

1 Introduced by Committee on Human Services

2 Date:

3 Subject: Health; mental health; system of care

4 Statement of purpose: This bill proposes to strengthen Vermont's existing
5 mental health system and to create new treatment opportunities for individuals
6 with mental health conditions.

7 An act relating to reforming Vermont's mental health system

8 It is hereby enacted by the General Assembly of the State of Vermont:

9 Sec. 1. PURPOSE

10 (a) It is the intent of the general assembly to strengthen Vermont's existing
11 mental health care system by offering a continuum of community and peer
12 services, as well as a range of acute inpatient beds throughout the state. This
13 system of care shall be designed to provide flexible and recovery-oriented
14 treatment opportunities and to ensure that the mental health needs of
15 Vermonters are served.

16 (b) It is also the intent of the general assembly that the agency of human
17 services fully integrate all mental health services with all substance abuse,
18 public health, and health care reform initiatives, consistent with the goals of
19 parity.

1 Sec. 2. PRINCIPLES FOR MENTAL HEALTH CARE REFORM

2 The general assembly adopts the following principles as a framework for
3 reforming the mental health care system in Vermont:

4 (1) The state of Vermont shall meet the needs of individuals with mental
5 health conditions, and the state’s mental health system shall reflect excellence,
6 best practices, and the highest standards of care.

7 (2) Long-term planning shall look beyond the foreseeable future and
8 present needs of the mental health community. Programs shall be designed to
9 be responsive to changes over time in levels and types of needs, service
10 delivery practices, and sources of funding.

11 (3) Vermont’s mental health system shall provide a coordinated
12 continuum of care by the department of mental health, designated hospitals,
13 designated agencies, and community and peer partners to ensure that
14 individuals with mental health conditions receive care in the most integrated
15 and least restrictive settings available. Individuals’ treatment choices shall be
16 honored to the extent possible.

17 (4) The mental health system shall be integrated into the overall health
18 care system, including the location of any new inpatient psychiatric facilities
19 adjacent to or incorporated with a medical hospital.

20 (5) Vermont’s mental health system shall be geographically and
21 financially accessible. Resources shall be distributed based on demographics

1 and geography to increase the likelihood of treatment as close to home as
2 possible. All ranges of services shall be available to individuals who need
3 them, regardless of individuals' ability to pay.

4 (6) The state's mental health system shall ensure that the legal rights of
5 individuals with mental health conditions are protected.

6 (7) Oversight and accountability shall be built into all aspects of the
7 mental health system.

8 (8) Vermont's mental health system shall be adequately funded and
9 financially sustainable to the same degree as other health services.

10 Sec. 3. DEFINITIONS

11 As used in this act:

12 (1) "Adult outpatient services" means flexible, person-centered services
13 necessary to stabilize, restore, or improve the level of social functioning and
14 well-being of individuals with mental health conditions, including individual
15 and group treatment, medication management, psychosocial rehabilitation, and
16 case management services.

17 (2) "Designated agency" means a designated community mental health
18 and developmental disability agency as described in 18 V.S.A. § 8907(a).

19 (3) "Designated area" means the counties, cities, or towns identified by
20 the department of mental health that are served by a designated agency.

1 (4) “Enhanced programming” means targeted, structured, and specific
2 intensive mental health treatment and psychosocial rehabilitation services for
3 individuals in individualized or group settings.

4 (5) “Intensive residential recovery facility” means a licensed program
5 under contract with the department of mental health that provides a safe,
6 therapeutic, recovery-oriented residential environment to care for individuals
7 with one or more mental health conditions who need intensive clinical
8 interventions to facilitate recovery in anticipation of returning to the
9 community. This facility shall be for individuals not in need of acute inpatient
10 care and for whom the facility is the least restrictive and most integrated
11 setting.

12 (6) “Mobile support team” means professional and peer support
13 providers who are able to respond to an individual where he or she is located
14 during a crisis situation.

