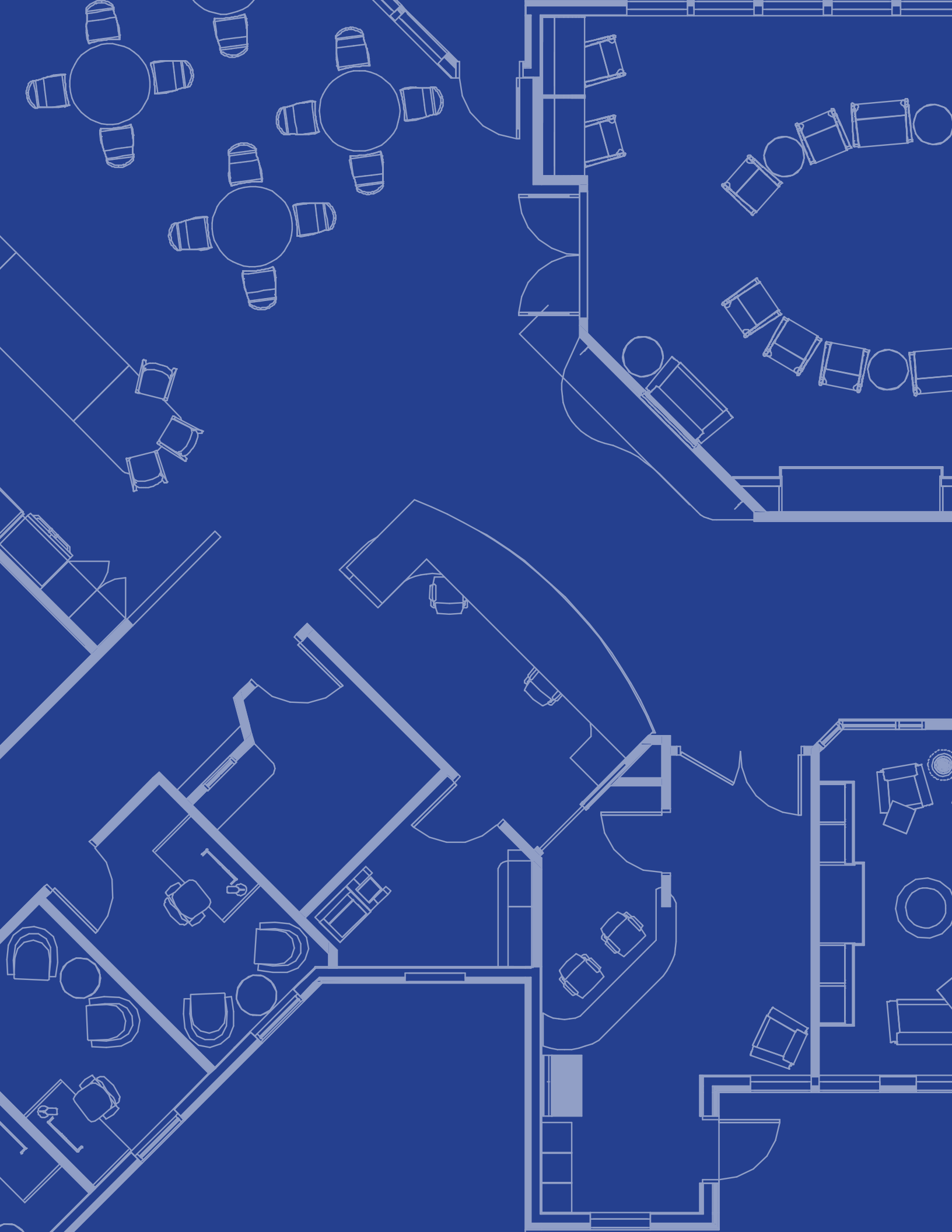




DMH Recovery Residence



The people we serve at the DMH Recovery Residence are at the heart of what we do. The residents are the most important members of our team. We strive to work together, respecting and honoring each person's wholeness, in a spirit of cooperation and trust.





Introduction

The Department of Mental Health (DMH) Recovery Residence will serve Vermonters who no longer require an inpatient level of care but continue to require significant supports as they transition to a lower level of care.

