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Intensive Residential Recovery Programs

Collaborative Solutions SUMMARY:

- 27 Beds
- Prevents re-hospitalization
- Recovery-based, trauma-Informed
- Founded in 2007 to reduce hospital census, primarily adults with schizophrenia, bipolar labels, etc.
- Has grown: now there are three programs
- Close relationship with DA's but is not a DA or SSA

Second Spring South

Second Spring South

- 16 Beds
- Williamstown
- Established in 2008
- Original Second Spring

Second Spring North

Second Spring North

- 8 Beds
- Westford
- Established in 2013

Pearce House

- 3 Beds
- Williamstown
- Established in 2016
- Long-term hospital alternative

Clinical Care

- Psychiatry
- Primary care APRN
- Daily Nursing Care (RN's)
- 24/7 On-Call (MD, RN, LICSW)
- Case Management
- Psychotherapy
- Vocational Rehabilitation
- Creative Arts Therapy
- Substance Use Disorder Treatment
- Peer Support
- Coordination with scores of off-site clinical providers

SYSTEM IMPACT

CSC Utilization
3 Month Rolling Average

120%
100%
80%
60%
40%
20%
0%

Jul2017 Aug2017 Sep2017 Oct2017 Nov2017 Dec2017 Jan2018 Feb2018 Mar2018 Apr2018 May2018 Jun2018 Jul2018 Aug2018 Sep2018 Oct2018 Nov2018 Dec2018 Jan2019 Feb2019 Mar2019 Apr2019 May2019 Jun2019

Utilization: FY18 – FY19

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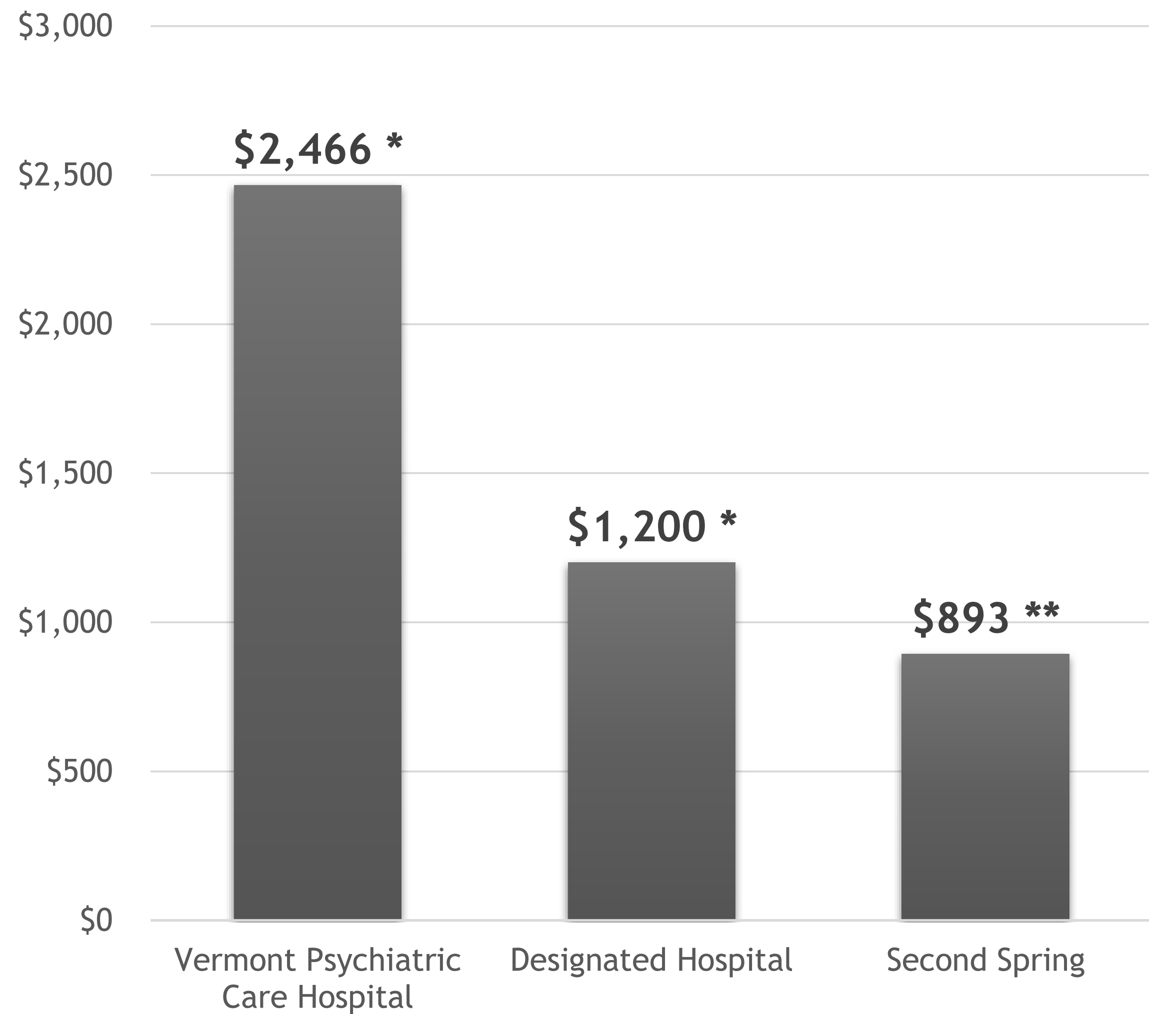
Bed Day Cost Comparison