15 (7) “Noncategorical case management” means service planning and
16 support activities provided for adults by a qualified mental health provider,
17 regardless of program eligibility criteria or insurance limitations.

18 (8) “No refusal system” means a system of hospitals and intensive
19 residential recovery facilities under contract with the department of mental
20 health that provide high intensity services, in which the facilities shall admit

1 any individual for care if the individual meets the eligibility criteria established
2 by the commissioner in contract.

3 (9) “Participating hospital” means a hospital under contract with the
4 department of mental health to participate in the no refusal system.

5 (10) “Peer” means an individual who has lived experience of a mental
6 health condition or psychiatric disability.

7 (11) “Peer services” means support services provided by trained peers or
8 peer-managed organizations focused on helping individuals with mental health
9 and other co-occurring conditions to support recovery.

10 (12) “Psychosocial rehabilitation” means a range of social, educational,
11 occupational, behavioral, and cognitive interventions for increasing the role
12 performance and enhancing the recovery of individuals with serious mental
13 illness, including services that foster long-term recovery and self-sufficiency.

14 (13) “Warm line” means a nonemergency telephone response line
15 operated by peers for the purpose of active listening and assistance with
16 problem-solving for persons in need of such support.

17 Sec. 4. 18 V.S.A. § 7209 is added to read:

18 § 7209. CLINICAL RESOURCE MANAGEMENT AND OVERSIGHT

19 The commissioner of mental health, in consultation with health care
20 providers as defined in section 9432 of this title, including designated
21 hospitals, designated agencies, consumers, and other stakeholders, shall design

1 and implement a clinical resource management system that ensures the highest
2 quality of care and facilitates long-term, sustained recovery for individuals in
3 the custody of the commissioner.

4 (1) For the purpose of coordinating the movement of individuals across
5 the continuum of care to the most appropriate services, the clinical resource
6 management system shall:

7 (A) ensure that all individuals in the care and custody of the
8 commissioner receive the highest quality and least restrictive care necessary;

9 (B) develop a process for receiving direct patient input on treatment
10 opportunities and the location of services;

11 (C) use state-employed clinical resource management coordinators to
12 work collaboratively with community partners, including designated agencies,
13 hospitals, consumers, and peer groups, to ensure access to services for
14 individuals in mental health crisis. Clinical resource management coordinators
15 or their designees shall be available 24 hours a day, seven days a week to assist
16 emergency service clinicians in the field to access necessary services;

17 (D) use an electronic bed board to track in real time the availability
18 of bed resources across the continuum of care;

19 (E) use specific level-of-care descriptions, including admission,
20 continuing stay, and discharge criteria, and a mechanism for ongoing
21 assessment of service needs at all levels of care;

1 (F) specify protocols for medical clearance, bed location,
2 transportation, information sharing, census management, and discharge or
3 transition planning;

4 (G) coordinate transportation resources so that individuals may
5 access the least restrictive mode of transport consistent with safety needs;

6 (H) ensure that to the extent patients' protected health information
7 pertaining to any identifiable person that is otherwise confidential by state or
8 federal law is used within the clinical resource management system, the health
9 information exchange privacy standards and protocols as described in
10 subsection 9351(e) of this title shall be followed; and

11 (I) review the options for the use of ambulance transport, with
12 security as needed, as the least restrictive mode of transport consistent with
13 safety needs required pursuant to section 7511 of this title.

