



ACT 79
2012 WORK PLANS

DEPARTMENT OF MENTAL HEALTH
Redstone Office Building
26 Terrace Street
Montpelier VT 05609-1101
Phone: 802-828-3824 Fax: 802-828-1717

Department of Mental Health – Act 79 Work Plans

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ADAP

Name of Project	Contact Person/Lead	Program Components	Stages/Steps of Implementation	Timeline	Stakeholders or Work Group(s)
				(In Process or Complete)	Y/N
DMH / ADAP Integration	Jeff Rothenberg				
		AHS internal Education	Educating DMH / ADAP on activities underway at respective department	In Process	
		Defining Integration	Set up regular meetings between DMH and ADAP	Complete	
			Review what past workgroups have identified as area's / roadblocks for integration	In Process	
			Identify other area's for integration that DMH / ADAP could work on. (ie.public education / suicide prevention)	In Process	
			Define integration steps and objectives for both clinical and financial issues	In Process	
		Making sure other partners in integration are identified and notified and involved with planning	1. Identify other partners		Yes
			2. Reach out to other partners for feedback and to let them know of integration efforts		Yes

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ADAP

		Performance Measures	1. Identify performance measures and outcomes with current providers	Complete	
			2. Identify other performance measures / outcomes ADAP and DMH can measure in a similar way		

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Integration with Blueprint/Health Care Reform

<u>Name of Project</u>	<u>Contact Person/Lead</u>	<u>Program Components</u>	<u>Goals of Project</u>	<u>Stages/Steps of Implementation</u>	<u>Timeline (In Process or Complete)</u>	<u>Stakeholders or Work Group(s) Y/N</u>
<u>Integration with Blueprint/Health Care Reform</u>	Jaskanwar Batra, MD	Integration & coordination of mental health care of Vermonters with the role out of Blueprint for Health and Health Care Reform	Identify DMH representatives Meet with Blueprint Staff Meet with Green Mountain Care Board Regular meetings with Blueprint to be involved in project role out	J Batra and Nick Nichols will be primary liaison to both Blueprint and Green Mountain Care Board Initial meeting on May 17 th , 2012 To be scheduled Blueprint Mental health treatment advisory committee scheduled with DMH staff scheduled to attend each meeting	Complete Complete June 30th Ongoing	Y (Transformation Council)

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Care Management

Name of Project	Contact Person/Lead	Program Components	Stages/Steps of Implementation	Timeline	Stakeholders or Work
				(In Process or Complete)	Y/N
Care Management	Jeff Rothenberg				
		Bed Board	1. Continue workgroup looking at issues preparing for electronic bed board	In process	yes
			Add to Bed Board, DA residential programs	July 1, 2012	
			3. Implement electronic bed board	August 13th scheduled date	
			4. Continue workgroup to get feedback and improve quality and effectiveness of bed board	After August 13	yes
		LOCUS	1. Schedule internal meeting with DMH staff to make sure all staff are familiar with and committed to LOCUS as tool to be used by field	Complete	
			2. Develop workplan with timelines for implementing LOCUS	In process	
			3. Work with DH's to use LOCUS at admission and discharge		yes
		Crisis Beds	1. Schedule regular meetings with DA Crisis Bed Directors	First Meeting Scheduled June 15	yes
			2. Work with Crisis Bed Directors to have standardized referral information asked for, timelines for making determination on decision, admissions, and discharge practices	In process	yes

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		Designated Hospitals	1. Restart monthly meetings between DMH and Designated Hospitals	Completed	yes
			2. Work with DH's to have standardized protocols, for admission, discharge, continued stay reviews		yes
		Emergency Room Protocols	1. Draft protocol for when individuals are "stuck" in ER's awaiting either a involuntary or voluntary bed to become available	Completed	
			2. Share draft with field	In process	yes
			3. Finalize protocol		
			4. Draft email protocol to inform DH system of individuals needing placement	In process	Yes
		Residential Beds	1. Develop common admission / discharge standards for CRT residential programs in the state	In process	yes
		MCO for CRT	1. Draft new language for CRT MCO manual	In process	
			2. Review with AHS		
			3. Review with DH's and DA's		yes
			4. Implement new MCO rules		
		QMHP designation	1. Develop new flow of how these designations are done by DMH	In Process	
			2. Share new flowchart with DA's		yes

