates and provided recommendations. • Planning work with DOC and BGS for permanent Secure Residential Program for collaborative model of meeting both secure and complex mental health needs. 	<ul style="list-style-type: none"> • Ongoing interagency collaboration for identification of high utilizers. • Ongoing development of an AHS interagency response team—comprised of DMH, DAIL, DVHA, DOC—to develop interventions to persons with complex cases

Requirement:

8: The Department of Mental Health should consider using contractual performance measures to incentivize Providers to meet system level outcomes by allocating a small percentage (2-5%) of all service dollars tied to ACT 79 funding.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • As part of AHS, DMH continues to embed a Results-Based Accountability approach to grant performance management, emphasizing a collaborative approach to establishing meaningful performance measurement (outcomes over outputs; quality over quantity), and monitoring activities that enable using performance measure data to continuously improve. The first purpose of performance measurement is to improve performance. Rather than tying improvement incentives to payment, a results-based approach emphasizes data-driven dialogue to assess performance and develop strategies to improve. Focusing on grant performance management practice will provide the state and 	<ul style="list-style-type: none"> • Incentive payment is under consideration and dependent on available funding resources. Medicaid Pathways has been framework for exploring payment and service delivery reform.

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providers the information they need to get better, so that we can do more of it.	
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Requirement:

9: The Department of Mental Health should enhance its capacity to hire sufficient and competent staff with the expertise to aggressively monitor the utilization of all services currently financed under the State’s mental health system, including Community Rehabilitation and Treatment clients and clients receiving adult outpatient services.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • DMH added care management coordinators, a psychologist, a Director of Quality Management, a Director of Care Management, General Counsel, and a health care reform liaison to address identified department development and program oversight needs. Most are master’s level and hold clinical licensure. • DMH hired a senior auditor and program consultant who is overseeing reimbursement guidance for FFS billing in community programs and revising FFS and minimum standards review activities. • Developed Director of Operations, Planning, and Development to complement the clinical oversight of Director of Mental Health Services with oversight of: <ul style="list-style-type: none"> ○ day-to-day internal department operations; ○ contracting and grant accountability and outcomes; ○ planning and development initiatives that will maximize available resources and manage allocation/expenditures 	

Requirement:

10: Based upon the “high utilizer” review (see Recommendation 7), the Department of Mental Health should enhance its care management capacity to include sufficient staff and expertise to identify and coordinate behavioral health and medical care for the top (10-20%) of high-risk/high-cost consumers with serious mental illness and high risk/high cost consumers receiving adult outpatient services.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • Care management team works closely with DA’s and DH’s to coordinate care and facilitate movement. The Care Management Director and the Complex Case care Manager are a part of a monthly SFI meeting which focuses on individuals in DOC custody and coordination of services with care management team. 	<ul style="list-style-type: none"> • DMH’s work to integrate mental health with primary care involves the DA’s and their interest in providing primary care as part of their services. DMH has been primarily consultative in this ongoing health reform work.

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<ul style="list-style-type: none"> Nursing care manager, a component of the earlier technical assistance team, maintains involvement with complex community individuals and informs/assists with medical and physical care support resources. 	
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Requirement:

11: The Department of Mental Health should work with the Department of Vermont Health Access, Department of Health, and the Division of Alcohol and Drug Abuse Programs to expand the scale and scope of Blueprint activities as they relate to the integration of mental health and substance abuse services with primary medical care.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> DMH is working with AHS, DVHA and stakeholders to address possible payment reform models of DA services DMH participates with DVHA on quality improvement methodologies. VHCIP Quality and Performance Committee- helping establish, with a broad coalition, the ACO quality outcomes for public and commercial ACO's VPCIP Steering Committee- review and recommend innovative ideas in improving service delivery and healthcare integration to the Green Mountain Care Board DMH participates in the oversight and quality outcomes committees for Medicaid members assigned to each of the ACO's in Vermont. Consultation and collaboration with regional providers on how to integrate mental health into Patient Centered Medical Homes (PCMH) Blueprint Executive Committee – advising on better care integration and quality improvement at PCMH's and Blueprint sites. DMH is working closely with DCF and ADAP on the MH and SA Reach-up Initiative DMH is working closely with ADAP on the Substance Abuse Treatment Coordination initiative to ensure timely and effective screening and referral in AHS points of contact. With regard to children, DMH is a lead member on an Early Childhood Trauma workgroup with VDH and community partners that has developed and launched a trauma screening pilot in a local Blueprint primary care practice that leads to treatment referral and follow-up. The pilot is designed to create a replicable model that other Blueprint practices can use. 	

