

AHS Future Vision:

925 bed campus by 2028

925 bed campus in Northwest Vermont

** Includes closure of Chittenden and Northwst **

457 beds for male offenders (including out-of-state offenders)

175 beds for female offenders

120 beds for Federal offenders (revenue producing)

30 booking and receiving beds

50 ADA compliant beds for aging/infirm inmates

30 DOC forensic beds

18 infirmery beds, including 2 hospice and 3 quarantine beds

Woodside Plan B:
25 beds for youthful offenders (one option for Woodside population)

Separate part of campus:

20 high-acuity Forensic beds (DMH)

Vermont Psychiatric Care Hospital

Agency of Human Services - Mental Health Facility Inventory

Facility Name	Facility Type or Capability (Secure Residential, Hospital, Nursing Home)	Area of Specialty or Services Provided	Population/Eligibility Group	Facility Ownership Model (Owned, Leased, For Placement)	Facility Location (Physical Address)	Funding Sources (State General Funds, State Special Funds, Federal, Federal Medicaid, Grant)	Annual Operating Budget (FY17 actuals)	Facility Condition Assessment (excellent, moderate or poor)	Cost per bed	Facility Recommendation	Current census	Capacity	Facility Value (Estimated cost of replacement)	Deferred Maintenance	Staffing for Operations
Vermont Psychiatric Care Hospital (VPCH)	Hospital	Mental Health	Adult Involuntary	State of Vermont Owned	350 Fisher Rd Berlin, VT	Federal Medicaid - Investment	\$21,781,327	Excellent	\$ 871,253		25	25 beds	24,000,000		177

- Vermont will need to find an alternative way to fund VPCH when IMD expenditure authority ends in 2026
- **Options:**
 - Consider UVMHC assuming ownership of VPCH – if the facility becomes part of a hospital system, the facility could become Medicaid eligible
 - Reduce beds to 16 to continue to qualify for Medicaid funding – this would put more pressure on an already stressed system and should be considered carefully

Middlesex Facility - Recommendation

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Middlesex Therapeutic Community Residence (MTCR)	Intensive Residential/Secure	Mental Health	SPM/CRT eligible/court ordered	State of Vermont Owned-Temporary	1076 US Rt 2 Middlesex, VT	Federal Medicaid - Program	\$2,351,781	Moderate/poor - facility is failing and was only designed to be temporary	\$ 335,969	Relocate	7	7 beds			31

- Created under Act 79 in 2012 to meet the needs of patients who no longer require inpatient care, but continue to need intensive services
 - In the custody of DMH Commissioner on an Order of Non-Hospitalization (ONH)
- Temporary facility is failing and must be replaced

Woodside - Recommendation

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Woodside Juvenile Rehabilitation Center	Residential	Mental Health	Ages 10-17	State of Vermont Owned	26 Woodside Drive East Colchester, VT	General fund but moving to Federal Medicaid - Program	\$5,794,394	Moderate	\$ 193,146	Replace as recommended by the feasibility study	15	30 beds	\$20,000,000	\$3,000,000	50

- 30-bed residential treatment facility serving youth ages 10-18 in the custody of DCF with a delinquency charge or adjudication
- **Recommendation:** Replace Woodside on the current site to serve youth in a more appropriate therapeutic setting
 - Plan B (if Medicaid funding is not secured) would be to build capacity for youthful offenders as part of the larger campus-style facility proposed for 2028