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Care Management

		System Wide Treatment Plan	1. Investigate psych consult for capability of system wide treatment plan	In process	
			2. Work with DA's and DH's on what should be included in a system wide treatment plan		yes
		Blend DMH Care Management Team and DMH Acute Care Team	1. Assign same supervisor to both teams	Completed	
		Continue expanded DMH Care Managers role in facilitating intra-agency case coordination	1. Continue weekly clinical status phone calls with Brattleboro Retreat, FAHC and Rutland Hospital	Ongoing / In Process	
			2. Add CVH and 2nd Spring to weekly phone call list with Care Managers	Ongoing	
			3. Add HCRS (Meadowview, Hilltop House, Alternatives to weekly phone call list with Care Managers	In process	
			4. Have Care Managers learn about DMH housing resources both existing programs in CRT programs, and new enhanced housing dollars	Ongoing / In Process	
			5. Have Care Managers provide onsite outreach and case coordination to DH's, DA's, other providers and providers at other state agencies	Ongoing / In Process	

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Care Management

		Assist Placement of Most hard to place Individuals	1. make list of hard to place individuals and update	Ongoing	
			2. Assertively work with DH's, DA's and other providers to find and create placements for these individuals	Ongoing	
			3. Establish weekly internal DMH meeting to maintain focus on this important group	Completed / Ongoing	
		Integrate DMH Consultative Team into Care Management	1. Meet with DMH Consultative Team and DMH Care Management Team	In process	
		Develop Vision for Care Management	1. DMH review of past work done by Care Management workgroups and consultants	Completed	
			2. DMH draft initial vision of Care Management	In process	
			3. Share vision with Care Management Workgroup and work to make a final VISION that is produced and accepted by all stakeholders in system	In process	
		Care Management Workgroup	1. DMH review of past work done by Care Management workgroups and consultants	Done	
			2. Set first meeting of Care Management Workgroup	In process	
			3. Work on shared vision and principles with workgroup		
			4. Have workgroup decide on activities that need prioritizing over next year, and whether subworkgroups are needed		

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Care Management

		Lightning Rounds	1. Have daily meeting to start each morning, with Department leadership, including Commissioner, to get status updates on individuals in Emergency Room or Jail awaiting a involuntary or voluntary bed, and to determine if DMH can help facilitate discharges to lower levels of care for other individuals	In process / Ongoing	
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Challenging Client Team

<u>Name of Project</u>	<u>Contact Person/Lead</u>	<u>Program Components</u>	<u>Goals of Project</u>	<u>Stages/Steps of Implementation</u>	<u>Timeline (In Process or Complete)</u>	<u>Stakeholders or Work Group(s) Y/N</u>
<u>Challenging Client Team</u>	Jaskanwar Batra, MD Elliott Benay	Patients to be at the appropriate “step-down” location to receive care as clinically determined, once ready to be discharged by hospital	Identifying group of patients in hospitals who do need hospital level care but are unable to leave	First group of 10 patients have been identified. Although more than 10 patients fit this profile, it’s a starting point to get project rolling	Complete	N (Protected Patient Health Information)
			Identify what problems keep each person from being able to leave the hospital for another setting	Problems identified for first 10. DMH staff met with CRT directors of all DAs to discuss what agency would be best match	Complete	
			Meet with Designated Agencies to identify agency is best suited/willing to develop a plan to care for person outside hospital	5 of 10 patients have agencies that are willing to work with person	Complete (Apr. 6, 2012)	
			Meet with individual agency interested in developing plan	4 of 10 have are at different stages of meeting with DA.	Ongoing	
			Arrange meeting with Hospital staff, DA and DMH, AG’s Office to further plans for each individual	5 of 10 have had this meeting	Ongoing	
			Finalize clinical plans and fund programs	0 of 10 have fully developed plans to be able to fund	Ongoing	
		Relieve pressure on hospital bed availability	Coordinate these efforts with DMH care management	Weekly meetings between team for challenging client with DMH Care managers	Ongoing	

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DAIL

Name of Project	Contact Person/Lead	Program Components	Stages/Steps of Implementation	Timeline	Stakeholders or Work Group(s)
				(In Process or Complete)	Y/N
Improve collaborative efforts with DAIL	Jeff Rothenberg				
		AHS internal Education	1.Educating DMH / DAIL on activities underway at respective department	In Process	
		AHS internal Collaboration	1.Set up regular meetings between DMH and DAIL to start being proactive in response to ways we can work together, rather than reactive to individual situations	In Process	
			2.Review what past workgroups have identified as area's / roadblocks for integration		
		DAIL / DMH / DA collaboration	1.Have a meeting with DMH, DAIL, CRT and DS Directors, to review shared mission and identify ways to work together better, and roadblocks to doing so		Yes
			2. Set up QI process to continue to monitor and plan improvements to DAIL / DMH collaboration efforts		Yes