14 (2) For the purpose of maintaining the integrity and effectiveness of the
15 clinical resource management system, the department of mental health shall:

16 (A) require a designated team of clinical staff to review the treatment
17 received and clinical progress made by individuals within the commissioner's
18 custody;

19 (B) coordinate care across the mental and physical health care
20 systems, as well as ensuring coordination within the agency of human services,

1 particularly the department of corrections and the department of health's
2 alcohol and drug abuse programs;

3 (C) coordinate service delivery with Vermont's Blueprint for Health
4 and health care reform initiatives, including the health information exchange as
5 defined in section 9352 of this title and the health benefit exchange as defined
6 in 33 V.S.A. § 1803;

7 (D) use quality indicators, manageable data requirements, and quality
8 improvement processes to monitor, evaluate, and continually improve the
9 outcomes for individuals and the performance of the clinical resource
10 management system;

11 (E) actively engage stakeholders and providers in oversight
12 processes; and

13 (F) provide mechanisms for collaborative dispute resolution.

14 Sec. 5. INTEGRATION OF THE TREATMENT FOR MENTAL HEALTH,
15 SUBSTANCE ABUSE, AND PHYSICAL HEALTH

16 (a) The director of health care reform and the commissioners of mental
17 health, of health, and of Vermont health access and the Green Mountain Care
18 board or designees shall ensure that the redesign of the mental health delivery
19 system established in this act is an integral component of the health care
20 reform efforts established in 3 V.S.A. § 2222a. Specifically, the director,

1 commissioners, and board shall confer on planning efforts necessary to ensure
2 that the following initiatives are coordinated and advanced:

3 (1) any health information technology projects;

4 (2) the integration of health insurance benefits in the Vermont health
5 benefit exchange to the extent feasible under federal law;

6 (3) the integration of coverage under Green Mountain Care;

7 (4) the Blueprint for Health;

8 (5) the reformation of payment systems for health services to the extent
9 allowable under federal law or under federal waivers; and

10 (6) other initiatives as necessary.

11 (b) The department of banking, insurance, securities, and health care
12 administration shall ensure that private payers are educated about their
13 obligation to reimburse providers for less restrictive and less expensive
14 alternatives to hospitalization.

15 Sec. 6. PEER SERVICES

16 The commissioner of mental health is authorized to contract for new peer
17 services and to expand existing programs managed by peers that provide
18 support to individuals living with or recovering from mental illness at an
19 annual estimated cost of \$1,000,000.00. Peer services shall be aimed at
20 helping individuals with mental illness achieve recovery through improved
21 physical and mental health, increased social and community connections and

1 supports, and the avoidance of mental health crises and psychiatric
2 hospitalizations. The commissioner of mental health shall:

3 (1) Establish a warm line or warm lines accessible statewide which shall
4 be staffed at all times to ensure that individuals with a mental health condition
5 have access to peer support;

6 (2) Establish new peer services focused on reducing the need for
7 inpatient services;

8 (3) Improve the quality, infrastructure, and workforce development of
9 peer services; and

10 (4) Develop peer-run transportation services.

11 Sec. 7. COMMUNITY SERVICES

12 To improve existing community services and to create new opportunities
13 for community treatment, the commissioner of mental health is authorized to:

14 (1) Improve emergency responses, mobile support teams, noncategorical
15 case management, adult outpatient services, and alternative residential
16 opportunities at designated agencies with an estimated annual cost of
17 \$8,000,000.00.

18 (A) Each designated agency shall provide the scope and category of
19 services most responsive to the needs of designated areas, as determined by the
20 commissioner of mental health.

1 (B) Designated agencies shall work collaboratively with law
2 enforcement officials, local hospitals, and peers to integrate services and
3 expand treatment opportunities for individuals living with or recovering from
4 mental illness.

5 (2) Establish at least four additional short-term crisis beds in designated
6 agencies located within underserved areas of the state with a total estimated
7 annual cost of \$1,000,000.00 for the purpose of preventing or diverting
8 individuals from hospitalization when clinically appropriate.

9 (3) Establish a safe, voluntary five-bed residence with an estimated cost
10 of \$1,000,000.00 for individuals seeking to avoid or reduce reliance on
11 medication or having an initial episode of psychosis. The residence shall be
12 peer supported, unlocked, and noncoercive, and treatment shall be focused on a
13 nontraditional, interpersonal, and psychosocial approach, with minimal use of
14 psychotropic medications to facilitate recovery in individuals seeking an
15 alternative to traditional hospitalization.