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Requirement:

12: The Department of Mental Health should create a set of system objectives that ensures that both inpatient and community services align. This should include the establishment of clearly defined clinical expectations relative to admission, discharge, and continuity of care.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • Minimum Standards Review no longer deemed and is undertaken at all DA's. • Level I inpatient criteria established • DMH UR unit is actively involved in determining thresholds for level of care authorization. • Crisis beds have uniform referral forms and admission considerations. • IRR's have developed more standardized criteria for discharge and clinical outcome measures. • Crisis Beds and IRR's have developed brochures with program descriptions and criteria for referral from communities and hospitals 	

Requirement:

13: The Department of Mental Health should establish comparative performance targets and measures (e.g., admission, discharge, re-admission) that document how well providers manage patient flow between inpatient and community based care. DMH should develop methods for incentivizing its providers to attain specific system level outcomes aimed at aligning inpatient and community care.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • DMH has created an RBA scorecard to monitor the system of care across programs and settings • DMH has added standard metrics of reporting to its Level 1 contracts, Intensive residential contracts, and the Master Grant • DMH has added standard metrics of reporting to its Hospital Designation standards • AHS and its departments have adopted the RBA framework in place of an incentivized model (see requirement 8). 	<ul style="list-style-type: none"> • Ongoing discussions with Vermont Care Partners and AHS regarding performance measures, monitoring, and results based accountability (RBA).

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Requirement:

14: The Agency of Human Services should continue to seek written clarification from the Centers for Medicare and Medicaid Services on the opportunity for Medicaid reimbursement for the future psychiatric Hospital.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> The VPCH is a 25 bed inpatient facility that remains eligible for state funding via the State's Global Commitment Waiver under the present STC's. 	<ul style="list-style-type: none"> Per most recent renewal of Medicaid Global Commitment State Terms and Conditions (STC), comprehensive evaluation of cost-effectiveness of investment funding flexibility for IMD services over the five years of the waiver.

Requirement:

15: The Department of Mental Health should immediately develop a workgroup led by its medical director to develop appropriate policies, procedures and plans for the operation of the new Vermont state psychiatric hospital that meet federal standards of care and are directed by the ADA and the Olmstead Decision, for example, in terms of discharge planning. The workgroup should prioritize the development of new services that will prevent people from entering the inpatient care system, and provide intensive services and supports to those being discharged from care to help them become integrated in their communities.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> As referenced in 14. Policies, procedures, and operating plans meet certification and accreditation requirements. The hospital personnel working with UVM-MC psychiatry staff are implementing program services emphasizing recovery and reintegration into communities in a timely manner. Six Core Strategies for Seclusion and Restraint Reduction DMH Care Management follow-up on persons released on ONH's DMH working with DAIL and LTC provider stakeholders for individuals needing LTC and support services DMH Care Management work with DOC and individuals designated SFI in Corrections. 	

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Requirement:

16: The State should formally establish “use liens” for any space where state capital funds are being used to renovate non state-owned or -controlled space as alternatives to the state psychiatric hospital.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Services contracts with Level I hospitals that received state capital funds are in place and have been renewed annually. 	