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Data Collection

As signed into law, Act 79 includes defined elements

Data Collection	Contact	Components	Goals	Implementation	Timeline	Stakeholders
As written, Act 79 identifies numerous reporting requirements and subsequent data collection.	Keith Goslant John Pandiani	To meet these goals Act 79 was reviewed and data elements were identified.		Meeting held with DMH Leadership for program and reporting definitions & outcome measures.	Meetings held on 02/08/12, 02/15/12, 04/16/12 & 04/24/12 Will review as needed or as goals are met.	
			These data elements & outcome measures were then compared against existing reporting to & by DMH. <ul style="list-style-type: none"> DMH Research & Statistics DMH Change management Acute Care Managers 		Meetings held on 01/31/12, 02/20/12, 02/26/12, 04/17/12, 04/18/12, 05/03/12, 05/14/12, Data group to meet to establish protocol & meeting schedule for reviewing data collected.	
			New reporting elements identified.	Meetings held with agencies/departments regarding new data reporting requirements. <ul style="list-style-type: none"> VSH Admissions DMH Leadership DMH Liaison Peer Services Council Outcomes Committee DMH Care Management 	Meetings held on 04/16/12, 04/24/12, 05/03/12, 05/14/12, 05/31/12, 06/06/12 Follow up with Peer Organizations to be scheduled	Council Outcomes Committee Council IT/Clinical Committee Peer Services Organizations
				Work groups established to create means for data collection & reporting <ul style="list-style-type: none"> VSH Admissions DMH Care Management 	As above Meeting still be scheduled with Council IT/Clinical	

				<ul style="list-style-type: none"> • Council Outcomes Committee • Council IT/Clinical Committee • DMH Research & Statistics 	Meeting with Council monthly	
				Existing reporting revised and new reporting created	Completed Will be reviewed monthly	
				Initial reporting provided to DMH Leadership for review and identification of additional data elements	Reports completed on 05/10/12, 06/04/12	

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Designated Agency Enhanced Program Initiatives

Name of Project	Contact Person/Lead	Program Components	Goals of Project	Stages/Steps of Implementation	Timeline (In Process or Complete)	Stakeholders or Work Group(s) Y/N
Designated Agency Enhanced Programming	Mary Moulton	Monitoring of Program Development	Establish a process to assess program development, implementation, and effectiveness	Devise a tool for DAs to present enhanced programming components as they relate to Act 79 outcome measures	Complete and Received	N
				Seek monthly updates on progress of plan development and implementation	First reports have been submitted to DMH 6/11/12	
		Outcomes	Develop performance measures as they relate to outcomes	Establish regular meetings with Council Outcomes Committee	May & June 2012	Y
			Determine data collections sources statewide	Work with DMH Data Analysis team	April/May/June 2012	Y

			<p>Determine which data will have to come through self-generated reported with the DAs</p> <p>Share information regarding programs success for purposes of education and program promotion among agencies</p>	<p>Refer appropriate data building requests to Council Outcomes/IT Committees</p> <p>Develop a dashboard to display outcomes throughout the State</p>	<p>June & July 2012</p> <p>August & September 2012</p>	<p>Y</p>
		Training	<p>Identification of training needs and deliver</p>	<p>Coordinate with DAs, DMH, law enforcement and other community partners to develop and deliver training</p>	<p>On-going</p>	<p>Y</p>

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Emergency CON, Interim Hospital (Morrisville), RRMC and BR Interim Services Contracts, RRMC 6-bed and BR 14-bed renovations, Secure Residential Program, New State Hospital and Intensive Residential Recovery Programs.

Name of Project Example	Contact Person/Lead	Program Components	Goals of Project	Stages/Steps of Implementation	Timeline (In Process or Complete)	Stakeholders or Work Group(s) Y/N
Emergency CON	Frank Reed	Application Materials, Architectural Designs, Financial Projection Tables	Submission of a complete Emergency Certificate of Need Application to the Department of Financial Regulation	Determine facilities and services within the scope of the E-CON. Determined to Include LCC Interim Hospital, BR, RRMC, and Secure Residential Program Determine if full application must be submitted or if secure residential can be submitted separately as addendum. DFR has agreed to addendum at a later date	Complete Plan to submit partial application by 6/15 for LCC Interim Hospital, BR, and RRMC	N Status reports via weekly DMH update and Transformation Council and legislative oversight committees

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Emergency CON, Interim Hospital (Morrisville), RPMC and BR Interim Services Contracts, RPMC 6-bed and BR 14-bed renovations, Secure Residential Program, New State Hospital and Intensive Residential Recovery Programs.

<p>Interim Hospital Morrisville</p>	<p>Frank Reed</p>	<p>Development of an 8 bed interim hospital facility pending construction of new 25 bed hospital</p>	<p>An 8 bed hospital that meets JCAHO accreditation and CMS certification requirements for Medicare/Medicaid Participation</p>	<p>Secure lease with LCC for interim hospital space</p> <p>Obtain architectural renderings and projected costs</p> <p>Obtain independent architectural review and recommendations</p> <p>Execute Construction Contracts for implementation upon E-CON approval</p> <p>Determine collaborative</p>	<p>Agreement complete. Pending execution date to maximize two year option.</p> <p>Draft design developed by BGS for purposes of issuing Design Build RFP. Issued 5/12</p> <p>Pending. Contractor selection 6/13/12</p> <p>Soliciting bids for LCC construction contract by 6/13. Pending E-CON approval.</p>	<p>N</p> <p>Status reports via weekly DMH update and Transformation Council and legislative oversight committees</p>
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Emergency CON, Interim Hospital (Morrisville), RPMC and BR Interim Services Contracts, RPMC 6-bed and BR 14-bed renovations, Secure Residential Program, New State Hospital and Intensive Residential Recovery Programs.