Designated Hospitals

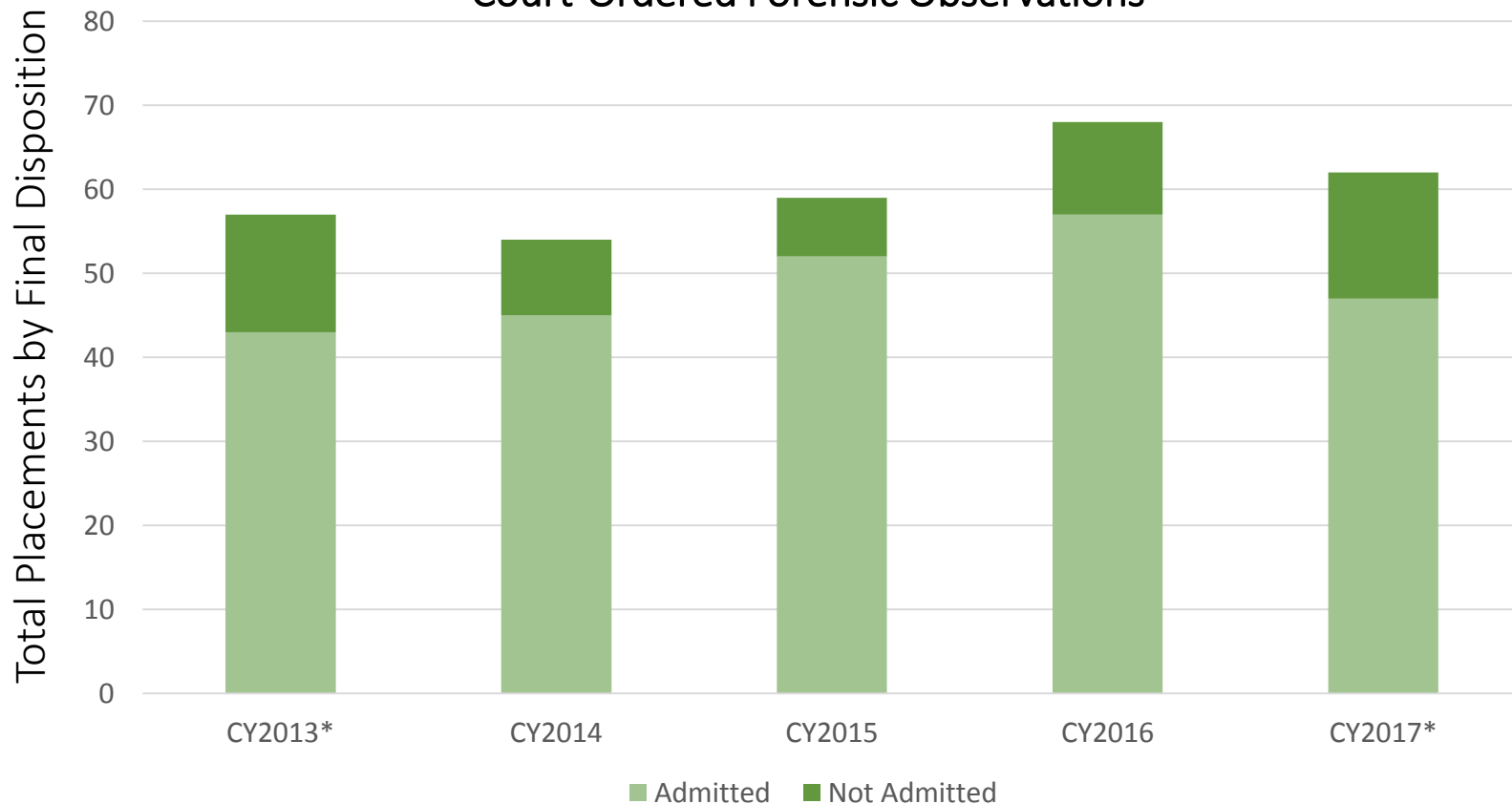
Agency of Human Services - Mental Health Facility Inventory

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Brattleboro Retreat - Level 1 Beds	Hospital	Mental Health	Adults	Brattleboro Retreat	Brattleboro, VT	Federal Medicaid	\$6,285,072		\$ 448,934		14	14 Beds			
Rutland Regional Medical Center	Hospital	Mental Health	Adults	Rutland Regional Medical Center	Rutland, VT	Federal Medicaid	\$4,250,298		\$ 708,383		6	6 Beds			

- The possibility of additional psychiatric beds at a current designated hospital should be explored
- Overall number of beds is dependent on the Brattleboro Retreat and the potential phase down of Medicaid coverage for care delivered there

