



Analysis of Need: Residential Mental Health Beds

ACT 26, SECTION 2 (2019) REPORT TO THE VERMONT STATE LEGISLATURE

Legislative Charge

Sec. 2. REPORT; ANALYSIS OF RESIDENTIAL MENTAL HEALTH NEEDS

- (a) The Department of Mental Health shall evaluate and determine the across the State by geographic area and provider type, including long-term mental health bed needs for residential programs residences (group homes), intensive residential recovery facilities, and secure residential recovery facilities. This evaluation shall include a review of needs in rural locations, current and historic occupancy rates, an analysis of admission and referral data, and an assessment of barriers to access for individuals requiring residential services. The evaluation shall include consultation with providers and with past or present program participants or individuals in need of residential programs, or both.
- (b) On or before December 15, 2019, the Department shall submit a report to the House Committees on Appropriations and on Health Care and to the Senate Committees on Appropriations and on Health and Welfare containing its findings and recommendations related to the analysis required pursuant to subsection (a) of this section.

What This Report is About

- Information and analysis of residential settings serving individuals with mental health treatment needs in Vermont
- An overview of each type of residential setting and
- Description of the categories of analysis required by the legislation
- This report does **not** include discussion of non-residential individual living arrangements such as supportive housing, which include provision of mental health treatment services in tandem with individual housing vouchers that allow a person to live in their own apartment in the community

ADULT RESIDENTIAL SETTINGS

GROUP HOMES - 19 HOMES - 152 BEDS

- *Living arrangements for three or more people*
- *Owned and/or staffed full-time by employees of a provider agency*
- *The provider agency is responsible for management of group home resources primarily for Vermonters residing within their catchment area*

INTENSIVE RECOVERY RESIDENCES (IRR)

5 RESIDENCES - 42 BEDS

- *Residential treatment setting that consists of specialized group arrangements for three or more people*
- *Staffed full-time by employees of a provider agency at a higher staff to resident ratio than found in group homes.*

PHYSICALLY
SECURE
RECOVERY
RESIDENCE
(MIDDLESEX)

1 FACILITY - 7 BEDS

- *Same clinical characteristics as an Intensive Recovery Residence except that it is physically secure as well as staff secure.*
- *Surrounded by a 14- foot fence that is climb resistant and all exterior doors are locked*
- *Entrance to the residence has two locked doors with a sally port between them to help ensure residents are unable to leave without staff accompanying them*

Expansion of Physically Secure

- Funds were included in the FY20 Capital Bill
- 16-bed, state-run, physically secure residential facility
- Will help reduce barriers to discharge from Level 1 inpatient beds across the state.

DESIGNATED PROVIDERS

Designated Agencies (10)

- Clara Martin Center
- Counseling Services of Addison County
- Health Care and Rehabilitation Services of Southeastern Vermont
- Howard Center
- Lamoille County Mental Health Services
- Northwestern Counseling and Support Services
- Northeast Kingdom Human Services
- Rutland Mental Health Services
- United Counseling Service
- Washington County Mental Health Services

Designated Hospitals (7)

- Brattleboro Retreat
- Central Vermont Medical Center
- Rutland Regional Medical Center
- University of Vermont Medical Center
- Vermont Psychiatric Care Hospital (State-run)
- White River Junction VA Medical Center
- Windham Center

Specialized Services Agencies (2)

- Pathways Vermont
- Northeastern Family Institute

PROVIDER CAPACITY

Designated Agencies

- Adult Crisis Beds: 38 beds
- Youth Crisis Beds: 12 beds
- Adult Intensive Residential: 42 beds

Peer Service Agencies

- Adult Crisis Beds: 2 beds
- Adult Intensive Residential: 5 beds

Physically Secure Residential

- Middlesex Therapeutic Community
Residence: 7 beds

PROVIDER CAPACITY

- Adult – Level 1 involuntary: 45 beds
 - VPCH 25
 - Brattleboro Retreat 14
 - RRMC 6
- Adult – Non-Level 1 (involuntary and voluntary): 156 beds
 - CVMC 14
 - RRMC 17
 - UVMC 28
 - Windham Center 10
 - VA Medical Center 12
 - Brattleboro Retreat 75
- Children and Youth: 30 beds
 - Adolescent 18
 - Children 12