16 (4) Provide housing subsidies at an estimated annual cost of
17 \$600,000.00 to individuals living with or recovering from mental illness for
18 the purpose of fostering stable and appropriate living conditions. Receipt of
19 housing subsidies shall not require an agreement to accept certain services as a
20 condition of assistance.

1 Sec. 8. INTENSIVE RESIDENTIAL RECOVERY FACILITIES

2 (a) To support the development of intensive residential recovery facilities,
3 the commissioner of mental health is authorized to establish:

4 (1) Fifteen beds in northwestern Vermont with an estimated annual cost
5 of \$3,200,000.00.

6 (2) Eight beds located in southeastern Vermont with an estimated annual
7 cost of \$2,400,000.00.

8 (3) Eight beds located in either central or southwestern Vermont or both
9 with an estimated annual cost of \$1,700,000.00.

10 (b) Notwithstanding 18 V.S.A. § 9435(b), all facilities funded under
11 subsection (a) of this section shall be subject to the certificate of approval
12 process, which shall take into consideration the recommendations of a panel of
13 stakeholders appointed by the commissioner to review each proposal and
14 conduct a public hearing.

15 Sec. 9. INPATIENT HOSPITAL BEDS

16 (a) To replace the services provided at the Vermont State Hospital, the
17 department of mental health shall oversee the delivery of emergency
18 examination and involuntary inpatient treatment services at four acute inpatient
19 hospitals throughout the state:

20 (1) Contingent upon receipt of certificates of need pursuant to 18 V.S.A.
21 chapter 221, subchapter 5, and execution of contracts with the department of

1 mental health that meet the requirements of subdivision (2) of this subsection,
2 a 14-bed unit within the Brattleboro Retreat and a six-bed unit within Rutland
3 Regional Medical Center shall be established.

4 (2) Initial contract terms for the 14-bed unit within the Brattleboro
5 Retreat and the six-bed unit within Rutland Regional Medical Center shall
6 require participation in the no refusal system for at least four years and until
7 the facility has recouped its initial investment. Thereafter, the state shall retain
8 the option to renew its contract. Contracts referenced in subdivision (1) of this
9 subsection shall apply to participating hospitals, notwithstanding their status as
10 designated hospitals, and shall contain the following requirements:

11 (A) Funding shall be based on the capacity to treat patients with high
12 acuity levels;

13 (B) Units shall be managed as part of a statewide no refusal system;

14 (C) Reimbursement by the state shall cover agreed costs for enhanced
15 programming and staffing;

16 (D) Units shall be managed to ensure access to peer supports; and

17 (E) Participating hospitals shall maintain a stakeholder advisory
18 group with open membership to ensure high quality and appropriate levels
19 of care.

20 (3) Provided that the conditions of subdivisions (1) and (2) of this
21 subsection are met, the following capital and annual state costs are estimated:

1 state-managed hospital described in subsection (b) of this section is
2 operational, to cover the increased cost of care, at an estimated annual cost of
3 \$8,000,000.00; and

4 (2) If a viable setting is identified by the commissioner and licensed by
5 the department of health, the commissioner is authorized to provide acute
6 inpatient services at a temporary location until the state-managed hospital
7 described in subsection (b) of this section is operational. The department shall
8 pursue Medicare and Medicaid certification for any such hospital or facility.

9 (d) To the extent amounts of potential funding from various sources are not
10 clear upon passage of this act, the legislative intent for funding the capital costs
11 of this section is first through insurance funds that may be available for these
12 purposes; second through the Federal Emergency Management Agency funds
13 that may be available for these purposes; third through a rate payment with
14 clearly defined terms of services; and last with state capital or general funds.