* Vermont Care Partners 2017 Outcomes and Data Report

** CSC 2018 Financial Report

Recent Changes in Cost per Bed Day

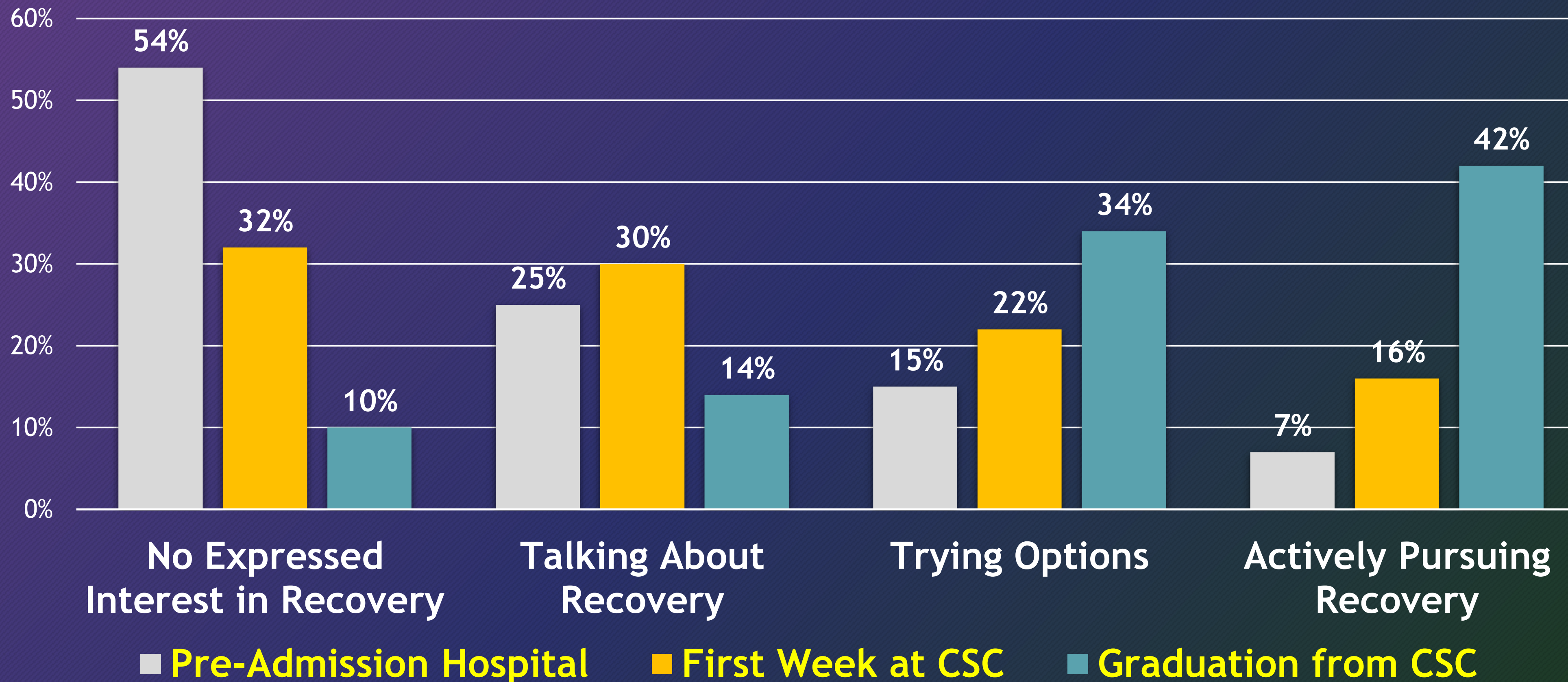
MISSION

Our Mission:

To create caring communities where people seeking mental health find <u>hope</u>, <u>compassion</u>, and <u>excellent clinical care</u>.