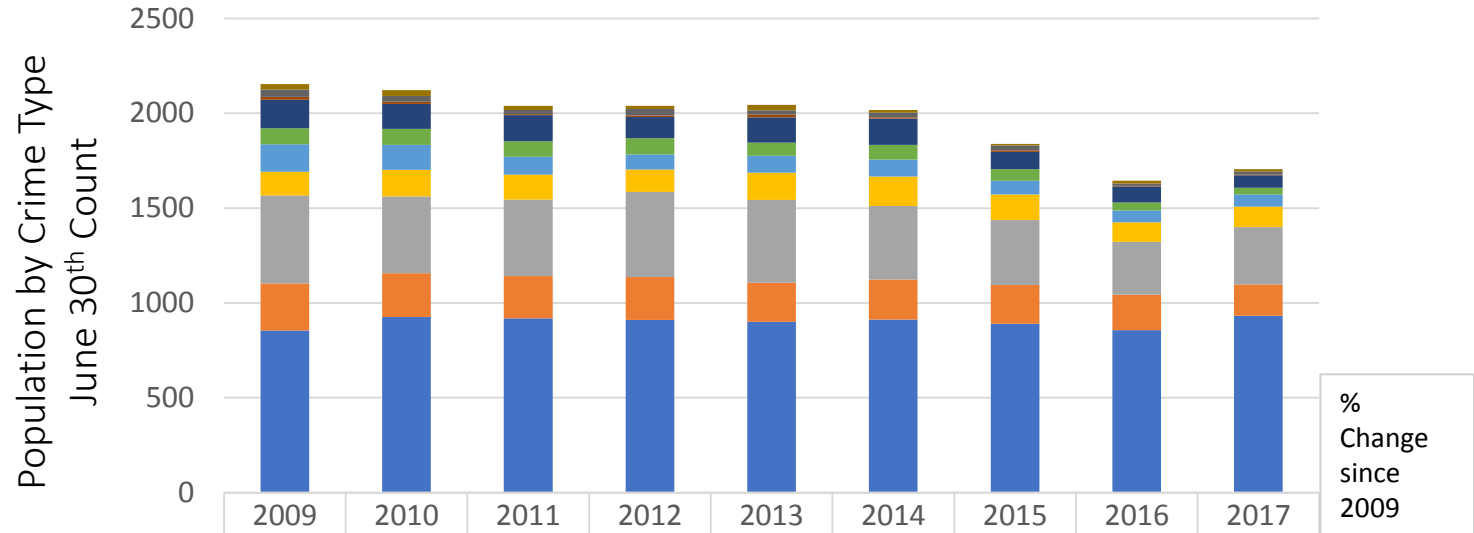
Court-Ordered Forensic Observations

Adults Waiting for Involuntary Inpatient Placement:
Court-Ordered Forensic Observations



* **Partial Years.** Reliable data collection for emergency department waits started in March 2013. 2017 data will be finalized by the end of January 2018.

DOC Population Count by Crime Type



	2009	2010	2011	2012	2013	2014	2015	2016	2017	% Change since 2009
Misd. Other	29	31	22	16	30	14	8	14	12	-59%
Misd. Motor Veh.	38	29	22	34	22	25	26	13	16	-58%
Misd. Drug	16	13	5	8	14	7	7	3	4	-75%
Misd. Person	149	132	139	112	133	139	92	84	65	-56%
Fel. Other	85	83	81	86	70	78	61	43	36	-58%
Fel. Motor Veh.	146	133	94	79	90	88	72	62	64	-56%
Fel. Drug	125	140	132	118	143	155	135	102	108	-14%
Fel. Proprty	463	405	404	449	436	389	342	279	302	-35%
Fel. Person	249	231	222	226	207	210	204	188	166	-33%
Fel. Serious	854	925	919	911	900	913	891	856	932	9%

From 2009 to 2017, the Crime Type “Fel. Serious” increased from 40% to 55% of the total DOC beds, and all Felony Crime Types increased from 89% to 94% of total beds, while the total population decreased by 21% (from 2154 to 1705).

Current vs. Proposed DOC Beds

DOC In-State Facility Capacity		
	Current Capacity	New Campus Proposal
CRCF	172	Closed
MVRCF	130	130
NECC	215	215
NSCF	420	420
NWSCF	247	Closed
SESCF	100	Closed
SSCF	374	374
New Campus	N/A	850
Total In State Capacity	1,658	2,019
Out of State Caseload	261	0
Total Capacity	1,919	2,019
Additional USMS Federal Detainee Beds	N/A	60
DOC Forensic Unit	N/A	30
Total New/Increased Bed	N/A	10

Current facility configuration:

- 72% General Population
- 28% for special uses

