



Brattleboro Retreat
**Vermont Needs a
Forensic Psychiatric
Facility**

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- Brattleboro Retreat - linchpin of Vermont's mental health and substance abuse system, providing services to individuals with complex interplay of mental health, medical and substance abuse needs
- Brattleboro Retreat serves more involuntary patients than the Vermont Psychiatric Care Hospital and is Vermont's sole provider of inpatient mental health services to children and adolescents
- Brattleboro Retreat budget is \$70 million and the largest employer in Windham County with 830 employees



Brattleboro Retreat Role In Mental Health System

- Served 4077 individuals in 2017 (half insured by Medicaid) with Vermonters making up approximately 70 percent of daily inpatient census
- Account for 52 percent of adult psychiatric beds in the state (119 beds) and room to add more
- 100 percent of Vermont beds for children and adolescents (30 beds); 23 residential beds
- 31 percent of Level One beds (14 beds)
- Daily census of 25-30 involuntary patients along with a small number of forensic patients



Proposed Forensic Facility

- The Brattleboro Retreat fully supports the need for additional capacity for the forensic population
- Provides hospital level of care for people who are referred for a competency or sanity evaluation that requires inpatient hospital level of care (psychiatric needs reach hospital level of care)
- Creates better flow through the mental health system of care



Proposed Forensic Facility

- We need ***IMMEDIATE RELIEF*** for this population
 - We are in an emergency situation
 - Human beings are impacted (patients and staff)
 - People need treatment



Treatment of Forensic Patients at the Retreat

- All have criminal court involvement
- Judge or attorneys request a competency or sanity evaluation; can be inpatient or outpatient
- Our admitting psychiatrist decides as to whether patient meets criteria for admission
- 90 percent of those referred are found incompetent or insane



Treatment of Forensic Patients at the Retreat

- We treat the person until discharge and that can end the case
- Our biggest challenge are referrals from prison; people already convicted but behaviors cannot be managed
- For these patients the incentive is to avoid returning to prison – they have prison experience and are often sociopathic and injure our staff



Treatment of Forensic Patients at the Retreat

- The numbers of prisoners sent are small but have long term needs and clog acute care beds at the Retreat and VPCH
- The women's prison does not have a specialized psychiatric unit like the men's facilities so women who cannot be managed are sent to the Retreat
- Vermont lacks laws that permit the restoration of competency unlike the majority of other states



Brattleboro Retreat Forensic Data 2017

- We served 34 forensic patients
- Average length of stay was 48 days almost the same as our state hospital unit
- 1,494 total bed days = 214 weeks that beds were unavailable for other acute psychiatric patients
- Beds are taken off-line when behaviors of forensic patients makes it unsafe to house other patients next to them



Case Example—De-Identified

- Patient admitted involuntarily after threatening roommate with a gun (he possessed several weapons)
- Long history of psychiatric hospitalizations in multiple states
- History of substance abuse that exacerbates psychiatric symptoms; rarely compliant with medication post-hospitalizations



Case Example Continued

- Diagnosis: paranoid schizophrenia; delusional “I am a God particle, I am the first person to make it out of cryogenics.” States he knows government computers have been hacked and millions could die
- Lengthy criminal history, unclear if he should be in possession of firearms due to past felony convictions



Case Example Continued

- Declines psychiatric medication on unit, will not allow treatment team to talk to family
- All the risk factors for violence: young, male, psychotic, history of threatening others, criminal justice involvement, limited insight into his mental illness
- Plan: Continue involuntary hospitalization and petition court for court-ordered medication



Why the Retreat Supports a Forensic Unit

- We treat aggressive, highly dysregulated patients—a challenge to treat safely
- We treat patients found “not competent to stand trial” but there is no ability to restore them to competency—creates disposition issues
- Concentrating forensic expertise/resources in one unit makes sense instead of requiring expertise everywhere



Why the Retreat Supports a Forensic Unit

- AHS has devoted extensive resources for planning the forensic unit taking into account the safety and care of patients and staff, efficient use of resources, and facility issues



What About the IMD Issue?

- Federal Medicaid rule that bars paying for treatment in mental health facilities of more than 16 beds
- Vermont has operated under a waiver for 20 years that allows VPCH and the Retreat to bill Medicaid
- Unless there is fix, starting 2021, IMD reimbursements are reduced until 2025 when they end



IMD Issues (Continued)

- We are working with DMH/AHS on possible fixes that would permit the Retreat to continue to operate at current capacity
- Without a fix we would have to close half of our beds
- With a focus on mental health at the federal level Vermont may have access to new solutions for an IMD exclusion



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