

Agency of Human Services: Facilities Report

Update August 25, 2017

(a) It is the intent of the General Assembly that the State address the pressing facility needs for the following populations:

(1) individuals who no longer require hospitalization but who remain in need of long-term treatment in a secure residential facility setting;

(2) elders with significant psychiatric needs who meet criteria for skilled nursing facilities;

(3) elders with significant psychiatric and medical needs who do not meet criteria for skilled nursing facilities;

(4) children in need of residential treatment;

(5) juvenile delinquents in need of residential detention;

(6) offenders in correctional facilities; and

(7) any other at-risk individuals.

Act 84

Facilities Report

- What is asked of AHS and BGS

- Act 85 Sec. 31. – The use of out-of-state and in-state residential placements including Woodside (November, 2017).
- Act 78, Sec. 7. – How best to provide mental health treatment to inmates and detainees housed in a correctional facility. (January, 18, 2018).
- Act 78, Sec. 9. – DOC , in consultation with DMH will develop a plan to create or establish access to a forensic mental health center (January 18, 2018).
- Act 85. E.300.15 – Recommendations on defining, treating and providing the appropriate venue for people with traumatic brain injury (September 15, 2018).
- appropriations for activities to reuse the Southeast State Correctional Facility located in Windsor, Vermont
- Act 85 Sec. E.335.1 Southeast State Correctional Facility - develop a plan for secure transitional housing for inmates preparing to reenter the community.
- Act 82 – Section 4 (6), (7) and (8) address the need for forensic, geri-psyh and inpatient needs.

Related Reports

Study on the Repurposing of the Woodside Juvenile Detention Center, 2011

Department of Corrections Facilities Study Report 2016 (Act 160)

Woodside Feasibility Report, 2016

The Adequacy of the Choices for Care Provider System, 2016

Project Brief: Permanent Replacement of the temporary Middlesex Therapeutic Community Residence (Secure Residential Program), 2015

RFP: Siting and Design of Psychiatric Secure Residential Recovery Program(s), 2016

Secure Residential Facility Planning for Siting and Design Report, 2016

University of Vermont Inpatient Psychiatric Barrier Days Analysis, 2017 (Mental Health Flow Committee)

Wait Time Preliminary Literature Review, 2017 (Mental Health Flow Committee)

AHS Facilities Inventory, November, 2017

Document Review

-What We Have Done

Department of
Corrections
Facilities Study
Report 2016
(Act 160)

- Describes the uses of facility beds that exist in Vermont
- Provides an overview related to ageing, gender, medical and mental health trends of the incarcerated population
- Outlines four options that can be taken together or combined to meet the future needs of the incarcerated population.
- The options have impacts on the state budget, state jobs, the economy in areas where correctional facilities are located and any future location for a correctional facility.

Options:

- a. New facility with 800 beds
- b. Complete construction at current facilities
- c. No changes
- d. Budget savings through facility closures - more reliance on out of state beds.

Woodside Juvenile Rehabilitation Center Report

- Analyzes existing and building conditions and propose a preliminary design and an initial opinion of probable cost.
- Design strategy has flexibility to expand or shrink in response to program and budget needs.
- Currently licensed for 30 beds.
- Building impacts program function – works against the therapeutic model.
- Build a new 25 to 30 bed structure on site while the existing program remains functioning on site in order to save on the temporary, significant relocation costs.
- Costs range from \$13,929,690 (25 beds) to \$16,519,524 (30 beds).

Outstanding Issue:

Will Woodside be recognized as a therapeutic facility and be able to draw down Medicaid funding?

- RFP is based on a 2015 Project Brief with projected costs for the permanent replacement of Middlesex and 2016 Secure Residential Report .
- Replaces the temporary seven bed facility in Middlesex.
- RFP explores the development of multiple programs as replacements options for the SRR.
- A “No refusal” site in collaboration with DMH.
- Considers a 16 bed voluntary program which might be eligible for FFP.
- Considers a 16 bed or more program which is ineligible for FFP.
- Can mix populations but would affect funding sources (Medicaid vs General Funds).
- Three responses to RFP. Two were strictly voluntary. One was a small, locked facility. None fully addressed the population needs.

Siting and Design of Psychiatric Secure Residential Recovery Program(s)

- Report provides an overall assessment of the availability of Choices for Care services to Vermonters who need and choose them.
- Demonstrates the continued trend and popularity of community-based settings.

- Recommendations:

- Continue to increase choices so that people receive services in the setting of their choice. This requires a full continuum of care to include home and community options as well as skilled nursing facilities.
- increase Moderate Needs funding and increase
- Enhanced Residential Care rates to align with the complexity of individuals they are serving.

Annual Report on the Adequacy of the Choices for Care Provider System

Key Findings

- 181 inpatient psychiatric patients had stays of 30 days or more over a 30 month period
- 61% represented voluntary status patients; 39% were involuntary
- 38% of long stay patients had no barriers to discharge.
- 62% of long stay patients experience a barrier to discharge resulting in an extended stay of some length.
- The number of long stay patients has increased significantly since FY 2015. Long stay patients grew by 20% in FY 2016 and may increase by 15% in FY 2017.

Recommendations

- Additional Supervised Living Facilities.
- Enhanced support in transitioning to home or shelter.
- Predictive modeling for bed utilization – factor that 38% of long stay patients meet medical necessity criteria.

Study - Barrier
Days for Inpatient
Psychiatry Patients
at UVM Medical
Center

Themes Supported by Data:

- Between 2002 -2011, 30 % increase in total ED visits.
- Psychiatric visits as a percentage of total visits increased by 18.5%.
- Homelessness; use of restraints and sitters; history of aggressive behavior; diagnosis ; age affect Length of Stay in ED.
- Psychiatric diagnoses in ED, by prevalence, have remained constant over the last 15 years.
- Undertrained staff may increase need for restraints, sitters, involuntary emergency procedures, leading to prolonged ED waits.
- Undertrained staff may misinterpret patient behavior , which may lead to prolonged ED waits.

Preliminary Literature Review on Emergency Department Wait Times (National Data)

- Mental Health
Flow Committee

Challenges include:

- Funding – overall funding for maintenance, enhancements and developing new facilities. Along with current and future per person based funding:
 - Community based supports for older Vermonters in Choices for Care average \$30,000 per year; skilled nursing homes average \$71,000 per year.
 - People who are Seriously Functionally Impaired (SFI) with both treatment and public safety needs can cost up to \$700,000 per year.
 - The cost of an in-state correctional is \$65,324 per bed per year and the average out of state cost is 29,737 per bed per year.
 - The cost to construct a new 800 bed correctional facility is approximately \$175,000 per bed at start up (does not include annual operating costs).
 - The cost of a new 30 bed Woodside facility is approximately \$500,000 per bed at start up (does not include annual operation costs).
- Siting.
- Qualified staff.
- Facilities that match certain populations.

Opportunities include:

- Integration of certain facilities to maximize resources and streamline services.
- Increasing staff training.
- Continue to enhance individual choice for care.

Themes Supported by the Current Document Review

- Develop a comprehensive inventory of AHS facilities based on our understanding of client needs (In Progress).
- Map facility needs to service and population.
- Provide an analysis with options that take into accounts strengths, challenges and opportunities in the current and future state.
- In the options develop an integrated approach to facilities and populations that will look to maximize resources and streamline services.

Next Steps to Prepare for January, 2018 Report