

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) The State’s 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. Many of these patients' conditions worsened while
19 they waited for an appropriate placement. Although this circumstance
20 improved slightly after the opening of the Vermont Psychiatric Care Hospital,

1 it has not been completely resolved due in part to the lack of available
2 community 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 addresses not only
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 an intensive
9 residential recovery facility authorized by 2012 Acts and Resolves No. 79. Its
10 funding could enable the designated agencies in moving more patients out of
11 an 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 Green Mountain Care Board, in collaboration with the Secretary of
20 Human Services, shall conduct an analysis of patient movement through
21 Vermont's mental health system, including voluntary and involuntary hospital

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

10 Sec. 3. REGIONAL CARE COORDINATION

11 Each designated agency shall appoint one or more advanced practice
12 registered nurses, licensed pursuant to 26 V.S.A. § 1611, with expertise in
13 psychiatric nursing to serve as a care coordinator for the designated agency’s
14 respective region. The care coordinator shall be on call 24 hours a day, seven
15 days a week to coordinate the movement between community and hospital
16 levels of care for patients with a psychiatric disability. The care coordinator
17 shall obtain standing orders from each of the region’s mental health
18 professionals, defined pursuant to 18 V.S.A. § 7101, as to the circumstances in
19 which the care coordinator may discharge a patient into another level of care.

1 Sec. 4. INVOLUNTARY TREATMENT AND MEDICATION

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

10 * * * System Components * * *

11 Sec. 5. INPATIENT GERIATRIC AND FORENSIC PSYCHIATRIC
12 FACILITY

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

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

3 * * * Workforce Development * * *

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

4 Sec. 10. 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 purpose of fostering greater interstate mobility among providers. On or
11 before November 15, 2017, the Director shall report to the Senate Committee
12 on Health and Welfare and the House Committee on Health Care regarding the
13 results of his or her efforts and any recommendations for legislative action.

14 Sec. 11. EMPLOYMENT MODELS FOR RECOVERY

15 The Secretary of Human Services, in consultation with the Commissioner of
16 Labor, shall identify programs and models nationwide that provide the best
17 outcomes for moving individuals with a substance use disorder or psychiatric
18 disability into employment as part of their recovery. On or before
19 November 15, 2017, the Secretary shall submit a report to the Senate
20 Committee on Health and Welfare and the House Committee on Human
21 Services containing his or her recommendations on those programs or models

1 that elicit the best and most cost-effective outcomes, as well as any
2 recommendations for legislative action.

3 * * * Designated Agencies * * *

4 Sec. 12. PAYMENTS TO THE DESIGNATED AGENCIES

5 The Secretary of Human Services, in collaboration with the Commissioner
6 of Mental Health, shall develop a plan to integrate multiple sources of
7 payments to the designated agencies. The plan shall be modeled on the
8 Agency's Integrated Family Services initiative. It shall increase efficiency and
9 prevent additional administrative burden. On or before November 15, 2017,
10 the Secretary shall submit the plan and any related legislative proposals to the
11 Senate Committee on Health and Welfare and the House Committee on
12 Health Care.

13 Sec. 13. PAY SCALE; DESIGNATED AGENCY EMPLOYEES

14 The Secretary of Human Services shall establish and the designated
15 agencies shall implement a fiscal year 2019 pay scale for the benefit of
16 designated agency employees. The pay scale shall include a minimum hourly
17 payment of \$15.00 to direct care workers. The pay scale shall reflect salaries
18 for professionals at the designated agencies of at least 85 percent of those
19 salaries earned by equivalent State or school-based positions with the goal of
20 achieving parity on or before November 1, 2019.

1 Sec. 14. HEALTH INSURANCE; DESIGNATED AGENCY EMPLOYEES

2 The Secretary of Human Services, in collaboration with the Commissioner
3 of Human Resources, shall evaluate opportunities for employees of the
4 designated agencies to purchase health insurance through the State employees'
5 health benefit plan for the purpose of finding efficiencies in coverage and
6 budgeting. The evaluation shall include the estimated financial impact of each
7 potential option on the designated agencies, employees of the designated
8 agencies, and State employees. On or before November 15, 2017, the
9 Secretary shall submit the evaluation and any related recommendations for
10 legislative action to the Senate Committees on Health and Welfare, on
11 Government Operations, and on Finance and the House Committees on Health
12 Care and on Government Operations.

13 * * * Substance Abuse Prevention * * *

14 Sec. 15. REPORT; SUBSTANCE ABUSE PREVENTION FUNDING

15 (a) On or before January 1, 2018, and each subsequent year, the Agency of
16 Human Services, in consultation with representatives from preferred providers,
17 shall submit a report to the Senate Committee on Health and Welfare and to
18 the Office of the Attorney General. The report shall address the following:

19 (1) The amount and type of funding used for substance abuse prevention
20 in the previous fiscal year.

