

Sec. 31 of Act 84

- Act 84 of 2017 required AHS and BGS to develop a plan to support specific populations.
- This report addresses the pressing facility needs of the following populations:
 - Individuals who no longer require hospitalization but who remain in need of long-term treatment in a secure residential facility setting;
 - Elders with significant psychiatric needs – who either do or do not meet the criteria for nursing facilities;
 - Children in need of residential treatment;
 - Juvenile delinquent in need of residential detention;
 - Offenders in correctional facilities; and
 - Any other at-risk individuals
- Act 190 of 2018 asked for an update of the facilities plan, taking into consideration changes proposed in the 2018 legislative session. **Due: February 1, 2019**

AHS Future Vision:

850 Bed Scalable Facility – Bring Out of State Inmates Home & Achieve Economy of Scale

850 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

18 infirmary beds, including 2 hospice and 3 quarantine beds

Envisioning 2028 – Why?

- Flexible space to meet the needs of a changing population
- Modern facility set-up for security
- Reinvest deferred maintenance into other programs and projects
- Consolidating high need medical people would eliminate redundant structures across the state

How Do We Get There?

- Complex can be built in stages, with one or two units coming online every two years until it is complete in 2028
- Savings achieved through closure of CRCF and NWCF, out of state contract reductions, and cost of deferred maintenance
 - NWCF would be closed
 - AHS and BGS would work together with community and law enforcement to determine best use for CRCF
- Increasing federal beds will generate additional revenue

Envisioning 2028 - Current State (from Act 84)

- Every High Acuity Mental Health facility has at least one critical risk to its ability to meet the intended mission

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
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
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
Brattleboro Retreat - Level 1 Beds	Hospital	Mental Health	Adults	Brattleboro Retreat	Brattleboro, VT	Federal Medicaid	\$6,285,072		\$ 406,820*		14	14 Beds			
Rutland Regional Medical Center	Hospital	Mental Health	Adults	Rutland Regional Medical Center	Rutland, VT	Federal Medicaid	\$4,250,298		\$ 587,584*		6	6 Beds			

Key:
 = Critical Risk

* This cost per bed is based on a 2 year avg. Level 1 beds are cost settled each year several factors contribute to difference in costs such as: payer mix, long stays that cross FY's, BR and RRMC having different FY.

Act 190 of 2018 and Act 11 of the Special Session

\$5.5M of capital and tobacco dollars were invested to “fit-up” the Brattleboro Retreat for 12 additional Level-1 beds

Sec. 2(e): Outlines requirements for the agreement with BR and the use of funds (\$4.5M in Capital \$\$ and \$1M from Tobacco Litigation Settlement Fund). SOV must execute agreement by Oct. 15, 2018 with BR that meets the following conditions:

- BR to provide access to at least 12 additional Level-1 beds for a “period determined by the Secretary to be in the best interest of the State.”
- Target completion date for the fit-up is December 2019
- Terms and conditions to protect the State investment including:
 - Initial strategic plan for long-term reuse of renovated facilities
 - Authority for AHS to access BR’s financials “to ensure the success of the strategic plan”
 - Process for sharing information necessary to DMH

Capital Bill – FY2020 and 2021

Replacement of Middlesex Therapeutic Community Residence (MTCR)

- Proposed replacement facility will be a 16-bed, state owned facility in central Vermont.
- FY2020 funds are requested to allow AHS and BGS to locate property where a new facility could be built; funds would also be used to begin the design and permitting process
- FY2021 funds will be used to complete the design process, receive bids, and to begin construction