Compassion and Engagement

Hope



Our Stories

BUILDING ON WHAT WORKS

One Area To Work On

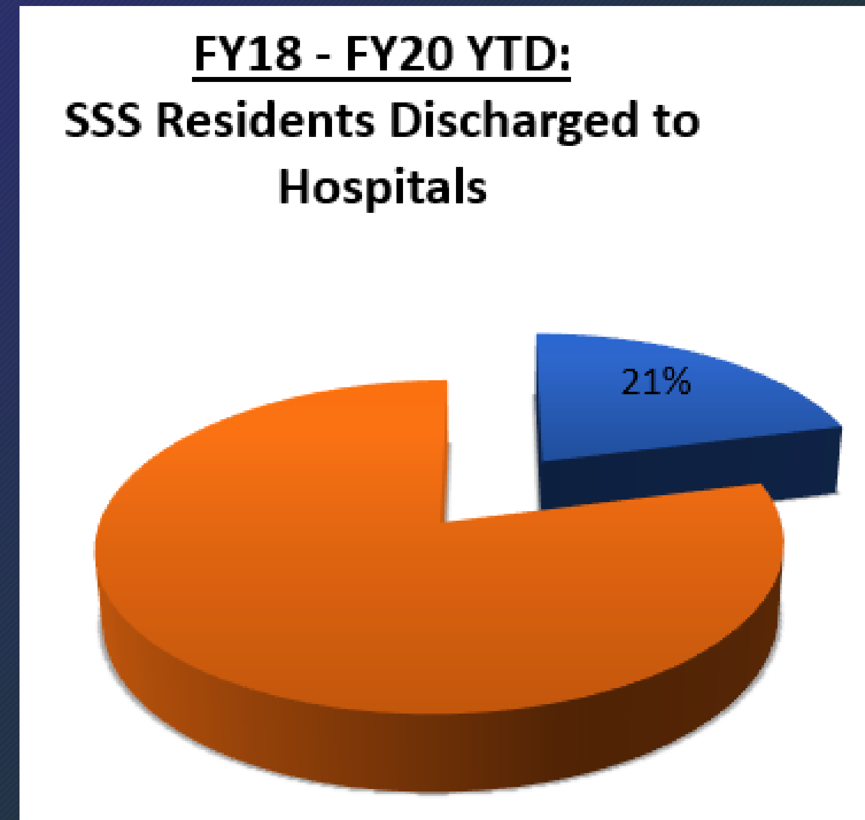
Why is the orange piece of pie the size it is?