DMH is committed to creating a trauma-informed, recovery-oriented treatment program that prioritizes individual choice and engagement in the development of treatment plans. At the DMH Recovery Residence, all residents will have the benefit of on-site nursing as well as Peer Counselors, Social Workers, Psychologists, and Activities Therapists. This model will enable the new facility to receive admissions after hours and on weekends in addition to during the regular workday. By creating a level of care that can quickly and efficiently admit residents when they are ready to discharge from inpatient beds, DMH anticipates the system will see a positive increase in flow that will minimize long waiting periods for those waiting in emergency departments, as well as those ready to discharge from an inpatient unit to an appropriate residential facility.

First and foremost, the residential program will focus on providing a therapeutic environment and programming that promotes recovery. DMH believes an expanded secure, state-of-the-art step-down therapeutic residence is a critical less restrictive level of care in a comprehensive mental health care continuum that serves all Vermonters. The DMH Recovery Residence will allow safe transitions to this next



level of care from hospitalization for those who are no longer acutely symptomatic who may have ongoing safety needs that would put themselves and the general public at risk without structured supports and intensive treatment services.

This new facility is being designed according to the latest [research](#)* regarding the profound effects the built environment has on our physical and mental health. We know that facilities that feel more like a home than an institution and that allow easy access to nature help residents feel safe, which is an important ingredient in recovery. Large windows will allow as much natural lighting as possible, and soft, neutral colors throughout the facility will help create a calming environment.

The same level of thought and attention to detail has been applied to the outside of the residence. There will be many areas for sitting, relaxing, and socializing. There will be flower gardens and raised vegetable beds, which residents will help to plant and tend. There will also be walking paths and areas for exercise, with many ways to access them from inside the residence.

Finally the design and implementation of treatment and recovery services as envisioned for the DMH Recovery Residence aligns with DMH's [Vision 2030: A 10-Year Plan for an Integrated and Holistic System of Care](#).

*See citations on page 10

History

2011

Hurricane Irene floods the State Hospital in Waterbury, requiring emergency evacuation of all patients.

Patients are placed around the state, often in a one-on-one placement with a psychiatric nurse to ensure their safety and continued treatment.

2012

Act 79 creates the temporary Middlesex Therapeutic Community Residence (MTCR), a seven-bed secure residential program.

- Built using Federal Emergency Management (FEMA) funds
- Step-down facility for those no longer in need of inpatient care but who need intensive services in a secure setting

To be placed at MTCR

- The individual must be in the custody of the DMH Commissioner on an Order of Non-Hospitalization (ONH)
- A 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 – 2021

MTCR state operations

Licensure: Therapeutic Community Residence through the Department of Disabilities, Aging, and Independent Living (DAIL)

Specifications: 5800 sq. ft. modular construction, two adjoined pods, accessible entrances, locked access, secured perimeters, therapeutic activity kitchens

Residency Statistics:

- 52 individuals served since opening
- Average Length of Stay (LOS) is 8 months
- 61% 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 full-time equivalent staff (FTEs)

Positions: Director, Program Technician (administrative), Recovery Staff person, Psychologist, Social Worker, three nurses, 19 Mental Health Specialists (all levels)

Who We Will Serve

As at MTCR, those referred to the DMH Recovery Residence will be coming from an inpatient unit and be on an ONH after having been found by a court to need a secure setting. If not already enrolled in a Community Rehabilitation and Treatment (CRT) program through their local [Designated Mental Health Agency](#), they will be referred to their local program. All residents will be encouraged to take part in the local CRT program, since engagement assures continuous treatment once a resident is discharged from the facility. The DMH Recovery Residence will also be able to accept residents who are criminally court-involved. The DMH Recovery Residence will provide a level of care and programmatic services for individuals who have difficulty managing their behaviors and emotions or pose safety concerns and therefore the Designated Agency Intensive Residential Recovery Programs may not feel they can serve the person safely in an unsecured, voluntary program.

How We Will Serve

The staffing model at the DMH Recovery Residence calls for on-site nursing as well as a doctor, a nurse practitioner, or a physician's assistant available during the usual working day.

Family members and significant others will be important team members and included in treatment, as permitted by the resident. In addition to the medical provider, the Treatment Team will be composed of social workers, nurses, psychologists, activities therapists and peer counselors. Peer Counselors will play a critical role on every resident's treatment team. DMH recognizes the importance and the positive impact of having members of the treatment team having lived experience with managing their own mental health issues. The Peer Counselor position will play a vital role in building a collaborative relationship with the resident and elevating the resident's voice with their treatment team.

