

Sec. 3. CARE COORDINATION

(a) The Commissioner of Mental Health shall examine the effectiveness and current deployment of mental health care management capacity and functions of the existing DMH Care Management Team, regional care management capacity and functions of each of the Designated Agency mental health programs, and the level of accountability amongst admitting and discharging mental health professionals, as defined in 18 V.S.A. § 7101, for open clients of mental health programs and individuals not engaged in designated agency programs as it relates to patient flow and the access to and provision of services throughout the mental health system.

(b) The Commissioner shall be responsible for the development of a mental health plan and fiscal impact of implementation affording core oversight and monitoring of regionally-specific navigation and resource centers for designated agency mental health service referrals from primary care providers, hospital emergency departments, departments of AHS, inpatient psychiatric units, and community providers, including the designated agencies and private counseling services, in order to foster more seamless transitions in the care of individuals with a mental condition.

(c) The Secretary of the Agency of Human Services shall be responsible for the development of parallel plans, developed in collaboration with other AHS Department Commissioners, or in conjunction with the DMH Commissioner's plan, that addresses such co-occurring disorders as substance use and abuse, traumatic brain injury, and intellectual disability. The plan shall include components of (b) above and any additional recommendations of AHS Departments for the plan.

(d) On or before November 15, 2017, the AHS Secretary or designee/s and DMH Commissioner shall report their findings and specific legislative proposals related to subsections (a) - (c) of this section to the Senate Committee on Health and Welfare and the House Committee on Health Care.