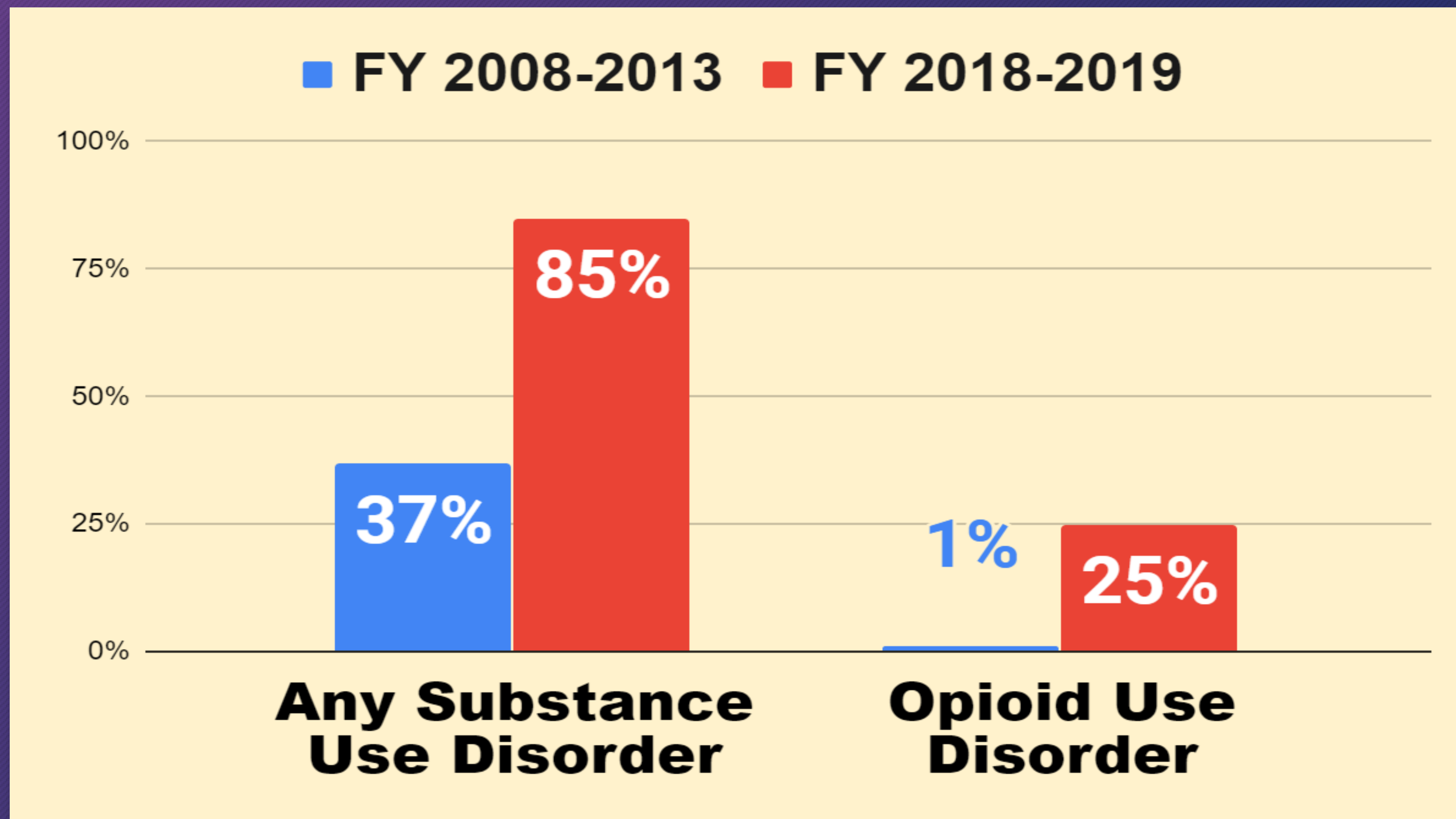
Why isn't it smaller?

Why isn't it bigger?

How could we grow it?

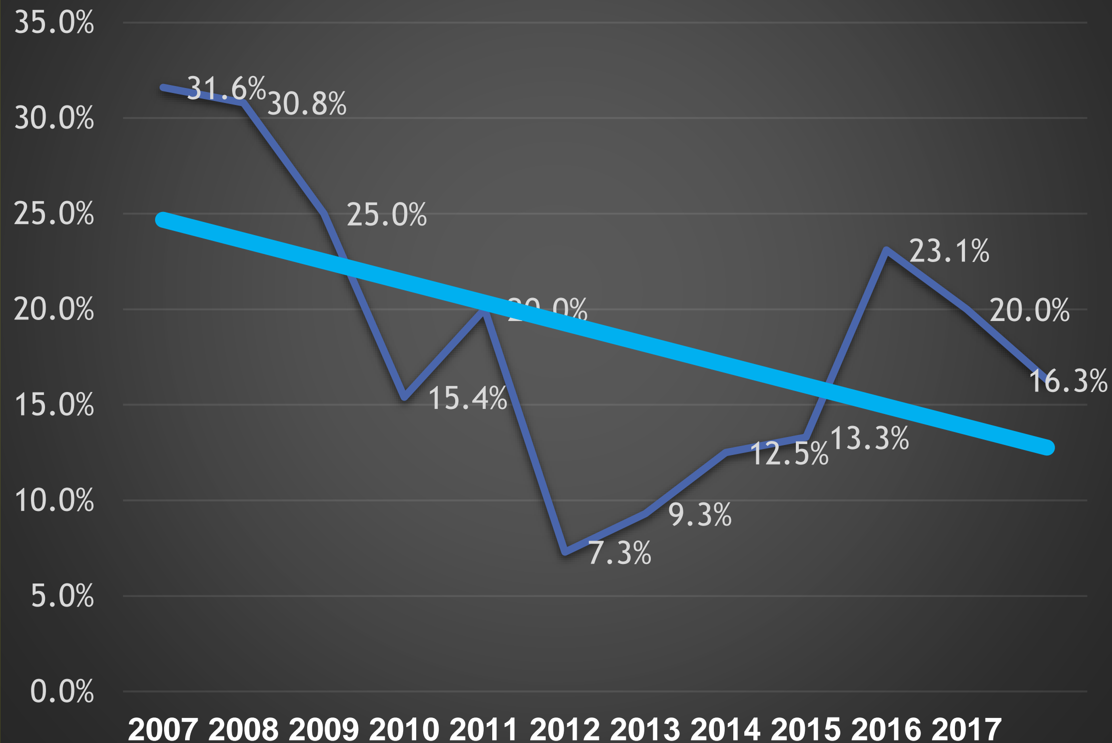
Similar questions re admissions . . .