				<p>services with Copley and execute contract</p> <p>Seek applicable waivers for interim hospital services</p> <p>Notify JCAHO of planning and interim hospital application</p> <p>Notify Licensing and Protection and Department of Health of planning</p> <p>Order replacement equipment in conjunction with FEMA requirements</p>	<p>Pending</p> <p>Fire Safety waiver request pending</p> <p>Preliminary discussions underway</p> <p>Underway</p> <p>Underway</p>	
RRMC and BR Interim Services Contracts	Frank Reed	Establish Interim Services Contract post-Irene	Executed interim Services Contracts	Enter into contract negotiations for establishing preliminary estimates for payment of	In process	<p>N</p> <p>Status reports via weekly DMH update and</p>

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Emergency CON, Interim Hospital (Morrisville), RPMC and BR Interim Services Contracts, RPMC 6-bed and BR 14-bed renovations, Secure Residential Program, New State Hospital and Intensive Residential Recovery Programs.

				<p>reasonable actual costs and annual cost reconciliation process</p> <p>Establish Level I patient definition for determining which patients are eligible for Level I payment</p>	Complete	<p>Transformation Council and legislative oversight committees</p>
RRMC 6 bed and BR 14 bed renovations	Frank Reed	<p>Execute Construction Contracts for 6 and 14 VSH replacement beds at RRMC and Brattleboro Retreat respectively.</p>	<p>Executed Construction Contracts</p>	<p>Enter into contract negotiations for establishing renovation requirements consistent with legislation and FEMA reimbursement requirements</p> <p>Secure architectural recommendations for unit design</p> <p>Establish</p>	<p>Complete</p> <p>Complete</p>	<p>N</p> <p>Status reports via weekly DMH update and Transformation Council and legislative oversight committees</p>

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Emergency CON, Interim Hospital (Morrisville), RPMC and BR Interim Services Contracts, RPMC 6-bed and BR 14-bed renovations, Secure Residential Program, New State Hospital and Intensive Residential Recovery Programs.

				renovation costs and file with FEMA Execute contracts for construction parallel with E-CON process	Complete Complete	
Secure Residential Program	Frank Reed	Develop up to 7 secure residential program beds at a suitable site	A new state-run 7 bed secure residential program	Complete portion of E-CON application Select suitable location Approach town and explore permitting process Explore build options Establish work group for input Secure permits and execute build contract	Secure Residential portion pending site selection In process In process In process Pending Pending	Y Work group to be developed for space of service and program input Status reports via weekly DMH update and Transformation Council and legislative oversight committees

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Emergency CON, Interim Hospital (Morrisville), RPMC and BR Interim Services Contracts, RPMC 6-bed and BR 14-bed renovations, Secure Residential Program, New State Hospital and Intensive Residential Recovery Programs.

				Develop staffing and clinical model consistent with new secure facility standards	Pending	
New State Hospital	Frank Reed	Develop a new hospital for replacement of former VSH acute involuntary/court-ordered inpatient services	A new state run 25 bed psychiatric inpatient hospital that meets JCAHO accreditation and CMS certification requirements for Medicare/Medicaid Participation	Complete and submit CON application Establish new hospital workgroup for input Select suitable location Acquire site Approach town and explore permitting process Explore build	Pending Complete Complete In process In process	Y New Hospital work group is convened and meeting regularly Status reports via weekly DMH update and Transformation Council and legislative oversight committees

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				options	In Process	
				Secure permits and execute build contract	Pending	
				Determine collaborative services with CVMC and execute contract	Pending	
				Apprise JCAHO of planning for successor facility to interim hospital	Pending	
				Keep Licensing and Protection and Department of Health apprised of successor facility planning milestones	Pending	
				Determine new hospital equipment and furniture replacement needs	In process	

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Emergency CON, Interim Hospital (Morrisville), RPMC and BR Interim Services Contracts, RPMC 6-bed and BR 14-bed renovations, Secure Residential Program, New State Hospital and Intensive Residential Recovery Programs.

