

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, both with regard to policy and the  
14 structural components of the system.

15 (2) Before moving ahead with changes to refine the performance of the  
16 mental health system, an analysis is necessary to take stock of how it is  
17 functioning and what steps are necessary to achieve evidence-based, cost-  
18 efficient improvements.

1                   \* \* \* System Operation and Coordination \* \* \*

2           Sec. 2. OPERATION OF MENTAL HEALTH SYSTEM

3           The Green Mountain Care Board, in collaboration with the Secretary of  
4           Human Services, shall conduct an analysis of patient movement through  
5           Vermont’s mental health system, including voluntary and involuntary hospital  
6           admissions, emergency departments, intensive residential recovery facilities,  
7           secure residential recovery facility, and crisis beds. The analysis shall identify  
8           barriers to efficient, medically-necessary patient transitions between the mental  
9           health system’s levels of care and opportunities for improvement. On or  
10           before November 15, 2017, the Green Mountain Care Board shall submit a  
11           legislative proposal to the Senate Committee on Health and Welfare and the  
12           House Committee on Health Care based upon the results of its analysis and  
13           previous work conducted pursuant to the Health Resource Allocation Plan  
14           described in 18 V.S.A. § 9405.

15           Sec. 3. REGIONAL CARE COORDINATION

16           Each designated agency shall appoint one or more advanced practice  
17           registered nurses, licensed pursuant to 26 V.S.A. § 1611, with expertise in  
18           psychiatric nursing to serve as a care coordinator for the designated agency’s  
19           respective region. The care coordinator shall be on call 24 hours a day, seven  
20           days a week to coordinate the movement between community and hospital  
21           levels of care for patients with a psychiatric disability. The care coordinator

1 shall obtain standing orders from each of the region's mental health  
2 professionals, defined pursuant to 18 V.S.A. § 7101, as to the circumstances in  
3 which the care coordinator may discharge a patient into another level of care.

4 Sec. 4. INVOLUNTARY TREATMENT AND MEDICATION

5 The Commissioner of Mental Health shall conduct an analysis of the role  
6 that involuntary treatment and psychiatric medication play in hospital  
7 emergency departments and wait times for an inpatient bed on a psychiatric  
8 unit. The analysis shall examine the interplay between staff and patients'  
9 rights and the use of involuntary treatment and medication. On or before  
10 November 15, 2017, the Commissioner shall submit an analysis with any  
11 legislative proposals to the Senate Committee on Health and Welfare and the  
12 House Committee on Health Care.

13 \* \* \* System Components \* \* \*

14 Sec. 5. INPATIENT GERIATRIC AND FORENSIC PSYCHIATRIC  
15 FACILITY

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

1 submit the plan and any recommendations for legislation to the Senate  
2 Committees on Health and Welfare and on Institutions and the House  
3 Committees on Health Care and on Corrections and Institutions.

4 Sec. 6. MAPLE LEAF PROPERTY

5 The Secretary of Human Services shall enter into conversations with the  
6 Board of Trustees for the Maple Leaf Treatment Center to determine whether  
7 the State could utilize its facility for another purpose, including potentially an  
8 inpatient geriatric or forensic psychiatric facility.

9 \* \* \* Peer-Run Hotline \* \* \*

10 Sec. 7. 18 V.S.A. § 7255 is amended to read:

11 § 7255. SYSTEM OF CARE

12 The Commissioner of Mental Health shall coordinate a geographically  
13 diverse system and continuum of mental health care throughout the State that  
14 shall include at least the following:

15 \* \* \*

16 (2) peer services, which may include:

- 17 (A) a ~~warm line~~ hotline;
- 18 (B) peer-provided transportation services;
- 19 (C) peer-supported crisis services; and
- 20 (D) peer-supported hospital diversion services;

21 \* \* \*

1       Sec. 8. PSYCHIATRIC HOTLINE; APPROPRIATION

2           The sum of \$240,000.00 is appropriated from the General Fund to the  
3       Department of Mental Health in fiscal year 2018 for the purpose of expanding  
4       staffing of the existing peer-run warm line to 24 hours a day, seven days a  
5       week.

