

COERCION

Short-Term	Mid-Term	Long-Term	End State
Significantly reduced involuntary treatment			
<p>Strategy: Research which DAs have had successes intervening and avoiding involuntary hospitalization.</p> <p>Ask Crisis and CRT program managers how they have been able to affect change. Also collect narrative information about successes. What can we learn from people who are EE but did not have to stay in the hospital.</p> <p>Money to achieve.</p> <p>Conversations with hospitals about funding alternatives in involuntary care.</p> <p>Seek Input from inpatient providers about insights into factors that could have been in place to prevent involuntary hospitalization.</p>	<p>Strategy: ACT teams</p> <p>More capacity in our home intervention programs More room for higher support without hospitalization.</p> <p>Money to achieve Identify with hospitals those supports that would be funded to avoid involuntary care. Work plan developed with providers setting options for plans/resources identified in insight phase.</p> <p>Establish criterion for inpatient treatment needs and outpatient readiness through dialogue between inpatient and community providers.</p> <p>Reduce risk taking adversity by augmenting community resources.</p> <p>Ensure that there are not penalties to providers by accepting</p>	<p>Strategy: Early intervention and public health approach to divert involuntary stays. Research, longitudinal study for outcomes.</p> <p>Money to achieve</p> <p>Possible need for attaching conditions to participation or for licensing to move concepts forward.</p> <p>Payment may need to be attached for greater complexity, i.e. coercion, to treat and engage sooner to develop future treatment relationship.</p> <p>Population impact <input type="checkbox"/>Children <input type="checkbox"/>Adults <input type="checkbox"/>Seniors/Elders <input type="checkbox"/>Other: _____</p> <p>Steps:</p>	

<p>Public education to mitigate provider concerns for liability related to Kuligowski decision as that still seems to be a misconception.</p> <p>Re-affirm state commitment, wherever possible, to reduce coercion in all levels of treatment services.</p> <p>Population impact <input checked="" type="checkbox"/>Children <input checked="" type="checkbox"/>Adults <input checked="" type="checkbox"/>Seniors/Elders <input type="checkbox"/>Other: _____</p> <p>Steps:</p>	<p>individuals who may experience re-admissions.</p> <p>Public education regarding the laws of Vermont that support individual choice and civil liberties.</p> <p>Population impact <input type="checkbox"/>Children <input type="checkbox"/>Adults <input type="checkbox"/>Seniors/Elders <input type="checkbox"/>Other: _____</p> <p>Steps:</p>		
<p>Strategy:</p> <p>Review seven elements of a community mental health services out of recent Mississippi decision.</p> <p>Assess to determine what elements exists in VT.</p> <p>Assess if there adequate capacity to meet the needs.</p>	<p>Strategy:</p> <p>Look to research of effectiveness to substantiate ask and utilization.</p> <p>Analysis of costs for public support behind it.</p> <p>Establish minimum standards for what resources are needed and where. How much is needed.</p>	<p>Strategy:</p> <p>Seek adequate legislative funding to assure that all elements are present in all communities.</p> <p>Maximize legislative and private sector monies to leverage development of resources.</p>	<p>End State:</p> <p>Robust resources exist in each community to effectively divert unnecessary involuntary treatment.</p>
<p>Strategy:</p>	<p>Strategy:</p>	<p>Strategy:</p>	<p>Strategy:</p>

<p>Explore what is needed to expect all hospitals to accept patients.</p> <p>Open dialogue and create workgroup with hospitals to understand local desire for psychiatric care close to home.</p> <p>Identify concerns and determine any changes needed in legislation that will be needed to support the end goal.</p> <p>Identify what is needed to feel competent to manage patient care.</p> <p>Address gap of preventive options/care to lead hospitals to greater level of comfort in taking psychiatric patients.</p>	<p>Get buy-in from critical access hospitals to add some inpatient psychiatric capacity.</p> <p>Access to local psychiatric treatment, voluntary, can reduce the need for involuntary care.</p> <p>Make safer to seek care locally.</p> <p>Develop staff training and expertise to address psychiatric care needs of patients.</p> <p>Develop legislative language that supports inpatient hospitals to accept patient with a mental illness.</p>	<p>Local hospitals will create psychiatric capacity.</p> <p>Population impact</p> <p><input type="checkbox"/>Children</p> <p><input type="checkbox"/>Adults</p> <p><input type="checkbox"/>Seniors/Elders</p> <p><input type="checkbox"/>Other: _____</p> <p>Steps:</p>	<p>People who are hospitalized can access care at local hospitals.</p> <p>Population impact</p> <p><input type="checkbox"/>Children</p> <p><input type="checkbox"/>Adults</p> <p><input type="checkbox"/>Seniors/Elders</p> <p><input type="checkbox"/>Other: _____</p> <p>Steps:</p>
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