Requirement:

17: Evaluate the clinical eligibility criteria and raise the cap on Community Rehabilitation and Treatment (CRT) to accommodate increased need for CRT services.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Non-Categorical case management services have been introduced for the adult population who previously were ineligible. Seriously Functionally Impaired funding addressed a number of individuals with complex needs who were previously ineligible and currently remains in base funding. 	

Requirement:

18: Consider the benefits and drawbacks of “Medicaiding” most or all of mental health services for the Community Rehabilitation and Treatment program and adult outpatient population.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Non-categorical case management service expanded via enhanced funding. 	<ul style="list-style-type: none"> Alternative payment methodology is being considered under the All Payer Model and Medicaid Pathways work with stakeholders.

Requirement:

19: Immediately direct Act 79 funds toward ensuring timely statewide access to quality crisis services. This should entail the establishment of access and quality standards for these services that can be used to identify and direct new resources to closing gaps in services.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Enhanced funding provided to DA’s to increase outreach and mobile capacity in crisis services. Team Two training to increase law enforcement and mental health services response are in process. Team 	<ul style="list-style-type: none"> Timely access remains an issue in a few geographically isolated areas.

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<p>Two has completed the first phase of “train the trainer” and is now providing local trainings throughout the state. Team Two training has been expanded to include dispatchers as well as officers.</p> <ul style="list-style-type: none"> All crisis staff receive standardized QMHP training for consistent interpretation of statutes and clinical criteria for hospitalization. 	
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Requirement:

20: The Department of Mental Health should expand jail diversion and crisis intervention teams available to work with local and state police.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> As referenced in 19. above, mobile capacity and Team Two trainings are helping address local diversion needs. As part of Act 87 study, DMH recommended the expansion of mental health treatment courts as diversion opportunities from incarceration. 	

Requirement:

21: The Department of Mental Health should ensure adequate training and supervision of lay peer counselors as peer-run services expand. DMH should also explore the potential to certify peer counselors for quality assurance purposes and to understand potential reimbursement for these services under Medicaid.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> DMH utilizing Act 79 funding to contract with VCIL to operate the Wellness Workforce Coalition (WWC) to provide core training, co-supervision, workforce development, quality improvement and mentoring to existing and new peer programs and service providers. Medicaid reimbursement for peer services allowable using Global Commitment Investment funding. 	<ul style="list-style-type: none"> State-wide peer coalition (Wellness Workforce Coalition) and DMH coordinating planning for possible creation of certified peer specialist designation under Medicaid.

Requirement:

22: The Department of Mental Health should establish a relationship with a nonprofit support center or other similar organization to help consumers develop new peer-operated services.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> Numerous new peer-operated programs were developed through Act 79 and other federal funding (e.g. Community Links, Wellness Coop). DMH has long- 	<ul style="list-style-type: none"> DMH working with WWC to promote development and expansion of new peer-operated services (e.g. ER-based peer support).

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standing grant with Vermont Psychiatric Survivors for development of local peer-run initiatives.	
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Requirement:

23: Create a quality assurance unit within the Department of Mental Health to develop standards and to assess the clinical efficacy, capacity, and effectiveness of current and new services provided under contract to the State.

Accomplishments	Areas for Development
<ul style="list-style-type: none"> • Quality Management Director position was re-instated in September 2012. • Two quality management positions were also re-instated, one lost during 2015 rescissions. Program/Audit position added winter 2015. • QM staff currently review all critical incident reporting, review all emergency involuntary procedure (EIP) information submitted by hospitals, oversee hospital and agency designation, review grievances and appeals, and review ECT treatment in conjunction with the DMH Medical Director. • DMH Quality works closely with DVHA and AHS to align oversight through both the DVHA Quality Committee and AHS Performance Accountability Committee • DH Designation standards were revised and scheduled for use in 2016-2018 designation cycle 	<ul style="list-style-type: none"> • Quality Management plans to review DA designation processes at the end of the current designation cycle.