				<p>for any FEMA participation</p> <p>Develop staffing and clinical model consistent with workgroup, collaborative services agreements, and regulatory requirements.</p>	<p>Pending</p>	
<p>Intensive Residential Recovery Programs</p>	<p>Frank Reed</p>	<p>Ensure the availability of intensive residential recovery beds consistent with definition and as authorized under Act 79</p>	<p>Additional intensive residential recovery beds</p> <p>15 beds in Northwestern Vermont State</p> <p>8 beds in Southeastern Vermont and</p>	<p>Collaborative Solutions will submit COA when location is identified</p> <p>Hilltop Intensive Residential</p>	<p>Pending</p>	<p align="center">Y</p> <p>COA, Panel Review, and Public Hearing for any of the new intensive residential recovery programs</p> <p>Status reports via weekly</p>

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Emergency CON, Interim Hospital (Morrisville), RRMC and BR Interim Services Contracts, RRMC 6-bed and BR 14-bed renovations, Secure Residential Program, New State Hospital and Intensive Residential Recovery Programs.

			8 beds in either central or southwestern Vermont	Recovery Program COA received RMHS has submitted a letter of intent to develop 4 Intensive Residential Recovery beds	Complete COA Application and Process Pending	DMH update and Transformation Council and legislative oversight committees
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Enhanced Peer Services

Name of Project	Contact Person/Lead	Program Components	Goals of Project	Stages/Steps of Implementation	Timeline (In Process or Complete)	Stakeholders or Work Group(s) Y/N
Enhanced Peer Services	Nick Nichols	1) Enhancement of existing peer programs (VPS, Alyssum, Another Way) 2) Vermont Peer Network 3) State-wide warmline access 4) peer-based hospital diversion/prevention	1) Support sustainability and quality of peer services through the enhancement of capacity and infrastructure of existing peer programs (VPS, Alyssum, Another Way) 2) Improve quality of peers services through the development of a statewide workforce development program for peer services to ensure adequately training and supported peer service providers	1) Develop Guidelines for request for proposals to implement goals of project (done) 2) Solicit RFP's (done) 3) review funding requests for enhancements of existing peers programs and negotiate funding awards 4) Select organizations to develop Vermont Peer Network, Statewide Warmline access, peer-based	Complete Complete In process In process (to be completed July 8 th)	Yes: Peer Services Planning Group

			<p>3) Reduce mental health crises and increase access to mental health peers support through the development of statewide access to warmline telephone support</p> <p>4) Prevent and reduce need for psychiatric hospitalization through the development of mobile peer services for individuals not receiving adequate support from the existing mental health service system</p>	<p>hospital diversion prevention services</p> <p>5) Implement development projects</p>	<p>Timeline to be developed with selected organizations</p>	
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Initiative: Forensic Issues

Contact persons/Leaders: Kristin Chandler & John Malloy, MD

<u>Project Name</u>	<u>Contact Person</u>	<u>Project Goals</u>	<u>Stages/Steps of Implementation</u>	<u>Timeline</u>	<u>Stakeholders/ Work Group</u>	
1) Forensic Inpatient Capacity Expansion	KC/JM	Expansion of inpt psychiatric bed capacity for court ordered inpt evaluations	1) Coordinating referrals to BBR for initial assessment and inpatient admissions with DMH Legal and Care Management monitoring. (Continued collaboration legally and clinically with BBR)	Ongoing	Discussed in Transformation Council by DMH Medical Director, Jay Batra, MD	
				2) Case-by-case utilization of other designated hospitals (RRMC and FAHC) for court ordered/ forensic admissions with DMH Legal and Care Management monitoring.		Ongoing
				3) Opening of temporary hospital in Morrisville with capacity to admit inpt court ordered evaluations.		September 2012
				4) Periodic reassessment and negotiation with RRMC/FAHC to expand forensic capacity if successful with case-by-case utilization.		December 2012

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Initiative: Forensic Issues

Contact persons/Leaders: Kristin Chandler & John Malloy, MD

<u>Project Name</u>	<u>Contact Person</u>	<u>Project Goals</u>	<u>Stages/Steps of Implementation</u>	<u>Timeline</u>	<u>Stakeholders/ Work Group</u>
2) Supported Outpatient Forensic Evaluations (Alternative to inpatient psychiatric evaluation for selected defendants)	KC	Implementation of a supported outpt evaluation as an alternative to hospitalization in selected cases.	Pilot programs between Orleans Court and NKHS/ Chittenden Court and Howard Center utilizing "crisis beds" to facilitate completion of forensic evaluations. (Creative use of other beds, ex. VCIN, with cooperation of judiciary on case by case basis)	Ongoing	Discussed in Transformation Council, with Administrative Judge, and in bench/bar meetings
3) Overcoming Obstacles to Hospitalization (for Court Ordered Inpatient Psychiatric Evaluatees.)	KC/JM	Eliminate any wait in Corrections for evaluatees.	"Admissions", Care Management Team, and DMH Leadership problem solving/triaging with DHs/DAs to expedite bed availability. Working with BBR to maintain one inpt bed available at DMH discretion to triage for pt with most urgent need.	Ongoing	
			Care Management Team collaborating with MH Services in corrections for evaluatees awaiting hospital admission.	Ongoing	