15 Sec. 10. SECURE RESIDENTIAL RECOVERY PROGRAM

16 (a) The commissioner of mental health is authorized to establish and
17 oversee a secure five-bed residential facility for individuals no longer requiring
18 acute inpatient care, but who remain in need of treatment within a secure
19 setting for an extended period of time. The program shall be the least
20 restrictive and most integrated setting for each of the individual residents:

21 Capital costs estimated at \$1,800,000.00

1 employees who provide direct security and treatment services to offenders
2 under supervision in the community and Woodside facility employees, shall
3 receive an early retirement allowance which shall be equal to the normal
4 retirement allowance reduced by one-half of one percent for each month the
5 member is under age 62 at the time of early retirement. Group F members who
6 have 20 years of service as facility employees of the department of corrections,
7 as department of corrections employees who provide direct security and
8 treatment services to offenders under supervision in the community or as
9 Woodside facility employees or as Vermont ~~state hospital~~ State Hospital
10 employees, or as employees of its successor in interest, who provide direct
11 patient care shall receive an early retirement allowance which shall be equal to
12 the normal retirement allowance at age 55 without reduction; provided the
13 20 years of service occurred in one or more of the following capacities as an
14 employee of the department of corrections, Woodside facility₂, or the Vermont
15 ~~state hospital~~ State Hospital, or its successor in interest: facility employee,
16 community service center employee₂, or court and reparative service unit
17 employee.

18 * * * Executive: Human Services * * *

19 Sec. 13. 3 V.S.A. § 3089 is amended to read:

20 § 3089. DEPARTMENT OF MENTAL HEALTH

1 The department of mental health is created within the agency of human
2 services as the successor to and the continuation of the division of mental
3 health services of the department of health. The department of mental health
4 shall be responsible for the operation of the Vermont ~~state hospital~~ State
5 Hospital, or its successor in interest as defined in subdivision 455(28) of this
6 title.

7 * * * Crimes and Criminal Procedure: Escape * * *

8 Sec. 14. 13 V.S.A. § 1501 is amended to read:

9 § 1501. ESCAPE AND ATTEMPTS TO ESCAPE

10 * * *

11 (b) A person who, while in lawful custody:

12 * * *

13 (4) escapes or attempts to escape from the Vermont ~~state hospital~~ State
14 Hospital, or its successor in interest, when confined by court order pursuant to
15 chapter 157 of ~~Title 13 or chapter 199 of Title 18~~ this title, or when transferred
16 there pursuant to ~~section 28 V.S.A. § 703 of Title 28~~ and while still serving a
17 sentence, shall be imprisoned for not more than five years or fined not more
18 than \$1,000.00, or both.

19 * * *

1 (d) As used in this section, “successor in interest” shall mean the
2 state-managed mental health hospital that provides acute inpatient care and
3 replaces the Vermont State Hospital.

4 * * * Crimes and Criminal Procedure: Insanity as a Defense * * *

5 Sec. 15. 13 V.S.A. § 4815 is amended to read:

6 § 4815. PLACE OF EXAMINATION; TEMPORARY COMMITMENT

7 * * *

8 (g)(1) Inpatient examination at the ~~state hospital~~ Vermont State Hospital, or
9 its successor in interest, or a designated hospital. The court shall not order an
10 inpatient examination unless the designated mental health professional
11 determines that the defendant is a person in need of treatment as defined in
12 18 V.S.A. § 7101(17).

13 * * *

14 (3) An order for inpatient examination shall provide for placement of the
15 defendant in the custody and care of the commissioner of mental health.

16 (A) If a Vermont ~~state hospital~~ State Hospital psychiatrist, or a
17 psychiatrist of its successor in interest, or a designated hospital psychiatrist
18 determines that the defendant is not in need of inpatient hospitalization prior to
19 admission, the commissioner shall release the defendant pursuant to the terms
20 governing the defendant’s release from the commissioner’s custody as ordered
21 by the court. The commissioner of mental health shall ensure that all

1 individuals who are determined not to be in need of inpatient hospitalization
2 receive appropriate referrals for outpatient mental health services.

