

Secure Residential Facility: Plan for Siting and Design

Vermont Agency of Human Services

Department of Mental Health

February 26th, 2016

Act 79: Middlesex Therapeutic Community Residence (2012)

- ▶ Temporary seven-bed locked facility licensed as Therapeutic Community Residence; created in wake of Tropical Storm Irene
- ▶ Opened in 2013
- ▶ Has served 29 individuals with an average LOS 4.5 months
- ▶ Global Commitment Funding with some private pay
- ▶ Designed to serve:
 - ▶ Individuals who no longer require inpatient acute psychiatric hospitalization, but their care requires a secure (locked setting)
 - ▶ May include individuals who are no longer severely symptomatic but must remain in secure environment until resolution of judicial process
- ▶ Does not perform Emergency Involuntary Procedures (EIP's)
 - ▶ Does not have licensure authority or physical space to safely manage individuals who require episodic seclusion or restraint

Act 178: Proposal for Permanent Replacement of SRR (2014)

- ▶ Highest need: Individuals who no longer require hospitalization but remain emotionally or behaviorally dysregulated and in need of supervision within locked treatment setting
 - ▶ These individuals account for significant number of Level I or other involuntary inpatient treatment days
- ▶ Establish 14-bed involuntary, secure (locked) facility on lands to be acquired for construction or renovation
- ▶ Would require waiver of current TCR standards to permit use of EIP's if needed
- ▶ Populations to be served would include:
 - ▶ Individuals with severe symptoms of mental illness such as delusions of persecution which only partially respond to acute hospital-based treatment and are prone to act on those delusions putting themselves or others at risk
 - ▶ Individuals with mental illness whose mental status fluctuates with episodes of severe symptoms such as hallucinations in which assaultive or self-destructive urges are prominent, yet have prolonged periods of stability between those episodes
 - ▶ Individuals with a primary mental illness and cognitive impairments, who may have a high frequency of assaultive behaviors
- ▶ Estimated capital cost: \$12 million (\$16.2 million with debt service spread over 20 years)
- ▶ Annual operating costs: \$5.1 million
- ▶ Funded through Global Commitment funding with some private pay
- ▶ Would utilize Act 79 authority for additional 7 residential beds (originally proposed in NW Vermont) but never funded

Act 26 (2015):

“Sec. 30. SECURE RESIDENTIAL FACILITY; PLAN FOR SITING AND DESIGN

The Secretary of Human Services shall conduct an examination of the needs of the Agency of Human Services for siting and designing a secure residential facility. The examination shall analyze the operating costs for the facility, including the staffing, size of the facility, the quality of care supported by the structure, and the broadest options available for the management and ownership of the facility.”

- During planning, additional ask for AHS to assess how development of facility could address the needs of other AHS populations with similar needs.

SRR Request for Information - Fall, 2015

- ▶ Seeking information, recommendations and/or conceptual proposals regarding the planning, development, operations and/or management of the new SRR Facility.
- ▶ Submissions:
 - ▶ Anmahian Winton Architects (Architecture firm)
 - ▶ Architecture+/Black River Design/Engelberth Construction (Architecture, Design and Property Development Firms)
 - ▶ Brattleboro Retreat/Collaborative Solutions/Second Spring (Inpatient and residential treatment providers)
 - ▶ Genesis Healthcare (Post-acute care mental health and substance use service provider in MA)
 - ▶ Hundred Acre Homestead (Therapeutic Community Residence in Worcester, VT)
 - ▶ Northeast Kingdom Human Services (Designated Agency)
 - ▶ Pizzagali Properties (Property Management and Developer)
- ▶ Follow-Up discussions to assess feasibility of different models for development and operation of the SRR Facility.

Siting Considerations: *State Owned Lands*

BGS Analysis of NWSCF and SSCF:

- ▶ Criteria: Site size, land characteristics, utilities, zoning, permitting, construction issues, quality of program
- ▶ SRR would need separation and its own core services, recreation yard & security perimeter inside the confines of the existing facility footprint present challenges.
- ▶ Access to SRR on SSCF site would be from adjacent property that is future industrial park. SRR would also need to share open area that is currently a ballfield and future site of possible 150 bed unit.
- ▶ Town support for new SRR may be an issue.
- ▶ Sites require more analysis of upgrades to heat, water, sewer and/or food services.

Siting Considerations: *Non-State Owned Lands*

- ▶ Preliminary potential sites identified to date:
 - ▶ Bloomfield
 - ▶ Brattleboro
 - ▶ Rutland
 - ▶ Worcester
 - ▶ South Burlington
 - ▶ St. Albans
 - ▶ Middlesex
- ▶ Further analysis and review needed before any might be considered feasible.

