

State of Vermont

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REPLACING THE TEMPORARY, PHYSICALLY SECURE, MIDDLESEX THERAPEUTIC COMMUNITY RESIDENCE

RECOMMENDATION

The Department of Mental Health (DMH) continues to recommend the replacement of the Middlesex Therapeutic Community Residence (MTCR). The temporary facility has outlasted its expected lifespan and must be replaced.

PROPOSAL: 16-BED, STATE-RUN, PHYSICALLY SECURE RESIDENTIAL FACILITY

DMH proposes to replace the temporary Middlesex facility with a 16-bed, state-run, physically secure residential facility with increased clinical capacity. This will improve flow and inpatient bed availability in the system of care.

BACKGROUND

Funds to support the planning and development of a larger, permanent facility are included in the proposed Fiscal Year 2020 Capital Bill to the Vermont Legislature. Specifications include a better permanent facility design and footprint for a next generation, physically secure residential facility, ideally located somewhere in Central Vermont.

MENTAL HEALTH SYSTEM OF CARE NEED

Over 5 ½ years of operations, the 7-bed, temporary, secure residential program in Middlesex has successfully transitioned many individuals with complex needs from inpatient care back to local communities or less intensive support programs and services.

A permanent physically secure residential program remains a key component in Vermont's overall continuum of community-based residential services programs available to individuals needing 24/7 treatment and support services.

Middlesex Residency Statistics

- *45 individuals served since opening*
 - *Average Length of Stay (LOS) is currently 217 days (just under 8 months)*
 - *67% stepped down to less restrictive facilities or independent housing*
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Vermont is currently experiencing long wait times in Emergency Rooms; which is symptomatic of inadequate system "flow". "Flow" refers to the ability of our system to manage patients effectively with minimal delays as they move through stages of care. Expanding the clinical and bed capacity of our secure residential program is critical to improve flow in the mental health system of

care. This will allow individuals ready for discharge to step down from hospital beds and as a result, increase access to beds for people needing hospitalization. **95% of referrals to the secure residential facility are from Level 1 units across the state.**

CAPACITY ANALYSIS

Six of 7 beds at MTCR are filled and potential referrals are being reviewed for the seventh bed. At any given time, there are approximately 10-15¹ people who could be referred to a secure residential program that has the capacity to perform occasional Emergency Involuntary Procedures (EIPs). This cohort of individuals occupy significant inpatient hospital bed days and cannot be appropriately served at the Middlesex secure residential program due to current regulations for Therapeutic Community Residences, the facility's design, and the staffing pattern.

Since its opening, MTCR has been operating consistently at 100% capacity with a referral waitlist.

PATIENT LEVEL OF NEED & PROGRAM DESIGN

Additional beds and increased clinical capacity are central tenets of the proposed 16-bed, state run physically secure residential facility. The facility will continue to serve individuals who no longer require acute inpatient care, but who remain in need of treatment within a secure (locked) setting for an extended period. In order to achieve the desired outcome of improving flow in our mental health system of care, and to provide patients step-down treatment from Level 1 inpatient beds, the clinical attributes and programming listed below are critical and essential to the overall design of the program and facility.

ESSENTIAL CLINICAL PROGRAM, FACILITY AND GOVERNANCE ATTRIBUTES

TARGET POPULATION:

- Individuals with higher treatment acuity who are ready to discharge from hospitals but do not have a safe disposition and may be unwilling to voluntarily reside at the facility.
- Capacity to accept patients who are court-involved (forensic)

LEVEL OF CARE

- 16-bed, physically secure, adult residential program located in central Vermont

CRITERIA

- Order of non-hospitalization that indicates the need for this level of care

LENGTH OF STAY

- Program duration or length of stay of 6 – 18 months

¹ Rutland Regional Medical Center (RRMC), Brattleboro Retreat (BR) and VPCH have level 1 units that are the source of 95% of MTCR referrals. Analysis shows that as of March 7th, RRMC reported having 3 individuals, BR reported 4-5 individuals, and VPCH reported 6 or more individuals).

CLINICAL AND TREATMENT CAPACITY

- The ability to manage court-order non-emergency medication as well as to allow the provision of Emergency Involuntary Procedures (EIP's).

Note: new rules within the regulations that govern residential programs in Vermont would need to be created within the Division of Licensing and Protection to accommodate EIP's in the Secure Residential setting.

THERAPEUTIC PROGRAMMING

- The clinical team is engaged in CT-R (SAMHSA evidence based therapeutic modality for people with serious mental illness) as an overarching framework as the population at MTCR is quite diverse, spanning from geriatric residents to younger residents.
- Skill building is another primary focus of the work there including improving abilities to manage ADLs, symptom management, and social/interaction skills development.
- All clinical work is geared towards supporting residents to successfully transition to more independent living.

FACILITY

- Facility design to accommodate EIP's (for example: seclusion room)
- Physically secure facility

OVERSIGHT

- State run facility to enhance assurance of timely admissions
- Added benefits of the proposed 16-bed secure residential include building from the existing clinical and staffing assets of the current secure residential facility in Middlesex. From an operational and staffing level, a centralized, 16-bed facility leverages economies of scale.

FACT SHEET: MIDDLESEX THERAPEUTIC COMMUNITY RESIDENCE

2011

The established and experienced workforce at MTCR is a critical asset for continuity of programming and successful expansions.

Hurricane Irene Floods State Hospital in Waterbury

2012

Act 79 in 2012 creates seven-bed secure residential program, temporarily sited in Middlesex:

- The Middlesex Therapeutic Community Residence (MTCR) was designed as a temporary facility, using Federal Emergency Management (FEMA) funds until a long-term residence could be completed/identified.
- The intent of the legislature in creating MTCR was to create a step-down facility for those who were no longer in need of inpatient care but continued to need intensive services involuntarily

in a secure setting.

- In order to be placed at MTCR, an individual need's to be in the custody of the DMH Commissioner on an Order of Non- Hospitalization (ONH).
- While many individuals receive services in the community under an ONH, in order to be placed at MTCR the judge needs to specifically find that the clinically appropriate treatment for the patient's condition can only be provided safely in a secure residential recovery facility.

2013- 2019

MTCR state operations

- Licensure: Therapeutic Community Residence
- Specifications: 2800 sq. ft. modular construction, 2- adjoined pods, accessible entrances, locked access, secured perimeters, therapeutic activity kitchens
- Serves: Individuals who no longer require inpatient acute psychiatric hospitalization, but their care requires a secure (locked setting)
- Limitations:
 - Does not perform Emergency Involuntary Procedures (EIP's)
 - Does not have licensure authority or physical space to safely manage individuals who may require episodic seclusion or restraint
- Residency Statistics:
 - 45 individuals served since opening
 - Average Length of Stay (LOS) is under 8 months
 - 67% stepped down to less restrictive facilities or independent housing
- Funding: Global Commitment Funding with some private pay
- Budget: Approximately \$2.9M annual operating cost
- Staff: 28 FTE's. Positions:
 - 1 – Director, 1 – Program Technician (administrative), 1 - Recovery Staff, 1 – Psychologist, 1 - Social Worker, 3 – Nursing, 19 - Mental Health Specialists (all levels)