3 (B) If a Vermont ~~state hospital~~ State Hospital psychiatrist, or a
4 psychiatrist of its successor in interest, or designated hospital psychiatrist
5 determines that the defendant is in need of inpatient hospitalization:

6 (i) The commissioner shall obtain an appropriate inpatient
7 placement for the defendant at the Vermont ~~state hospital~~ State Hospital, or its
8 successor in interest, or a designated hospital and, based on the defendant's
9 clinical needs, may transfer the defendant between hospitals at any time while
10 the order is in effect. A transfer to a designated hospital is subject to
11 acceptance of the patient for admission by that hospital.

12 (ii) The defendant shall be returned to court for further appearance
13 on the following business day if the defendant is no longer in need of inpatient
14 hospitalization, unless the terms established by the court pursuant to
15 subdivision (2) of this section permit the defendant to be released from
16 custody.

17 * * *

18 (i) As used in this section, "successor in interest" shall mean the
19 state-managed mental health hospital that provides acute inpatient care and
20 replaces the Vermont State Hospital.

1 (26) “No refusal system” means a system of hospitals and intensive
2 residential recovery facilities under contract with the department of mental
3 health that provides high intensity services, in which the facilities shall admit
4 any individual for care if the individual meets the eligibility criteria established
5 by the commissioner in contract.

6 (27) “Participating hospital” means a hospital under contract with the
7 department of mental health to participate in the no refusal system.

8 (28) “Successor in interest” means the state-managed mental health
9 hospital that provides acute inpatient care and replaces the Vermont State
10 Hospital.

11 Sec. 18. 18 V.S.A. § 7108 is amended to read:

12 § 7108. CANTEENS

13 The ~~superintendents~~ chief executive officer of the Vermont State Hospital
14 ~~and the Training School, or its successor in interest,~~ may conduct a canteen or
15 commissary, which shall be accessible to patients, ~~students,~~ employees, and
16 visitors of the ~~state hospital and training school~~ Vermont State Hospital, or its
17 successor in interest, at designated hours and shall be operated by employees
18 of the hospital ~~and the school~~. A revolving fund for this purpose is authorized.
19 The salary of an employee of the hospital ~~or training school~~ shall be charged
20 against the canteen fund. Proceeds from sales may be used for operation of the
21 canteen and the benefit of the patients, ~~students~~ and employees of the hospital

1 ~~or training school~~ under the direction of the ~~superintendents~~ chief executive
2 officer and subject to the approval of the commissioner. All balances of such
3 funds remaining at the end of any fiscal year shall remain in such fund for use
4 during the succeeding fiscal year. An annual report of the status of the funds
5 shall be submitted to the commissioner.

6 Sec. 19. 18 V.S.A. § 7110 is amended to read:

7 § 7110. CERTIFICATION OF MENTAL ILLNESS

8 A certification of mental illness by a licensed physician required by section
9 7504 of this title shall be made by a board eligible psychiatrist, a board
10 certified psychiatrist or a resident in psychiatry, under penalty of perjury. In
11 areas of the state where board eligible psychiatrists, board certified
12 psychiatrists or residents in psychiatry are not available to complete admission
13 certifications to the Vermont ~~state hospital~~ State Hospital, or its successor in
14 interest, the commissioner may designate other licensed physicians as
15 appropriate to complete certification for purposes of section 7504 of this title.

16 * * * The Department of Mental Health * * *

17 Sec. 20. 18 V.S.A. § 7205 is amended to read:

18 § 7205. SUPERVISION OF INSTITUTIONS

19 (a) The department of mental health shall operate the Vermont State
20 Hospital, or its successor in interest, and shall be responsible for patients

1 receiving involuntary treatment ~~at a hospital designated by the department of~~
2 ~~mental health.~~

3 (b) The commissioner of the department of mental health, in consultation
4 with the secretary, shall appoint a chief executive officer of the Vermont State
5 Hospital, or its successor in interest, to oversee the operations of the hospital.
6 The chief executive officer position shall be an exempt position.