Timeline for Closing MTCR

- ▶ Current Agreement with Town to close temporary facility (2018)
- ▶ AHS has notified Select Board Chair of its interest in a two-year extension (2020)
- ▶ Interest in exploring other possible sites in Middlesex for siting permanent SRR if available. Favorable initial communications with Select Board Chair.

Population Mix/Planning Considerations

Current statutory eligibility of SRR

- ▶ “Residential facility, licensed as a therapeutic community residence (as defined in 33 V.S.A. § 7102(11)), for an individual who no longer requires acute inpatient care but who does remain in need of treatment within a secure setting for an extended period of time.” (Act 160 of 2012)
- ▶ Individuals may only be admitted to SRR if they are currently receiving inpatient care
- ▶ Admission requires court application for continued treatment that results in order of non-hospitalization requiring residence at SRR.

Proposed Populations: Mental Health

- ▶ Individuals who remain in acute care settings due to a high risk of self-harm, neglect, or continue to pose a danger to others.
- ▶ Individuals who do not require inpatient acute psychiatric services, but whose care needs exceed local community program resources.
 - ▶ Ongoing potential for high risk of self-harm.
 - ▶ High incidence of aggressive behaviors and are dangerous to others.
 - ▶ Do not need acute inpatient care but still require treatment and secure setting while awaiting resolution of criminal proceedings.
- ▶ Individuals who demonstrate dangerous behavior as a result of mental illness but are not in a psychiatric crisis and do not require the medical services of an inpatient care unit.

DOC Inmate Population

- ▶ AHS/DMH/DOC assessing use of SRR for individuals who are in the correctional system.
- ▶ Subset of inmates who:
 - ▶ Are impaired due to a mental illness to the point that they lack the ability to meet the ordinary demands of life,
 - ▶ Are substantially impaired when it comes to functioning in a correctional environment,
 - ▶ Eligible to be released from DOC custody, and
 - ▶ Meet the legal criteria for order of non-hospitalization.
- ▶ Careful analysis required to safeguard use of Medicaid funding for SRR treatment of inmate population.

Long-Term Care Eligible Population

- ▶ AHS/DMH/DOC/DAIL assessing needs for elderly offenders who need long-term care services and unable to access extended care nursing facilities
- ▶ Not seeking to serve this population at SRR
- ▶ DMH/DAIL meeting with other potential providers:
 - ▶ Vermont Veteran's Home Administrator
 - ▶ Designated Agency Executive Directors
 - ▶ Genesis Healthcare
 - ▶ Vermont Health Care Association.

Program Characteristics

- ▶ Psychiatric rehabilitation services
- ▶ Psychosocial treatment
- ▶ Positive behavioral support framework
- ▶ Capacity for separation of sub-groups for safety
- ▶ Capacity for episodic seclusion/restraint of individuals exhibiting assaultive or self-injurious behavior

Financial Sustainability

- ▶ MTCR funded by Global Commitment/Medicaid
- ▶ Vermont using “managed care savings” (MCO Investment) to fund VPCH due to “IMD” Exclusion
- ▶ To minimize risk, State limits MCO Investments at 5-7% of total Global Commitment (GC) costs.
- ▶ In SFY’15, MCO Investment spending was 8.79% of total GC costs
- ▶ Developing additional programming that would require MCO Investment funding would increase risk of not having enough savings to cover the MCO Investments.
- ▶ Communications with CMS regarding restrictions on use of Medicaid for individuals under custody of DOC
- ▶ Seeking to develop program that can be sustained using Global Commitment funding.

Recommendations/Next Steps

- ▶ Development of 16 bed SRR facility for 1) individuals who have mental illness and treatment needs for this setting drawing from eligible inpatients ready for transition from a hospital, and 2) eligible individuals from DOC.
- ▶ Individuals would be under the care and custody of the DMH Commissioner and treatment programming would maximize opportunities for traditional Medicaid participation and minimize Global Commitment MCO Investment funding.
- ▶ If state-run, construction and annualized operating costs would closely mirror 2015 proposal for 14-bed facility.
- ▶ Request for Proposals needs to be developed, identifying major programmatic components, exploration of public-private partnership efficiencies, and with requirements for more detailed cost projections in order to determine overall cost benefits for both quality and service delivery to population to be served.
- ▶ State Fiscal Year '18 budget development should include requests for identified resources necessary for CON/COA requirements and project development and management coordination necessary to oversee the establishment of SRR.