The DMH Recovery Residence will use [Beck Institute's Recovery-Oriented Cognitive Therapy \(CT-R\) model](#) as its therapeutic framework. The CT-R model has been shown to promote trust and connection. In addition, a trauma informed approach will be woven into all aspects of care and services delivered by the team. Individuals who reside at the DMH Recovery Residence will take part in developing their treatment from the point of admission.

Called Treatment Plans and Recovery Maps (CT-R tools which complement treatment plans), they help guide the resident through the therapeutic programming which is available seven days a week.

As outlined in their Treatment Plan/Recovery Map, individuals will work one-on-one with team members and participate in group programming.

Group programming will be developed and designed by the psychologists on staff in collaboration with peer counselors, activities



therapists, social workers, and mental health workers. Some examples of group offerings are Music Appreciation Group, Anger Management Group, Symptom Management Group, Vision Board Management Group, and Movie Night. It is envisioned that some groups will be co-facilitated and, in some cases, facilitated by residents. Engaging in these activities will help to raise people's motivation and energy, provide symptom relief, decrease isolation, and serve as a pathway toward recovery.

The psychology staff will be responsible for the development, design, and implementation of psycho-educational programming for residents and will be offered on an individual and group basis. These groups and one-on-one time will form a basis for developing an understanding of and ability to identify one's feelings to help navigate emotional management and regulation as well as provide a forum for learning and practicing social skills. Psychology staff will also use evidence-based therapeutic frameworks, including but not limited to, Open Dialogue, Dialectical Behavioral Therapy (DBT), and Motivational Interviewing (MI), depending on an individual's treatment plan and goals.

The Nursing Supervisor will design educational interventions and direct nursing staff in implementing and providing medication education groups with residents. These groups will facilitate understanding the importance of medication to help with symptom management, as well as building a deeper understanding of symptoms themselves. Nursing staff will also play a role in providing education and guidance on activities of daily living including good sleep hygiene, physical hygiene, exercise, sufficient hydration, and more. The nursing staff will take an active role in encouraging and supporting these healthy lifestyle activities.

Examples of these activities are walking in nature, watching videos and movies, cooking, watching sports, listening to music, exercising, and talking about hopes and dreams for the future.

The Clinical Point of View at the **DMH Recovery Residence**

Beck Institute's Recovery-Oriented Therapy (CR-T) is organized around "Clubs" based in dynamic experiential activities that empower people across a continuum of mental health challenges to live an engaged life based in recovery and resilience. Clinical and support staff will partner with residents to assist them in realizing deep-seated aspirations every day.

Open Dialogue emphasizes listening and understanding and engages the social network from the very beginning — rather than relying solely on medication and hospitalization. It comprises both a way of organizing a treatment system and a form of therapeutic conversation, or Dialogic Practice, within that system.

Dialectical Behavioral Therapy treatment is a type of psychotherapy that emphasizes the psychosocial aspects of treatment. DBT teaches skills for coping with sudden, extreme mood swings.

Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

A Typical Day At The DMH Recovery Residence

Morning

Residents will gather for breakfast in the open kitchen.

The Morning Meeting

After breakfast, we will begin the day with everyone gathering in the Multi-Purpose Room. This is a time for talking about plans for the day ahead and sharing items of interest from the news, or general happenings within the community. Everyone will be encouraged to participate and residents will have the choice to lead portions of the meetings, supported by activities therapists.

Morning Activities

Every effort will be made to have residents take part in planning their treatment and recovery maps, so how each resident spends their mornings will differ. They may take part in one-on-one counseling, or Open Dialogue or Dialectical Behavioral Therapy groups. Motivational interviewing may play a part in their morning, depending on their treatment plans and goals.

There will also be opportunities to engage in activities that help build community living skills. For example, residents may choose to take part in

- Menu planning for healthy meals and budgeting
- Grocery shopping and cooking skills

To support creative expression, which reduces depression and anxiety and builds connection, residents will have access to:

- Painting supplies and musical instruments
- Gardening

A growing body of [research](#)* indicates that time in nature, time spent gardening or engaging in other kinds of creative expression are beneficial to mental health.

