S.133: An act relating to examining mental health care and care coordination
Side by Side Comparison

	As Passed Senate	As Passed House Health Care Committee
Sec. 1 Findings		• Findings # 4, 7-10, 12, 15, and 18 are new • Other findings have been amended to varying degrees
	[Not in Senate version]	House added new Sec. 2 (Legislative Intent) that restates the principles of Vermont's mental health system adopted in 2012 Acts and Resolves No.79
Sec. 2. Proposed Action Plan	By Sept. 1, 2017, the Sec. of HS shall submit plan to SHW and HHC with recommendations and legislative proposals for each of the evaluations, analyses, and other tasks required pursuant to Secs. 3-9	• House Sec. 3 requires Sec. of HS, in collaboration with DMH, GMCB, providers, and persons affected by services to submit an *action plan* to SHW, HHC, & HHS by Dec. 15, 2017 that shall be informed by an *analysis* of specific issues outlined in Sec. 4. • Analysis shall be conducted in conjunction with relevant HRAP updates • With regard to children, adolescents, and adults, the analysis and action plan shall: o Specify steps to develop long-term, statewide vision of how integrated, recovery-oriented services shall emerge as part of comprehensive & holistic health care system; o Identify data not currently gathered that are necessary for future planning, long-term evaluation of the system, and for quality measures; o Identify causes underlying increased referrals and self-referrals for emergency services; o Identify gaps in services that affect ability of individuals to access emergency psychiatric care; o Determine whether appropriate types of care are being made available as services in VT, including intensive and other outpatient services and services for transition age youth; o Determine availability & regional accessibility of in/voluntary hospital admissions, EDs, IRRFs, SRRF, crisis beds and other diversion capacity, crisis intervention services, peer respite & support services, and stable housing o Identify barriers to patient care at levels of supports that are least restrictive, and most integrated, and opportunities for improvement; o Incorporate existing info from research and

		from established quality metrics regarding ED wait times; o Incorporate anticipated demographic trends, the impact of opiate crisis, and data that indicate short- and long-term trends; and o Identify the resources necessary to attract and retain qualified staff to meet identified outcomes required of DAs and SSAs and specify timelines for achieving those levels of support. • Action plan status report is due to SHW, HHC, and HHS by Sept. 1, 2017 • Data collected for analysis and action plan regarding EDs shall include: o Circumstances under which and reasons why a person is being referred or self-referred to emergency services; o Reports on use of restraints, including chemical restraints; o Any criminal charges files against an individual during ED waits; o Measurements shown by research to affect length of waits; and o Rates at which persons brought to EDs for EEs are not found to be in need of inpatient hospitalization. • Data to inform analysis and action plan shall include short- and long-term trends on inpatient LOS and readmission rates. • Data for persons under 18 shall be analyzed separately. • By Jan. 15, 2019, Sec. of HS shall submit a *long-term vision evaluation* regarding the overarching structure for delivery of MH services within a sustainable, holistic HC system to SHW, HHC, and HHS, including: o Whether current structure is succeeding in serving VTers with mental health needs and meet goals of access, quality, and integration of services; o Whether quality and access to MH services are equitable throughout VT; o Whether the current structure advances the long-term vision of an integrated, holistic HC system; o How the DA and SSA structure contributes to the realization of the long-term vision; o How MH care is being fully-integrated into HC payment reform; and o Any recommendations for structural changes to the MH system that would assist in

		achieving the vision of an integrated, holistic HC system.

Sec. 3. Operation of the Mental Health System	• The Sec. of HS, in collaboration with the Commissioner of MH and GMCB, shall conduct an analysis of patient movement through MH system, including: o In/voluntary hospital admissions; o Emergency departments; o Intensive residential recovery facilities; o Secure residential recovery facility; o Crisis beds; and o Stable housing • The analysis shall ID barriers to efficient patient transitions between levels of care, and ID opportunities for improvement • The analysis shall build on work conducted pursuant to the Health Resource Allocation Plan	[Integrated into House Sec. 3]
Sec. 4. Care Coordination	• The Sec. of HS, in collaboration with the Commissioner of MH, shall develop a plan for and estimate the fiscal impact of implementing regional navigation and resource centers for referrals from other providers o Goal of navigation & resource centers = more seamless patient transitions o Commissioner of MH will provide technical assistance and serve as a statewide resource • The Sec. of HS, in collaboration with the Commissioner of MH, shall evaluate effectiveness of DMH's care coordination team and accountability among admitting and discharging MH professionals	• House Sec. 4(1) evaluates the potential benefits and costs of developing regional navigation and resource centers, and shall include consideration of other coordination models identified during the analysis. • Goal of regional navigation and resource centers is to foster improved access to least restrictive, medically-appropriate levels of care for person with MH conditions, SUDs, or co-occurring conditions. • House Sec. 4(2) evaluates the effectiveness of DMH's care coordination team in providing access to and accountability for coordination and collaboration among hospitals and community partners for transition and ongoing care, including judicial and corrections systems. Evaluation shall include assessment of potential discrimination in hospital admissions and extent to which individuals are served by their medical homes.