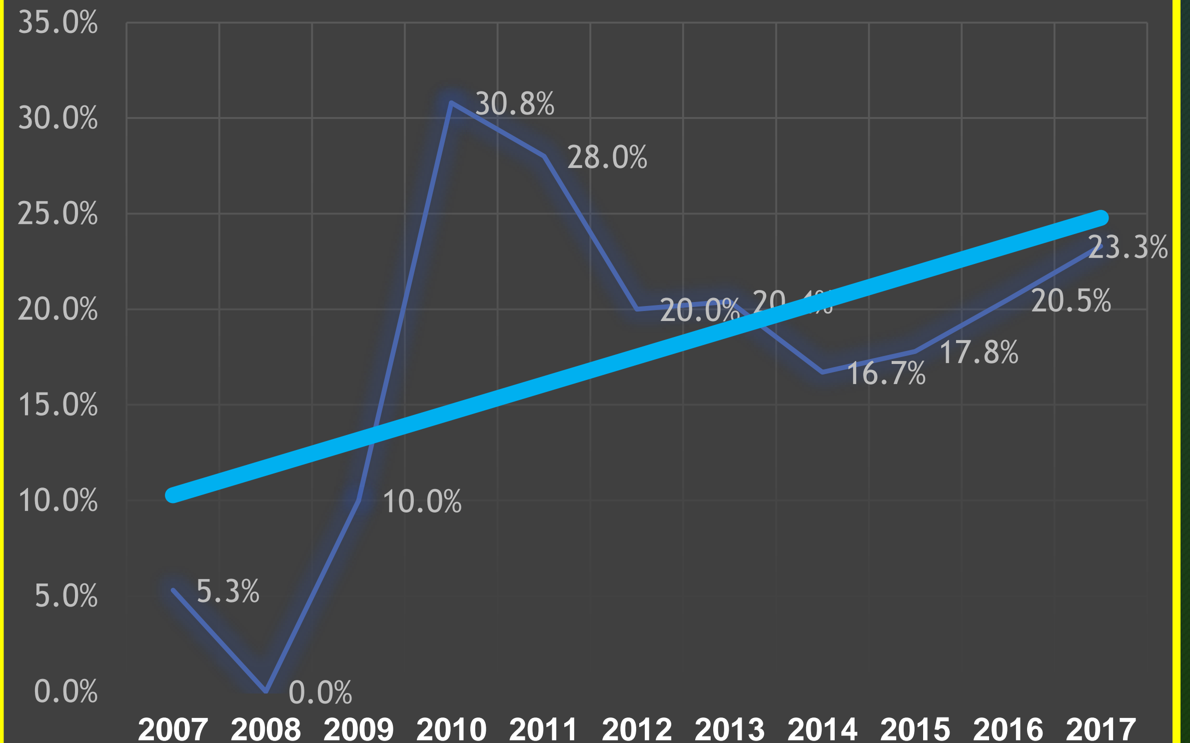




Substance Use Disorders: Then and Now

Age Trends: 2007 - 2017





- In FY19, fully 25% of residents used an ambulance, visited the ER, or were admitted to a hospital for non-psychiatric reasons
- “There is a 10-25 year life expectancy reduction in patients with severe mental disorders. . . The vast majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes and hypertension. . . The majority are preventable with more attentive checks for physical illness, side effects of medicines and suicidal tendencies” - World Health Org.

Medical Co-Morbidities

Build our system to include . . .

- A population with more identified serious medical needs
- A greater age span
- People with trauma caused by homelessness and incarceration
- Those needing specialty care related to:
  - ❑ Severe medical needs
  - ❑ LGBTQ identity
  - ❑ Dual diagnosis SUD / Mental Health
  - ❑ Significant forensic involvement
  - ❑ Those with labeled diagnosis of personality disorder

Five Take-Aways:

1. Collaborative Solutions does good ☞ Vermont does well
2. Success in both (good/well) depends on resources.
3. More IRR beds = less ER boarding & less hospitalization
4. But not just any beds. They have to be beds people want to be in.
5. Who should plan and build beds where compassion, hope, and clinical excellence are the key to success?

ONE Take-Away

Who should plan and build beds where compassion, hope, engagement and clinical excellence are the key to success?

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Thank You!

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