Afternoon Activities

Residents will gather for lunch in the open kitchen.

Residents may then engage in one-on-one counseling, or a different therapeutic group, such as Symptom Management Group; Vision Board Group; or Anger Management Group. They will also have access to most or all of the activities noted in the morning, as scheduling allows.

Evening

Residents will gather for dinner in the open kitchen.

Each day will end with a Wrap-Up meeting, again with the residents encouraged to share their experiences of the day, and to co-facilitate.



Meals will be held in the open kitchen where there will be a range of healthy food options to choose from. Meal-times provide important opportunities for unstructured socializing, and residents are encouraged to eat together.

*See citations on page 10

Every aspect of the DMH Recovery Residence will be founded on best practices and the latest **science*** on how to support patient-driven, recovery-oriented therapy. DMH believes a secure, state-of-the-art therapeutic residential facility will allow transition from the most restrictive level of care at the earliest time possible to intensive, recovery-oriented residential support services. This is key to maintaining progress in each person's recovery.

People with mental health issues or behaviors that currently exceed Intensive Residential Recovery Programs or the Peer Run residence's capacity to admit or manage safely until a resident is removed or transferred, will be served at this level of care. The DMH Recovery Residence will allow earlier step-down from inpatient care.

The DMH Recovery Residence will provide the needed level of care for individuals who otherwise remain hospitalized. DMH follows best practices as defined in the National Guidelines for Behavioral Health Crisis Care, including evidence-based and trauma-informed crisis training for all staff, role-specific staff training and having the appropriate number and types of staff available at all times.

We will use risk and trauma assessment tools at the DMH Recovery Residence point of admission so that these data points are incorporated in treatment planning and admission and subsequent programming for individuals. All documentation drafted will be written from a person-centered and culturally sensitive point of view.

*See citations on page 10

6 Guiding Principles To A Trauma-Informed Approach

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to embed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Where We Will Serve

A great deal of emerging [science](#)* shows the profound effects the built environment has on our physical and mental health. An environment that is as much like a “cozy home” as possible, with ease of access to nature, have been shown to support recovery and feeling safe within the residence. The DMH Recovery Residence is being intentionally designed with these concepts in mind. Lighting is a key design feature, with large windows throughout, providing abundant natural light in the residence. Natural light assists with regulating our circadian rhythms and can help lift depressive symptoms.

The windows also allow for unobstructed views outside to the lawns and gardens beyond, allowing for a connection with nature. The color palette of the interiors, walls, and furniture will be soft and neutral, offering a sense of calm and coherence to the milieu. The acoustic design will help to reduce noise levels within the residence, promoting a sense of serenity and decreasing levels of stress.

The same level of thought and attention to detail will be applied to the outside of the residence. There will be many areas outside for sitting, relaxing and socializing, and flower gardens and raised vegetable gardens, which residents will help to plant and tend. There will be walking paths and areas for exercise, with many ways to access the outdoors from inside the residence.

There will be a dedicated sensory room within the residence. This room will be adjacent to the greenhouse and designed to offer a soothing space that promotes relaxation and emotional self-regulation. The room will contain gliding rockers, weighted blankets, and other items that help decrease distress and augment an individual’s sense of calm and control.

Why We Will Serve

DMH has always been committed to providing the best care and treatment possible for Vermonters experiencing mental health challenges. Through decades of change, including challenges ranging from hurricanes to economic recessions and now a pandemic, DMH aims to serve Vermonters with the best care possible. The DMH Recovery Residence is an important next step in continuing that focus.

In 2019, DMH began a public-and-partner engagement process to develop a common, long-term vision and collective commitment to full integration of mental health services within a comprehensive and holistic health care system. [Vision 2030: A 10-Year Plan for an Integrated and Holistic System of Care](#) resulted from that process.

Vision 2030 planning participants described “person-led” care, which is care that “...empowers people to identify and achieve their health goals while diminishing barriers to healthy living. Person-led systems provide both expertise and resources to support an individual’s goals. Strategies in this section present pathways to prioritizing an individual’s needs, values, cultural identity, and interests.

These tenets contained in Vision 2030 are the driving force behind the vision of DMH Recovery Residence: to be the [preeminent](#) provider of person-led, trauma informed care in Vermont.

*See citations on page 10

Citations related to research applied to design of the Recovery Residence.

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