6                                   \* \* \* Workforce Development \* \* \*

7       Sec. 9. WORK FORCE DEVELOPMENT; MENTAL HEALTH AND  
8                                   SUBSTANCE USE DISORDER SERVICE PROVIDERS

9           (a) Vermont's Area Health Education Centers (AHEC), in consultation  
10       with the Green Mountain Care Board, Secretary of Human Services,  
11       Commissioner of Labor, designated agencies, and Vermont's institutions of  
12       higher education, shall examine and report on best practices for training,  
13       recruiting, and retaining health care providers in Vermont, particularly with  
14       regard to the fields of psychiatry and substance use disorders. AHEC shall  
15       consider and weigh the effectiveness of loan repayment, tax abatement, long-  
16       term employment agreements, funded training models, internships, rotations,  
17       and any other evidence-based training, recruitment, and retention tools  
18       available. On or before November 15, 2017, AHEC shall submit a report to  
19       the Senate Committee on Health and Welfare and the House Committee on  
20       Health Care regarding the results of its examination, including any legislative

1 proposals for both long-term and immediate steps the State may take to attract  
2 and retain more health care providers in Vermont.

3 (b) AHEC shall enter into conversations with other states to develop  
4 reduced tuition opportunities for Vermonters pursuing degrees in the fields of  
5 psychiatry and substance use disorders.

6 Sec. 10. OFFICE OF PROFESSIONAL REGULATION; INTERSTATE  
7 COMPACTS

8 The Director of Professional Regulation shall engage other states in a  
9 discussion of the creation of national standards for coordinating the regulation  
10 and licensing of alcohol and drug abuse counselors, as defined in 26 V.S.A.  
11 § 3231, and mental health professionals, as defined in 18 V.S.A. § 7101, for  
12 the purpose of fostering greater interstate mobility among providers. On or  
13 before November 15, 2017, the Director shall report to the Senate Committee  
14 on Health and Welfare and the House Committee on Health Care regarding the  
15 results of his or her efforts and any recommendations for legislative action.

16 \* \* \* Designated Agencies \* \* \*

17 Sec. 11. PAYMENTS TO THE DESIGNATED AGENCIES

18 The Secretary of Human Services, in collaboration with the Commissioner  
19 of Mental Health, shall develop a plan to integrate multiple sources of  
20 payments to the designated agencies. The plan shall be modeled on the  
21 Agency's Integrated Family Services initiative. It shall increase efficiency and

1 prevent additional administrative burden. On or before November 15, 2017,  
2 the Secretary shall submit the plan and any related legislative proposals to the  
3 Senate Committee on Health and Welfare and the House Committee on Health  
4 Care.

5 Sec. 12. PAY SCALE; DESIGNATED AGENCY EMPLOYEES

6 The Secretary of Human Services shall establish and the designated  
7 agencies shall implement a fiscal year 2019 pay scale for the benefit of  
8 designated agency employees. The pay scale shall include a minimum hourly  
9 payment of \$15.00 to direct care workers. The pay scale shall reflect salaries  
10 for professionals at the designated agencies of at least 85 percent of those  
11 salaries earned by equivalent State or school-based positions with the goal of  
12 achieving parity by November 1, 2019.

13 Sec. 13. HEALTH INSURANCE; DESIGNATED AGENCY EMPLOYEES

14 The Secretary of Human Services, in collaboration with the Commissioner  
15 of Human Resources, shall evaluate opportunities for employees of the  
16 designated agencies to purchase health insurance through the State employees’  
17 health benefit plan for the purpose of finding efficiencies in coverage and  
18 budgeting. The evaluation shall include the estimated financial impact of each  
19 potential option on the designated agencies, employees of the designated  
20 agencies, and State employees. On or before November 15, 2017, the  
21 Secretary shall submit the evaluation and any related recommendations for

1 legislative action to the Senate Committees on Health and Welfare, on  
2 Government Operations, and on Finance and the House Committees on Health  
3 Care and on Government Operations.

4 \* \* \* Effective Date \* \* \*

5 Sec. 14. EFFECTIVE DATE

6 This act shall take effect on July 1, 2017.