Continuum Of Most Acute Beds To Most Independent Beds In The Mental Health System

Level One Inpatient Hospital Units

3 Facilities
45 Beds

Secure Residential

1 Facilities
7 Beds

Intensive Recovery Residential (IRR)

6 Residences
47 Beds

Mental Health Group Homes

19 Homes
152 Beds

Shelter + Care Vouchers/
DMH Housing Vouchers
(Independent living with
services attached)

General Inpatient Hospital Units

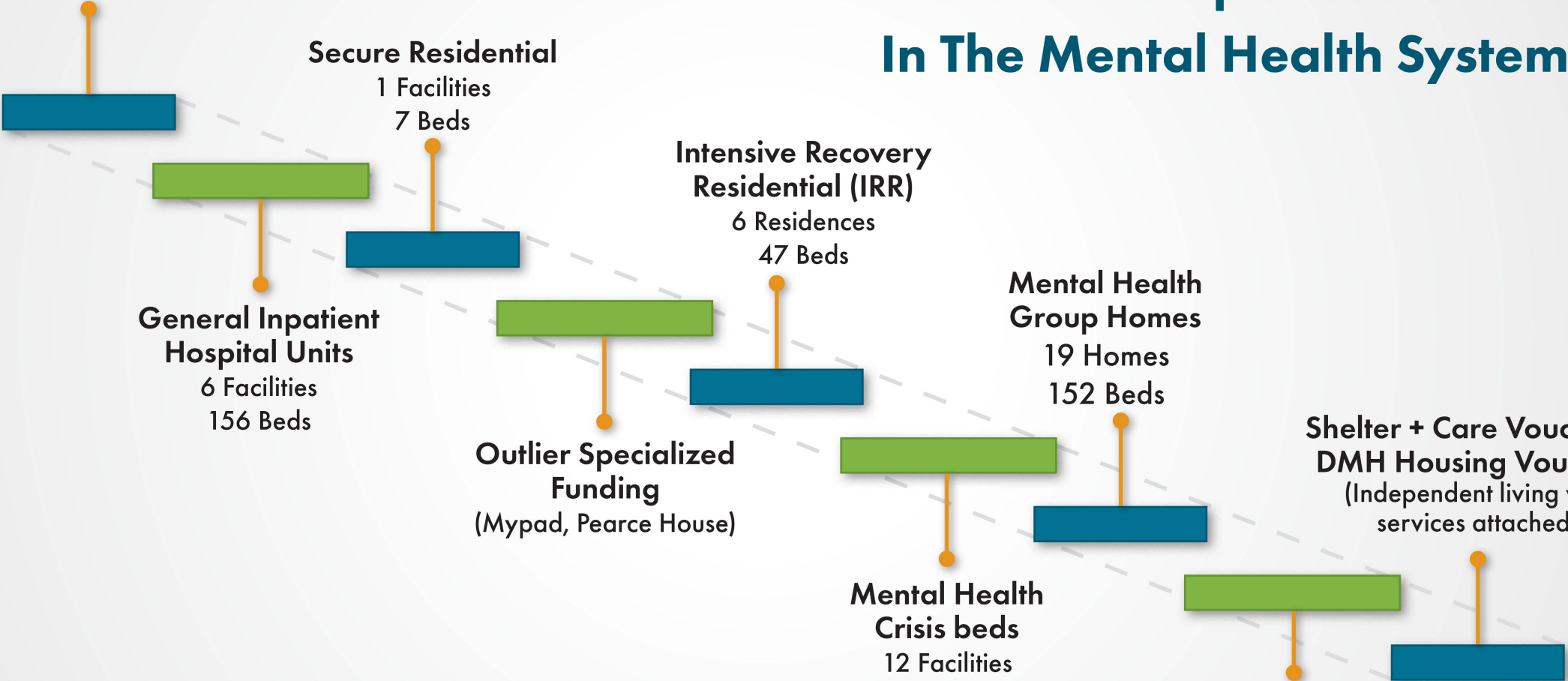
6 Facilities
156 Beds

Outlier Specialized
Funding
(Mypad, Pearce House)