7 Sec. 21. 18 V.S.A. § 7206 is amended to read:

8 § 7206. RECOMMENDATIONS AND REPORTS

9 (a) The department shall from time to time study comprehensively the
10 mental health problems of the state, develop programs for mental health
11 services, and recommend as to the integration within the department of any
12 other related agencies and services as it considers proper. It shall also
13 periodically review and evaluate the mental health programs.

14 (b) Notwithstanding 2 V.S.A. § 20(d), the department of mental health
15 shall report annually on or before January 15 to the senate committee on health
16 and welfare and house committee on human services regarding the extent to
17 which individuals with mental health conditions receive care in the most
18 integrated and least restrictive setting available. The report shall address:

19 (1) Utilization of services across the continuum of mental health
20 services;

1 (2) Adequacy of the capacity at each level of care across the continuum
2 of mental health services;

3 (3) Patient experience of care and consumer satisfaction; and

4 (4) Clinical, social, and legal outcomes.

5 Sec. 22. 18 V.S.A. § 7208 is amended to read:

6 § 7208. DEFINITIONS

7 As used in this chapter:

8 (1) “Adult foster care” shall have the same meaning as in 33 V.S.A.

9 § 502.

10 (2) “Home care services” shall have the same meaning as in 33 V.S.A.

11 § 502.

12 (3) “Intensive residential recovery facility” means a licensed program
13 under contract with the department of mental health that provides a safe,
14 therapeutic, recovery-oriented residential environment to care for individuals
15 with one or more mental health conditions who need intensive clinical
16 interventions to facilitate recovery in anticipation of returning to the
17 community. This facility shall be for individuals not in need of acute inpatient
18 care and for whom the facility is the least restrictive and most integrated
19 setting.

1 successor in interest, or otherwise being transported under the jurisdiction of
2 the commissioner in any manner which:

3 (1) prevents physical and psychological trauma;

4 (2) respects the privacy of the individual; and

5 (3) represents the least restrictive means necessary for the safety of the
6 patient.

7 Sec. 25. 18 V.S.A. § 7703 is amended to read:

8 § 7703. TREATMENT

9 (a) Outpatient or partial hospitalization shall be preferred to inpatient
10 treatment. Emergency involuntary treatment shall be undertaken only when
11 clearly necessary. Involuntary treatment shall be utilized only if voluntary
12 treatment is not possible.

13 (b) The department shall establish minimum standards for adequate
14 treatment as provided in this section, including requirements that law
15 enforcement is not used as a primary source of inpatient security.

16 * * * Transfer of Patients * * *

17 Sec. 26. 18 V.S.A. § 7901 is amended to read:

18 § 7901. INTRASTATE TRANSFERS

19 The commissioner may authorize the transfer of patients between the
20 Vermont ~~state hospital~~ State Hospital, or its successor in interest, and
21 designated hospitals if the commissioner determines that it would be consistent

1 with the medical needs of the patient to do so. Whenever a patient is
2 transferred, written notice shall be given to the patient's ~~attorney~~, legal
3 guardian or agent, if any, ~~spouse, parent, or parents, or, if none be known, to~~
4 ~~any other interested party in that order~~, and any other person with the consent
5 of the patient. In all such transfers, due consideration shall be given to the
6 relationship of the patient to his or her family, legal guardian, or friends, so as
7 to maintain relationships and encourage visits beneficial to the patient. Due
8 consideration shall also be given to the separation of functions and to the
9 divergent purposes of the Vermont ~~state hospital~~ State Hospital, or its
10 successor in interest, and designated hospitals. No patient may be transferred
11 to a correctional institution without the order of a court of competent
12 jurisdiction. No patient may be transferred to a designated hospital outside the
13 no refusal system unless the head of the hospital or his or her designee first
14 accepts the patient.