	[Not in Senate version]	• House Sec. 4(4) evaluates whether the components of Act 79 that were not fully implemented (7 IRRF beds and 24/7 warm line) remain necessary and whether components fully implemented remain necessary. If implementation or expansions are deemed necessary, action plan shall identify the initial steps.
Sec. 5. Involuntary Treatment and Medication	• The Sec. of HS, in collaboration with the Commissioner of MH and Chief Admin. Judge, shall conduct an analysis of the role involuntary treatment & med plays in EDs and inpatient psychiatric admissions, including interplay between staff and patient rights • The analysis shall also address each of the following proposals: o Statutory directive to DMH to prioritize the restoration of competency where possible for forensic patients in the Commissioner's custody; o Enable AITs and AIMs to be filed simultaneously or at any point a licensed independent practitioner believes joint filing is necessary to restore patients' competence; o Enable patient's counsel to request only one independent examination of patient related to AIT and AIM hearings; and o Enable qualifying psychiatrists and psychologists of conduct independent patient examinations • VLA & DRVt shall submit a response to this portion of Sec.'s report by Oct. 1, 2017 to SHW & HHC	• By Dec. 15, 2017, the Sec. of HS, collaboration with the Commissioner of MH and Chief Superior Judge, shall submit a report to SHW and HHC regarding role of involuntary treatment and medication in ED wait times, including concerns arising from judicial timelines and processes and the interplay between staff and patient rights. • The analysis shall also address each of the following proposals: o Statutory directive to DMH to prioritize the restoration of competency where possible for forensic patients in the Commissioner's custody; and o Enable AITs and AIMs to be filed simultaneously or at any point a psychiatrist believes joint filing is necessary to restore patients' competence. • VLA, DRVt, and VPS may submit a response to this portion of Sec.'s report by Jan. 15, 2018 • By Nov. 15, 2017, DMH shall issue a RFI for a longitudinal study comparing outcomes of patients who received court-ordered medications while hospitalized with those patients who did not receive court-ordered medication while hospitalized, including both patients who voluntarily received medication and those who received none.

Sec. 6. Psychiatric Access Parity	• AHS, in collaboration with the Commissioner of MH and designated hospitals, shall evaluate opportunities for and remove barrier of implementing parity in the manner that individuals presenting at hospitals are received, regardless of whether for a psychiatric or physical condition	[House Sec. 4(5) is substantively the same as Senate Sec. 6]
Sec. 7. Geriatric and Forensic Psychiatric Skilled Nursing Unit or Facility	• The Sec. of HS shall assess existing community capacity and evaluate extent to which geriatric and/or forensic psychiatric skilled nursing unit is needed • If Sec. concludes more home- and community-based services and/or geriatric/ forensic psychiatric skilled nursing units are needed, s/he will develop a plan to design and fund appropriate combination of facilities	• House Sec. 4(6) evaluates the extent to which add'l support services are needed for geriatric patients in order to prevent hospital admissions or to facilitate inpatient discharges. If there is any identified need, the action plan shall identify initial steps to plan, design, and fund implementation/expansion. • House Sec. 4(7) evaluates the extent to which add'l services or facilities are need for forensic patients. Analysis and action plan shall be completed in coordination with other legislatively required assessments on this topic.
Sec. 8. Units or Facilities for Uses as Nursing or Residential Homes	• The Sec. of HS shall consult Commissioner of BGS to determine whether there are any units/facilities that State could utilize for geriatric and/or forensic psychiatric skilled nursing unit, residential home, or supportive housing	• House Sec. 4(8) requires that to the extent analysis indicates need for add'l units/facilities, consultation with the Commissioner of BGS is required to determine whether there are any units/facilities that State could utilize for geriatric skilled nursing or forensic psychiatric facility, add'l IRRF, expanded SRRF, or supportive housing

Sec. 9. 23-Hour Bed Evaluation	• The Sec. of HS, in collaboration with the Commissioner of MH, shall evaluate potential licensure models for 23-hour beds and related implementation costs
	• Sec. of HS must consider the following with regard to each evaluated model:
	  • Psychiatric oversight
	  • Nursing oversight and coordination
	  • Peer support
	  • Security
		• House Sec. 4(3) evaluates crisis diversion, including:
		  ○ Existing & potential new models, including 23-hour bed model, to prevent or divert individuals from the need to access ED;
		  ○ Models for children, adolescents, and adults; and
		  ○ Whether existing programs need to be expanded, enhanced, or reconfigured, and whether add'l capacity is needed.
		• Diversion models used for patient assessment & stabilization, involuntary holds, diversion from EDs, and holds while discharge plans are determined shall be considered. If any need for any diversion model is identified, the