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Initiative: Forensic Issues

Contact persons/Leaders: Kristin Chandler & John Malloy, MD

<u>Project Name</u>	<u>Contact Person</u>	<u>Project Goals</u>	<u>Stages/Steps of Implementation</u>	<u>Timeline</u>	<u>Stakeholders/Work Group</u>
4) Outpatient Treatment Needs for Non-Admitted Inpatient Ordered Evaluatees	JM	Ensure appropriate outpatient mental health referral made if evaluatee not admitted.	Follow-up by DMH Care Management Team with DA, DH (which assessed evaluatee as not needing admission) and possibly others.	Ongoing	
5) QMHP Training (in post VSH world)	KC (JM to join in trainings)	Improve quality of mental health screening and documentation from legal and clinical perspective (including person's civil rights).	Initial and ongoing training of QMHPs by DMH attorney (and soon DMH psychiatrist)	Ongoing	
6) Bench/Bar Meetings	KC	Facilitate problem solving at the interface of persons with MH issues and the courts (civil commitment, involuntary medication hearings, court-ordered evaluations, etc)	Rotating meetings in different VT jurisdictions with judges and attorneys facilitated by KC, DMH atty.	Ongoing	

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Housing Subsidy & Care

Name of Project	Contact Person/Lead	Goals of Project	Program Components	Stages/Steps of Implementation	Timeline (In Process or Complete)	Stakeholders or Work Group(s) Y/N
Housing Subsidy & Care	Brian Smith	Creation of new rental assistance and housing support program for improved utilization of system of care beds	Program development collaborative partnership With Housing Authority	Review with stakeholders local needs and priorities for program development stakeholder input via four meetings	Four meetings to gather stakeholder Input	Y
		Eligibility determination collaborative agreement with VSHA	Eligibility determination developed	Disseminate and train providers	In process	N
		DMH and Vermont State Housing Authority collaboration for housing program	Grants language agreed to between VSHA & DMH	Grant award developed for VSHA Administration approved	Execution of grant award	N
		Quarterly reports from HMIS demonstrated improvements in 9 self sufficiency outcome measures	Training on program and data reporting requirements	Data Collection - SSOM trainings in HMIS	Program implementation for report writing	N
		Annual report for Legislature	Develop HMIS for this program	Trial report run	Final report	N

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Involuntary Transport Of Individuals In The Care And Custody Of The Commissioner

Name of Project	Contact Person/Lead	Program Components	Goals of Project	Stages/Steps of Implementation	Timeline(In Process or Complete)	Stakeholders or Work Group(s) Y/N
Involuntary transportation options	Mary Moulton	Current Practice	Evaluate available resources through professional and voluntary community entities	Meet and/or survey for current practice: 1) Sheriffs org 2) Ambulance 3) Hospital ERs 4) Designated Agency ES	In process Goal for Completion: 9/1/12	Y
		DMH Designation of transport teams	Establishing working relationships with transport teams who are committed to provision of least restrictive transport necessary	1) Inform the transport assessment clinicians and teams of expectations per statute 2) Review current assessment tool, revise, and implement 3) Develop policy and protocols for graduated response in all regions of the State	On-going July 1, 2012 September 1, 2012	Y Y Y

		Training	Collaborate with training partners in law enforcement and EMS to deliver training	<ol style="list-style-type: none"> 1) Plan training on new tools and protocols with DAs, hospital ERs and Sheriffs 2) Incorporate training for working with people in mental health crisis 	On-going and beginning on July 15,2012	Y
		Outcomes	<p>Cause a change in practice patterns toward non-secure transport</p> <p>Tracking secure versus non-secure transport</p> <p>Review quality of transport</p>	<ol style="list-style-type: none"> 1) On-going review, training, and support for transporters 2) DMH tracking through assessment forms Survey people receiving transport regarding their transport experience 		

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Quality Assurance

Name of Project	Contact Person/Lead	Program Components	Goals of Project	Stages/Steps of Implementation	Timeline (In Process or Complete)	Stakeholders or Work Group(s) Y/N
DMH Quality Assurance	To be determined	Quality Unit leadership	Recruitment of a competent, inspiring Quality Chief	Recruitment of Quality Unit chief: position has been posted. Next steps: review of applications, interviewing promising applicants. A consultant may be contracted to support DMH in this task.		
		Vision and Mission Statement	QA vision and mission statements are a necessary foundation for all QA Unit activities, including identification of work priorities	The Quality Chief with DMH's Senior Management Team will discuss and endorse clearly-stated vision and mission statements for the QA Unit. A consultant may be contracted to support DMH in this task.		
		Priorities and Work plan	Identification of priorities and development of a broad work plan will guide the organization and activities of the Quality Unit	Based on the vision and mission statement, priorities will be identified and broad one-year and 5-year work plans will be developed. A consultant may be contracted to support DMH in this task.		
		Organizational structure	Creation of an effective, responsive Quality Unit within DMH	The structure of the Quality Unit will be developed by the Quality Chief with DMH's Senior Management Team and will reflect		

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				<p>the vision, mission, and priorities identified previously.</p> <p>A consultant may be contracted to support DMH in this task.</p>		
		Policies and Procedures	Review, revise, and develop policies and procedures to guide the quality assurance functions of DMH	This work will begin after the Quality Unit is in place, and will be guided by the priorities identified in the work plans.		
		Standards	Develop standards with stakeholders that are consistent with national standards and reflect both a commitment to practices that work (evidence-based/ best/ promising practices) and a recovery-based, person-centered approach.	<p>Work on needed standards is beginning independently of formation of Quality Unit (staffed by David Mitchell?).</p> <p>Priorities for development of standards: those that relate to crisis, hospital and involuntary services, e.g. standards for use of seclusion and restraints.</p>		
		QA: Designated Agency/ Special Service Agencies	<p>Ensure adequate and appropriate quality oversight including</p> <ul style="list-style-type: none"> - Minimum standards - Agency review - Agency designation 	<p>Continue ongoing DMH QA activities until the Quality Unit is formed; work on this task will be guided by the work plans.</p> <p>These activities are currently primarily staffed by A. Maynard and M. Murtaugh</p>		
		QA: Designated Hospitals	Ensure adequate and appropriate quality oversight, incorporating new expectations regarding	Continue ongoing DMH QA activities until the Quality Unit is formed; work on this task will be guided by the work plans.		

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			<ul style="list-style-type: none"> – Emergency dept processes – Level 1 patients – Transportation – Discharge planning and coordination with DAs – Data collection and reporting – Seclusion and restraint 			
		QA: DMH-run facilities QA function	Coordinate with DMH-facility QA staff.	When formed, the DMH Quality Unit will coordinate these QA activities with the faculty staff.		
		QA: Grant funded programs – e.g. Pathways to Housing, MHTG, Alyssum, VPS & other DMH-funded programs	Develop adequate and appropriate quality oversight	Continue ongoing DMH QA activities until the Quality Unit is formed; work on this task will be guided by the priorities identified in the work plans		
		Data * collection * information-sharing * use of data for quality assurance (and quality	Collection <ul style="list-style-type: none"> – determine the data required to assure access and delivery of effective, appropriate services – coordinate the collection of data by all stakeholders from multiple sources 	After Quality Unit is formed: Review and build on current data collection processes. Consider increased use of data collected from service recipients, peer-run organizations, and other community stakeholders		

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		improvement)	<p>Information-sharing</p> <ul style="list-style-type: none"> - share data with all stakeholders 	<p>After Quality Unit is formed:</p> <p>Review all current data reporting activities, including PIP.</p> <p>Develop recommendations for improved data sharing processes.</p> <p>Consider organizing data into “report cards” or “dashboards”.</p>		
			<p>Use of data for QA</p> <ul style="list-style-type: none"> - By DMH - By community organizations 	<p>After Quality Unit is formed:</p> <p>Review current use of data in QA processes</p> <p>Develop recommendations for improved use of data</p> <p>Encourage use of data by community organizations for QA/QI purposes</p>		
		System of care plans	<p>Multi-stakeholder discussion and creation of plans will serve as a guide for the development of appropriate services for populations of need.</p> <p>Local system of care plans will relate to the DMH System of Care Plan.</p>	<p>Continue current DMH requirements and use of SOC plans until new leadership and the Quality Unit are in place.</p> <p>DMH Adult Unit will review Local SOC plans recently submitted by DAs</p>		
		Grievance & Appeals	<p>There is an effective and fair grievance and appeal process that meets Medicaid MCO requirements and the needs of individuals and</p>	<p>Continue ongoing DMH G&A activities until the Quality Unit is formed; work on this task will be</p>		

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			families that are served.	guided by the work plans.		
		Record and review significant/critical / adverse incidences or events	Competent review of all instances in which any individual served by programs publicly funded by DMH suffers a critical/significant event; this includes incidences of acute or suspected abuse or neglect, prohibited practices, criminal acts, medical emergencies, missing persons, deaths, suicide, suicide attempts, and any significant event involving a staff member, provider, or worker.	<p>Policies and procedures are currently under review by DMH Senior Management in collaboration with the Vermont Council.</p> <p>All deaths are currently reviewed by the Adult Director with the relevant DA. Identified systems issues are related to the DMH Senior Management Team.</p>		
		Training, consultation, technical assistance	Identify and develop needed resources to address deficiencies uncovered through QA activities.	Continue ongoing DMH trainings, TA, and consultation until the Quality Unit is formed; future development of training, consultation and TA capacity will be guided by the work plans.		
		QA activities by community agencies including peer-operated organizations	Improve capacity and increase commitment of service organizations to conduct quality assurance (and quality improvement) activities that will strengthen and sustain the quality of their services.	Work on this task will be guided by the work plans.		