15 * * * Support and Expense * * *

16 Sec. 27. 18 V.S.A. § 8101(b) is amended to read:

17 (b) The commissioner shall promulgate, pursuant to 3 V.S.A. chapter 25 ~~of~~
18 ~~Title 3~~, regulations which set forth in detail the levels of income, resources,
19 expenses, and family size at which persons are deemed able to pay given
20 amounts for the care and treatment of a patient, and the circumstances, if any,
21 under which the rates of payment so established may be waived or modified.

1 A copy of the payment schedule so promulgated shall be made available in the
2 admissions office ~~and in the office of each supervisor at the state hospital~~
3 Vermont State Hospital, or its successor in interest.

4 Sec. 28. 18 V.S.A. § 8105 is amended to read:

5 § 8105. COMPUTATION OF CHARGE FOR CARE AND TREATMENT

6 The charge for the care and treatment of a patient at the Vermont ~~state~~
7 ~~hospital~~ State Hospital, or its successor in interest, shall be established at least
8 annually by the commissioner. The charge shall reflect the current cost of the
9 care and treatment, including depreciation and overhead, for the Vermont ~~state~~
10 ~~hospital~~ State Hospital, or its successor in interest. Depreciation shall include
11 but not be limited to costs for the use of the plant and permanent
12 improvements, and overhead shall include but not be limited to costs incurred
13 by other departments and agencies for the operation of the hospital.
14 Accounting principles and practices generally accepted for hospitals shall be
15 followed by the commissioner in establishing the charges.

16 Sec. 29. 18 V.S.A. § 8010 is amended to read:

17 § 8010. VOLUNTARY PATIENTS; DISCHARGE; DETENTION

18 ~~(a) If a voluntary patient gives notice in writing to the head of the hospital~~
19 ~~of a desire to leave the hospital, he or she shall promptly be released unless he~~
20 ~~or she agreed in writing at the time of his admission that his or her release~~
21 ~~could be delayed.~~

1 (2) Work with designated hospitals and stakeholders to develop a
2 process to ensure public involvement with policy development relevant to
3 individuals in the care and custody of the commissioner.

4 (3) Develop consistent definitions and measurement specifications for
5 measures relating to seclusion and restraint and other key indicators, in
6 collaboration with the designated hospitals. The commissioner shall prioritize
7 the use of measures developed by national organizations such as the Joint
8 Commission and the Centers for Medicare and Medicaid Services.

9 (4) Report on the efficacy of the department of mental health’s housing
10 subsidies program on the status of stable housing.

11 Sec. 34. APPROPRIATIONS

12 To continue the training program established in Sec. 13 of No. 80 of the
13 Acts of the 2003 Adj. Sess. (2004) (amending Sec. 57 of No. 66 of the Acts of
14 2003), for assisting selected law enforcement officers during the performance
15 of their duties, in their interactions with persons exhibiting mental health
16 conditions, \$20,000.00 is appropriated from the general fund to the office of
17 the attorney general.

18 (1) The office of the attorney general, in consultation with the Vermont
19 coalition for disability rights and other organizations, shall implement this
20 training program.

1	Operating expenses	2,056,312	1,394,734
2	Grants	<u>82,335</u>	<u>82,335</u>
3	Total	<u>22,617,835</u>	21,706,038
4	Source of funds		
5	General fund	17,016,067	5,963,977
6	Special funds	835,486	0
7	Federal funds	213,564	93,117
8	Global Commitment fund	4,252,718	15,648,944
9	Interdepartmental transfers	300,000	<u>0</u>
10	Total	<u>22,617,835</u>	21,706,038

11 Sec. 38. EFFECTIVE DATE

12 This act shall take effect on passage, except for Sec. 34 which shall take
13 effect on July 1, 2012.