Mental Health Crisis beds

12 Facilities
38 Beds

Transitional
"Staffed"
Housing



ADULT SYSTEM OF CARE

INPATIENT HOSPITALIZATION

Services for adults at risk of harm to self or others

Level One Inpatient
3 Facilities
45 Beds

General Inpatient
7 Facilities
142 Beds



SECURE RESIDENTIAL

Services for adults to support recovery in a secure environment

Secure Residential
1 Facility
7 Beds



INTENSIVE RESIDENTIAL PROGRAMS

Additional services to support adults recently discharged

Intensive Recovery Residential
5 Residences
42 Beds

Peer-run Residential
1 Residence
5 Beds



CRISIS SUPPORTS AND RESPONSE

Services and supports for adults in crisis

Mental Health Crisis Beds
12 Facilities
38 Beds

- Crisis assessment, support, and referral
- Continuing education and advocacy



COMMUNITY MENTAL HEALTH

For adults seeking mental health care

Group Residential Homes
19 Homes
152 Beds

Shelter & Care Vouchers
DMH Housing Vouchers

- Individual, family, and group therapy
- Clinical assessment
- Medical consultation and medication
- Service planning and coordination
- Community supports & employment services
- Housing and home supports
- Peer programming



KEY TO PROVIDER SYMBOLS



Peer-run Services & Residential Care



Department of Mental Health

Designated Agencies and Specialized Services Agencies

Private, non-profit service providers responsible for program delivery, local planning, service coordination, delivery and monitoring outcomes within their geographic region. SSAs provide a distinctive approach to service delivery or services that meet distinctive individual needs.



Private Providers

Psychiatrists, Psychologist, Nurse Practitioners, Licensed Social Workers, Physician Assistants, Licensed Mental Health Clinicians, Community Hospitals

DMH RESIDENTIAL, CRISIS AND DESIGNATED HOSPITAL BEDS

ALL AGES 2021



BR	Brattleboro Retreat
CMC	Clara Martin Center
CSAC	Counseling Service of Addison County
CSC	Collaborative Solutions, Corp
CVMC	Central Vermont Medical Center
FAHC	Fletcher Allen Health Center
HC	Howard Center
HCRS	Health Care Rehabilitation Services of Southern Vermont
LCMH	Lamoille County Mental Health
NKHS	Northeast Kingdom Human Services Inc.
PW	Pathways
RMHS	Rutland Mental Health Services
RRMC	Rutland Regional Medical Center
UCS	United Counseling Services
VA	Veterans Administration
WCMH	Washington County Mental Health

* BR Linden (12 beds) closing Jan 2021

**NFI Hospital Diversion Capacity 6, Currently only 4 open beds

***Residential programs that are primarily utilized by DCF, but accessible to DMH in rare circumstances

Individuals in Residential Settings by County

Individuals Served in Residential Settings By County/Designated Agency

County of Origin/Designated Agency	CRT Clients Served	Individuals in Intensive Recovery Residential	Percent in Intensive Recovery Residential	Individuals in Group Homes	Percent in Group Home
Addison	175	1	0.6	15	8.6
Franklin/Grand Isle	225	1	0.4	11	4.9
Chittenden	632	9	1.4	58	9.2
Lamoille	137	0	0	23	16.8
Windham/Windsor	397	17	4.3	13	4.5
Caledonia/Orleans/Essex	241	1	0.4	0	0
Orange	180	2	1.1	4	2.2
Rutland	290	3	1.0	0	0
Bennington	156	1	0.6	6	3.8
Washington	335	6	1.8	16	4.8
Pathways (Statewide)	47	4	8.5	0	0
Total	2815	45	1.6%	146	5.2%

