Secure Residential Facility: Overview

Vermont Agency of Human Services

Department of Mental Health

January 20th, 2017

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 34 individuals
  - Average Length of Stay (LOS) is now 6 months
  - Only four individuals have been re-admitted since opening
  - 79% stepped down to less restrictive facilities or independent housing
- 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)

- Complex needs: Individuals who no longer require hospitalization but remain emotionally or behaviorally dysregulated and in need of supervision within locked treatment setting
  - This population profile accounts for unnecessary Level I or other involuntary inpatient bed days
- Proposed establishing a 14-bed involuntary, secure (locked) facility on lands to be acquired for construction or renovation
- If EIP's performed, would require change to TCR standards for Secure Residential Program
- 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

- Sought information, recommendations and/or conceptual proposals regarding the planning, development, operations and/or management of the new SRR Facility.
- Submissions received:
  - 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 Worchester, VT)
  - Northeast Kingdom Human Services (Designated Agency)
  - Pizzagali Properties (Property Management and Developer)
- Engaged in follow-up discussions to assess feasibility of different models for development and operation of the SRR Facility.

Siting Considerations: *Non-State Owned Lands*

- Further planning, analysis and review needed for feasibility.
- Preliminary issues identified through RFI:
  - Local support needs to be determined
  - Site size and land characteristics varied
  - Utilities, zoning, permitting status varied
  - Determine construction issues (rehab or new),
  - Quality of program, financing, and potential statutory changes to be determined
  - Potential workforce to draw upon if state-run or privately run

Siting Considerations: *State Owned Lands*

BGS Analysis of NWSCF and SSCF sites:

- Criteria: Site size, land characteristics, utilities, zoning, permitting, construction issues, quality of program
- SRR Needs:
  - Population separation
  - Facility separation and its own core services
  - Separate recreation yard & security perimeter –challenges within the confines of the existing facility footprint.
- Site Issues:
  - Access from SSCF site would be from adjacent property that is future industrial park.
  - Potential open area currently a ballfield and future site of possible 150 bed expanded DOC facility.
  - Town support, either location, would need to be determined.
  - Sites require more analysis of upgrades to heat, water, sewer and/or food services.

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).

SRR Request for Proposal – December 2016

- Seeking development of one or more programs to replace MTCR and serve additional populations
- Expected to be "No Refusal" for admissions in collaboration with DMH
- Proposed programs can either be **staff-secure** (voluntary population) or **facility-secure** (involuntary population)
- Proposed mixing of voluntary and involuntary populations must address how financing strategy would maximize Federal Financial participation for voluntary beds
- Capacity may be developed through new construction or modifications of existing programs
- May target one or more of proposed target populations
- Bidders conference completed: Interested parties include DA's, hospitals, architecture firms and developers
- Deadline for Submissions (extended): April 14th, 2017

Population Mix/Planning Considerations

Current statute for SRR facility and eligibility

- "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.

- Broader population services will require statutory change
- Financing sustainability to be determined based on populations served
- Scope of program services or resident autonomy may require statutory change
- Licensing and/or oversight of facility may need to be examined

Populations that DMH has been asked to consider in its broad secure residential planning efforts:

1. Mentally Ill -

- Individuals who:
- Remain in hospital at higher risk of self-harm, neglect, or continue to pose a danger to others, but no longer need hospital level of care and will not engage in voluntary community services
- Are similarly situated forensic patients who still require treatment and a secure setting while awaiting resolution of criminal proceedings.
- Are in the community and experiencing serious impairment and crisis and are decompensating as a result of mental illness, but are not meeting hospitalization criteria for inpatient care.

2. Incarcerated Inmates with Mental Illness –

- The Joint Legislative Justice Oversight Committee established a Commission on Offenders with Mental Illness to explore opportunities for improved treatment options which AHS/DMH/DAIL/DOC participated in with key stakeholders. All input from stakeholders was reported back to the Legislature
- DMH asked to consider, inmates who:
  - Are experiencing functional impairments due to a severe and persistent mental illness to the point that they lack the ability to meet the ordinary demands of life, but do not require inpatient care.
  - Are eligible to be released from DOC custody
  - Meet the legal criteria for an order of non-hospitalization.
- Proposed services by DMH for inmates not meeting this criteria will require careful analysis to determine eligibility for federal financial participation or projected costs for general fund impact.
- DOC is also developing parallel facility planning options for improved mental health treatment unit space for the incarcerated population.

3. Individuals with mental illness and eligible for Nursing Home or other long term care services -

DMH asked to consider potentially serving, individuals who:

- May overlap with DOC population, but require nursing home care.
- May have more specialized health care needs than previously described potential populations to be served
- May have greater vulnerability or risk exposure issues in a mixed treatment setting

- DMH/DAIL have been meeting with other potential long term care providers for parallel planning for this population.
  - Under Act 158 (Traumatic Brain Injury), pending allocating DAIL resources to create new programs, do not have mental illness or need for hospitalization and require an alternative interim service program.
- DMH/DAIL submitted a legislative report on the implications of Act 158 going into effect prior to resources being allocated and programming developed.

Program Characteristics need to be fine-tuned

- Scope of Psychiatric rehabilitation services
  - Psychosocial treatment
  - Positive behavioral support framework
- Program separation or capacity for separation of sub-groups for safety or risk management
- Capacity for managing more complex population – behavioral dysregulation and episodic seclusion/restraint of individuals exhibiting potential assaultive or self-injurious behavior risk

Financial Sustainability

- MTCR funded by Global Commitment (GC)/Medicaid
- Vermont using “managed care savings” (MCO Investment) to fund VPCH due to “IMD” Exclusion
- Need to generate sufficient MCO savings to cover additional MCO investments for new program/s.
- Need clarity with CMS to determine eligibility for Federal Financial Participation (FFP) or General Fund (GF) need
  - Locked facility
  - Resident Rights Restrictions
  - DOC Population
- Maximizing programming options that can be sustained using GC funding.

Next Steps to Be Determined

- Size of Program or Programs – 16 bed IMD exclusion is an influencing factor on size if federal financial participation is expected
- Specific populations or mix of populations that address system needs and/or might exclude federal financial participation (FFP)
- Program services, limitations or interventions that may exclude FFP
- Confirming opportunities to maximize traditional Medicaid participation and minimize Global Commitment MCO Investment funding.
- Examine opportunities to offer services to other populations not currently served (i.e. custody issues, ties to courts or justice involved programs)
- Entity ownership and operation - state-run construction and annualized operating cost evaluation for comparison to private-run facility services.
- Identify State Fiscal Year ‘18 planning resources necessary for:
  - Complete examination of above and RFP responses,
  - Complete analysis of CON/COA requirements,
  - Identify timeline and project management resource needs
  - Develop subsequent budget projections and allocation request for replacement SRR program/s.