		action plan shall include preliminary steps necessary to license, implement, etc.
	[Not in Senate version]	• House Sec. 4(9) evaluates levels of funding necessary to: o Sustain DAs & SSAs workforce; o Enable DAs and SSAs to meet statutorily mandated responsibilities and required outcomes; o Identify the required outcomes; and o Establish recommended levels of increased funding for inclusion in FY19 budget.
Sec. 10. MH, DD, and SUD Workforce Study Committee	• Creates study committee to examine best practices for training, recruiting, and retaining health care providers, particularly with regard to the fields of MH, DD, and SUD • Membership: o Must include: ▪ Sec. of HS or designee ▪ Commissioner of Labor ▪ Representative of Vermont State Colleges ▪ Representative of VCHIP o May include: ▪ Representative of DAs & SSAs, appointed by VT Care Partners ▪ Director of Substance Abuse Prevention ▪ Representative of AHEC ▪ Any other appropriate individual by invitation of Chair • Committee responsible for considering the effectiveness of loan repayment, tax abatement, long-term employment agreements, funded training models, internships, rotations, etc. • Committee shall have assistance of AHS • Committee report due to SHW and HHC by Sept. 1, 2017	• House Sec. 9 makes all members mandatory and adds the following members: o Commissioner of MH or designee; o Commissioner of DAIL or designee; o Commissioner of Health or designee; o Gov's HC Workforce Work Group (in place of VCHIP); o Representative of person affected by current services; and o Representative of families of persons affected by current services.

Sec. 11. Office of Professional Regulation; Interstate Compacts	• The Dir. of Professional Regulation shall engage other states in discussion of creation of national standards for coordinating the regulation and licensing of MH professionals for the purpose of licensure reciprocity and greater interstate mobility of that workforce • Report re: recs for legislation due to SHW and HHC by Sept. 1, 2017	[Same as Senate]

Sec. 12. Rates of Payments to DAs and SSAs	• The Sec. of HS shall have sole responsibility for establishing rates of payments for DAs and SSAs that are reasonable/adequate to meet costs of achieving required outcomes for designated populations
	• The Sec. *shall* adjust rates to account for:
	  • Reasonable cost of any government mandate; and
	  • Cost adjustment factors to reflect changes in reasonable cost of goods and services of DAs and SSAs
	• The Sec. *may* adjust rates to account for:
	  • Geographic differences in wages, benefits, housing, and real estate costs
		• The Sec. of HS shall have sole responsibility for establishing *VDH, DMH, and DAIL's* rates of payments for DAs, SSAs, *and ADAP's PPs* that are reasonable/adequate to meet costs of achieving required outcomes for designated populations

Sec. 13. Payments to the DAs and SSAs	• The Sec. of HS, in collaboration with the Commissioners of DMH and DAIL, shall develop a plan to integrate multiple sources of payments to DAs and SSAs
	  ○ Plan shall implement a Global Funding model as a successor to work conducted under Medicaid Pathways and other work undertaken regarding MH in health care reform
	• Report with related legislative proposals due on Jan.1, 2018 to SHW and HHC
		• House Sec. 7 same as Senate Sec. 13, with a few additions:
		  ○ Sec. of HS is required to consult with provider and persons affected by current services;
		  ○ Report recipients include HHS
		• Report due by Jan. 1, 2018

Sec. 14. Integration of Payments; Accountable Care Organizations	• GMCB shall review ACO model of care and integration with community providers, including DAs and SSAs, regarding how model of care promotes coordination across continuum, business or operational relationships, and any proposed investments or expansions to community-based provider o Purpose of review is to ensure progress toward and accountability to population health measures related to MH and SUD contained in ACO all-payer model agreement • In GMCB's Jan.15, 2018 report, it shall include summary of information relating to integration with community providers (pursuant to bullet above) • By Dec. 31, 2020, AHS, in collaboration with GMCB, shall provide a copy of report required by Sec. 11 of All-Payer Model ACO Model Agreement to SHW & HHC	[House Sec. 6 same as Senate Sec. 14]
Sec. 15. Health Insurance; DA and SSA Employees	• By Sept. 1, 2017, the Commissioner of HR shall consult with BCBS and Vermont Care Partners regarding the operational feasibility of including DAs and SSAs in the State employees' health benefit plan and submit relevant findings to SHW, SGO, SF, HHC, and HGO	[House Sec. 12 is the same as Senate Sec. 15]
Sec. 16. Pay Scale; DA and SSA Employees	• The Sec. of HS shall allocate to DAs and SSAs an appropriation with the goal of implementing a pay scale by July 1, 2017 that: o Provides at min. $15/hr to direct care workers; and o Increases salaries for employees and contracted staff to be at least 85% of those salaries earned by equivalent State, health care, or school-	[Removed from House version]

	based positions with equal lengths of employment	
Sec. 17. Appropriation; DA and SSA Employee Pay	• In FY18, $3.2m from GC ($13.9m from GF and $15.2m of federal funds) is appropriated by AHS as follows: o $30m for funding wage increases in Sec. 16 o $240k to expand hours of warm line	[Removed from House version]
	[Not in Senate version]	• House Sec. 8 (Alignment of Funding within AHS) requires the Agency to continue with budget development processes enacted in legislation during the first year of the 2015-2016 biennium that shall unify payment for services, policies, and utilization review of services within an appropriate department.
Sec. 18. Effective Date	On passage	[House Sec. 13 is the same as Senate Sec. 18]