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SFI

Name of Project	Contact Person/Lead	Program Components	Goals of Project	Stages/Steps of Implementation	Timeline (In Process or Complete)	Stakeholders or Work Group(s) Y/N
<p>“SFI” project – Development, implementation and oversight of re-entry/ community services plans for individuals with complex health and human service needs who are at risk of deterioration of health or incarceration. Includes individuals designated Complex Community Cases (CCC)</p>	<p>Patricia Singer</p>	<p>Policies and Procedures</p>	<p>To develop standardized policies and procedures for identification of eligible individuals, service plan and budget approval, data collection and quality oversight, AHS inter-department coordination, expectation of community providers</p>	<p>This work has been ongoing during the past 2 years. Christine Oliver, AHS deputy secretary is the lead for the SFI/CCC initiative. Current work:</p> <p>Finalize revisions with AHS departments and local provider’s agencies.</p> <p>Schedule and hold state-wide meeting to review revisions.</p>	<p>Revisions will be completed by September 2012.</p> <p>Meeting to be held no later than Fall 2012.</p>	<p>AHS SFI State Inter-agency Team</p>
		<p>Community planning & oversight</p>	<p>To improve communication teaming between state agencies and local providers, and within the local provider community.</p>	<p>Individualized technical assistance to the community provider network and its members provided as needed by point persons in each relevant state department</p>	<p>Ongoing</p>	<p>AHS SFI State Inter-agency Team</p>
		<p>Workforce competencies</p>	<p>To improve the capability of individual providers and the local system of care to provide competent, effective, and appropriate services that improve the quality of life for people served</p>	<p>Just completed a round of conferences & trainings. Planning beginning for next fiscal year’s agenda.</p>	<p>Completed year of conferences and trainings. Planning beginning for next fiscal year.</p>	<p>CJ Core Team</p>

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Soteria

Name of Project	Contact Person/Lead	Program Components	Goals of Project	Stages/Steps of Implementation	Timeline (In Process or Complete)	Stakeholders or Work Group(s) Y/N
Soteria	Nick	1) Residential program	1) Achieve improved mental health outcomes and the long-term recovery and health of individuals experiencing first-break psychosis through the development of a residential program focused on providing psychosocial supports with a minimal use of psychotropic medications	1) Post RFP for the development and planning of the residential program 2) Select Organization to develop program, negotiate contract award 3) Complete development of program	Done July 30th, 2012 June 1 st , 2013	Yes – to be developed by development organization

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Suicide Prevention

Name of Project	Contact Person/Lead	Program Components	Stages/Steps of Implementation	Timeline	Stakeholders or Work Group(s)
				(In Process or Complete)	Y/N
Suicide Prevention	Jeff Rothenberg				
		Restart Suicide Prevention Workgroup	1. Have internal DMH meeting between lead of original suicide prevention workgroup and new lead	Completed	
			2. Set agenda and date for new workgroup meeting, and send out invitations	In Process	yes
		Determine budget for suicide prevention public education campaign	1. Determine if, where, how much, and for what, legislature appropriated toward suicide prevention	In Process	
			2. Determine if DMH has other money it can use toward suicide prevention		
			3. See if there are other AHS partners or DA partners who could contribute resources toward a suicide prevention campaign		
		Work with Center for Health and Learning to plan their role in public education campaign	1. Schedule meeting with Director of Center for Health and Learning	Completed	Yes

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		Investigate other potential ways to effectively enact a	1. Have presentation on Emotional CPR, to newly formed work group		Yes
			2. Have presentation on Mental Health First Aid, to newly formed workgroup		Yes

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Training/Workforce Development

Name of Project	Contact Person/Lead	Program Components	Goals of Project	Stages/Steps of Implementation	Timeline (In Process or Complete)	Stakeholders or Work Group(s) Y/N
Training/Workforce Development	Nick/Trish	1) Evidence-Based Practices Cooperative	Develop a workforce development and practice improvement cooperative to support the adoption of emerging, promising, evidence-based and recovery-oriented practices within the state's community mental health system and improve quality of life outcomes for individuals receiving services from that system.	1) Finalize RFP for development of EBP Cooperative and post RFP 2) Select organization to develop and host EBP cooperative and negotiate contract award 3) Begin operations of EBP Cooperative; begin offering training and practice improvement supports	In process July 30th, 2012 October 1 st , 2012	Yes – EBP Cooperative Development Committee; MH Transformation Council; EBP Cooperative Steering committee (to be developed).