County of Origin for the IRR Residents

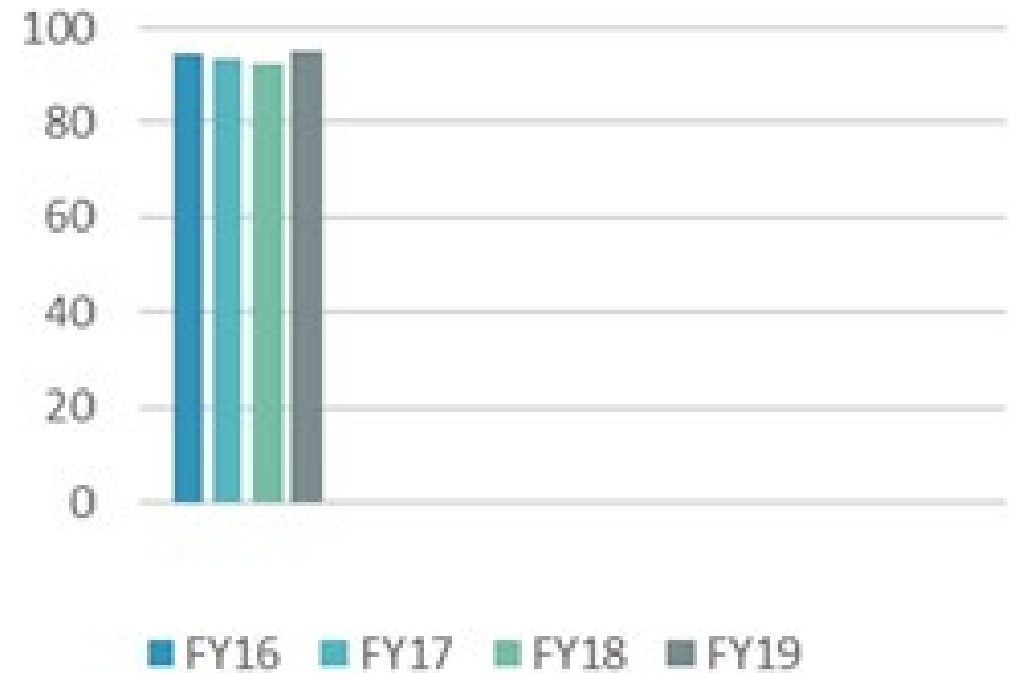
County of Origin for Intensive Recovery Residents								
COUNTY OF ORIGIN	Second Spring North (Westford)	Second Spring South	Williamstown (MTCR _n)	(Middlesex) Meadowview	(Brattleboro)	Maplewood (Rutland)	Hilltop (Westminster)	Total
Chittenden	2	2	1				3	8
Addison	1							1
Franklin/Grand Isle						1		1
Lamoille								0
Caledonia/ Orleans/ Essex			1					1
Washington		5	1					6
Windham/ Windsor	3	5	1	4	1		3	17
Orange		2						2
Rutland				1	2			3
Bennington			1					1
Other			2					2
TOTAL BEDS FILLED ON 11/18/19	6	14	7	5	4	6	42	

Involuntarily Hospitalized Individuals by Location

Involuntarily Hospitalized Individuals by Year and Originating Location				
Designated Agency	Involuntary Hospitalized CY 2016	Involuntary Hospitalized CY 2017	Involuntary Hospitalized CY 2018	Involuntary Hospitalized CY 2019 (6 Months)
Orange County	13	14	8	5
Addison County	22	25	19	9
Chittenden County	135	135	139	92
Windsor/Windham County	68	69	60	38
Lamoille County	17	13	14	9
Franklin County	19	28	25	16
Northeast Kingdom Counties	46	41	34	20
Rutland County	104	88	81	45
Bennington County	17	25	17	6
Washington County	52	63	77	23
Pathways (Statewide)	3	21	15	2
Not from a specific area of the State	40	38	51	13
Total	536	560	540	278

Current and Historic Occupancy Rates

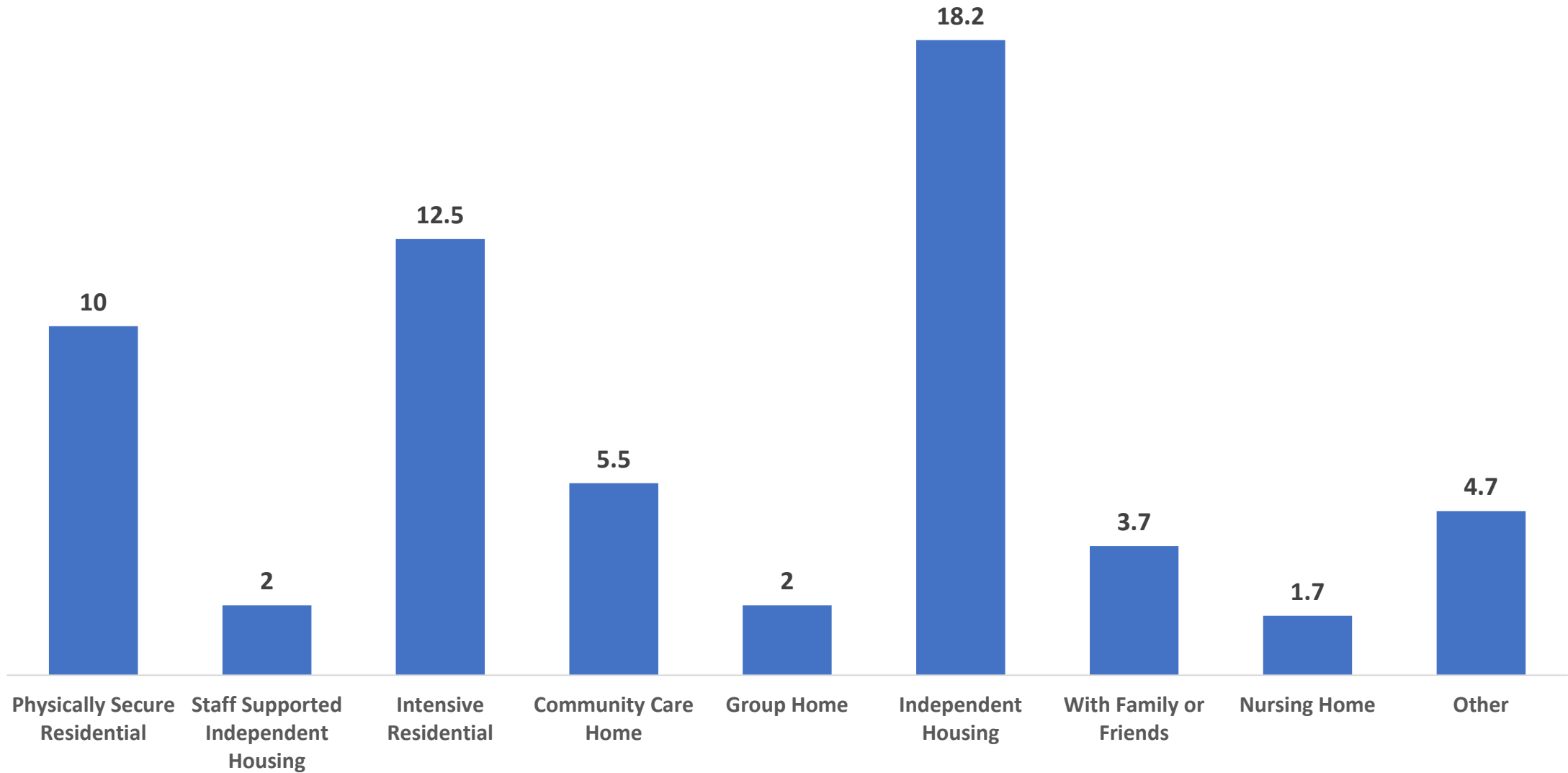
Group Home Occupancy Rate (%)



Admissions to Intensive Recovery Residences by Year

	CY 2016	CY 2017	CY 2018	CY 2019 (6-mo)
Maplewood	2	8	0	2
Meadowview	4	4	7	2
Hilltop	3	3	5	1
Second Spring (N&S)	16	20	13	5
MTCR	8	5	7	1
Total	33	40	32	11

Involuntary Patients Residential Level of Care Needed Upon Discharge
(6-month Average)



Findings & Recommendations

In order to allow individuals to live in the least restrictive environment, our analysis shows that our system needs

- *Physically secure residential facility*
- *Some growth in IRRs*
- *Expansion of group home capacity*
- *Continued focus on housing*
- *Further exploration of needs related to the geriatric population*

