DMH Act 200 Listening Tour Visioning Timeline Table – ACCESS & FLOW 2019

Send follow-up comments/questions to: Jennifer.rowell@vermont.gov

Short-Term	Mid-Term	Long-Term	End State
Strategy: Support and training for the treatment team, psychiatrist as well as emergency service staff and screeners in best practice procedures for hospitalization and contraindications of	Strategy: Reform lawsuit/liability practices to protect MH clinicians that are following evidence-based practices.	Strategy: Federal level initiative supported by Vermont's congressional delegation to change expectations for hospital admission.	Designated hospitals should be required to accept high acuity patients, as well as patients who are in ED's outside their catchment area
hospitalization (ex. Older teen with behaviors/self-harm). Population impact ☑ Children ☑ Adults ☑ Seniors/Elders ☐ Other: Steps:	Population impact ⊠ Children ⊠ Adults ⊠ Seniors/Elders □ Other: Steps:	Population impact ☑ Children ☑ Adults ☑ Seniors/Elders ☐ Other: Steps:	Population impact ⊠ Children ⊠ Adults ⊠ Seniors/Elders □ Other: Steps:
Strategy:	Strategy:	Strategy:	Strategy:
Encourage payment incentive to ensure adequate staffing.	Give medical school instate tuition or pay toward loans to stay employed in Vermont. Or loan	Invest in affordable housing in all areas of the state to entice workforce development.	Ensure that all areas of our systems of care are fully staffed with a diverse workforce.
Population impact	repayment to stay at a DA for a		
⊠Children	certain number of a years.	Population impact	Population impact
⊠ Adults	Denulation impact	⊠Children	⊠Children
⊠Seniors/Elders	Population impact	⊠Adults	⊠Adults
□Other:	⊠Children ⊠Adults	⊠Seniors/Elders	⊠Seniors/Elders
	MAUUITS	□Other:	

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Steps:	Seniors/Elders ☐Other: Steps:	Steps:	
Strategy: Initiating/establishing metrics and goals. What are the standards/EBP for expediting care/treatment. Guidelines to follow once someone is in the ED. Setting standards of care. Clarification of who the lead care manager will be through all the levels of care to ensure continuity. (i.e. − mental health equivalent door to balloon approach for heart attacks) Population impact Schildren Adults Seniors/Elders Other: Steps:	Strategy: Increase psychiatry services and the use of telepsych. Case Management involves family/community (if the person consents) with discharge planning. Population impact	Strategy: Improve immediate access to medical records in an acute situation for psychiatry services. Need a process to streamline access to records. Including optimizing the environment of care (physical space). Actively work toward protection to limit liability and increase risk tolerance for mental health worker. Population impact	End State: While the patient is in the ED waiting for next placement, psychiatric/mental health care should be initiated and optimized. Population impact ☐ Children ☐ Adults ☐ Seniors/Elders ☐ Other: Steps:

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Strategy:	Strategy:	Strategy: Build and staff accordingly.	End State:
Quality metrics for reporting out to understand how our system is doing. Population impact Children Adults Seniors/Elders Other:	Develop a plan (no study needed) for the type of beds are needed in the system. Population impact ☐ Children ☐ Adults ☐ Seniors/Elders ☐ Other:	Population impact ☐ Children ☐ Adults ☐ Seniors/Elders ☐ Other: Steps:	NO or minimal wait times in the ED. Population impact ☐ Children ☐ Adults ☐ Seniors/Elders ☐ Other: Steps:
Steps:	Steps:		
Strategy:	Strategy:	Strategy:	Strategy:
Population impact ☐ Children ☐ Adults ☐ Seniors/Elders ☐ Other:	Population impact ☐ Children ☐ Adults ☐ Seniors/Elders ☐ Other:	Population impact Children Adults Seniors/Elders Other:	Population impact ☐ Children ☐ Adults ☐ Seniors/Elders ☐ Other:
Steps:	Steps:	Steps:	Steps: