

Replacement of the Middlesex Therapeutic Community Residence

Testimony for House Corrections & Institutions
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History of the Recovery Residence

2011

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

Residents 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

History of the Recovery Residence cont.

2013- 2019

MTCR Operations

Licensure: Therapeutic Community Residence

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

Funding: Global Commitment Funding with some private pay

Budget: Approximately \$2.9M annual operating cost

Staff: 28 FTE's

Positions

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

Residency Statistics

- 52 individuals served since opening
- Average Length of Stay (LOS) is under 8 months
- 61% stepped down to less restrictive facilities or independent housing

Existing MTCR

Temporary structure has been in service for more than 5 years.

Site has poor drainage and is difficult to maintain.

No permanent foundation.

Frost and moisture issues require constant repair to structure, ramps and fencing.



The Need to Replace the Middlesex Therapeutic Recovery Residence

In order to provide the best care possible for Vermonters, a robust continuum of residential treatment services must be available.

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

Over more than 8 years of operation, 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.

The temporary facility has outlived its lifespan and needs to be replaced

The Need to Replace the Middlesex Therapeutic Recovery Residence

- Replacing the current MTCR and expanding the capacity to a 16-bed secure recovery residence is a top priority of AHS and the Administration.
- The replacement of MTCR is an essential and smart solution in addressing systemic challenges in our mental health system of care. It will improve flow in the system, allowing individuals ready for discharge to step down from inpatient hospital beds, and as a result will increase access to inpatient beds for those that need it.
- DMH's recent report that provided an analysis of residential beds needs underscores the need to expand our secure recovery residence. The secure recovery residence serves the highest acuity population of individuals who are ready to discharge from the hospital but have significant ongoing safety needs that require a secure setting. 95% of referrals come from Level 1 units across the state.
- Our goal is to build a secure recovery residence with expanded physical and clinical capacity that provides the highest quality care, ensures the safety and wellbeing of residents in a setting that is recovery oriented and promotes rejoining and rebuilding a life in the community.

Essential Clinical Program & Governance Attributes

TARGET POPULATION

- Individuals with higher treatment acuity who are ready to discharge from hospitals but not yet ready for intermittent support and supervision in community-based settings or programs and may be unwilling to voluntarily reside at the facility
- Capacity to accept patients who are court-involved (forensic)

LEVEL OF CARE

- A 16-bed, physically secure, therapeutic residence for adults

CRITERIA

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

LENGTH OF STAY

- From six to 18 months

CLINICAL AND TREATMENT CAPACITY

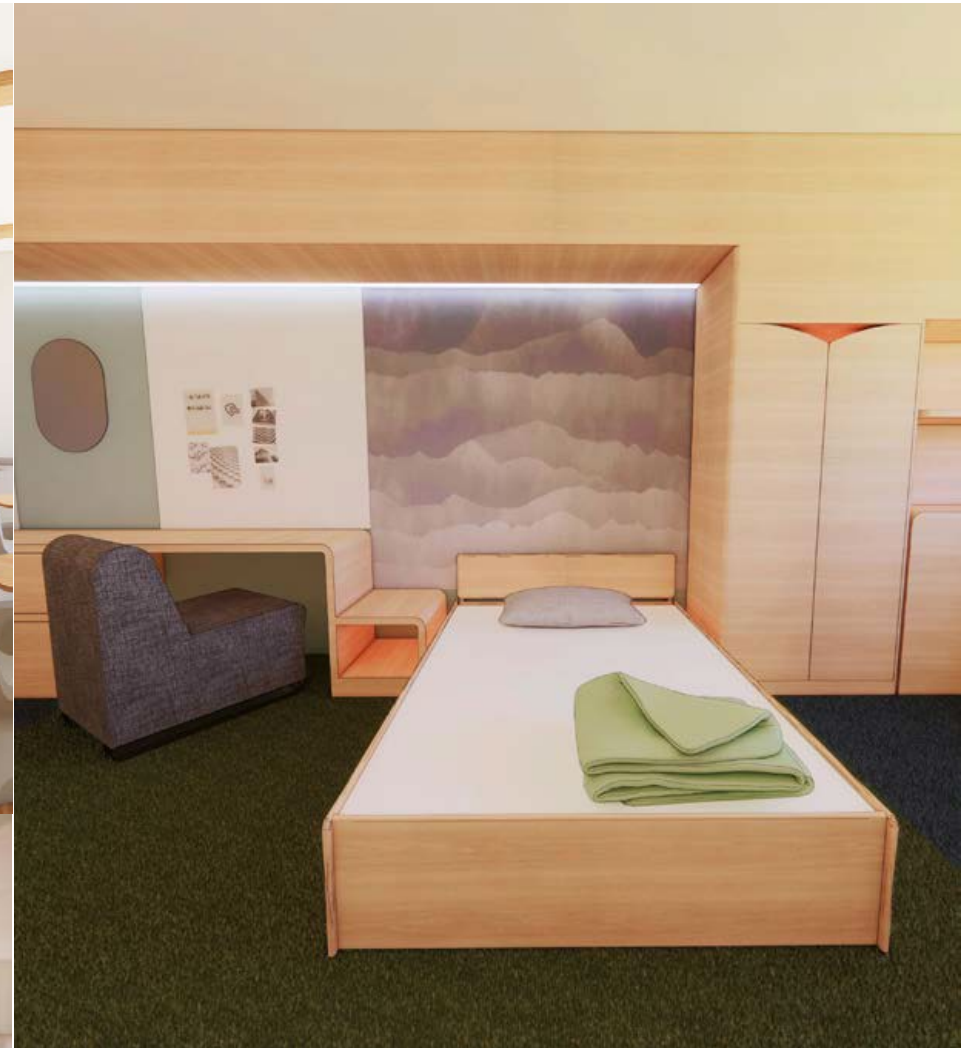
- A psychiatrist or APRN 24/7 to assess and provide treatment orders
- Access to peer patient representative
- Policies and protocols consistent with Administrative Rules for EIPs
- Six Core Strategies for reduction of seclusion and restraint
- Provision of EIPs when necessary for the safety and well-being of the patient and others
- Completion of Certificate of Need for EIP intervention; data reported as required
- Participation in the EIP Review Committee quarterly meetings
- Algorithm developed with input from stakeholders to ensure residents who may require frequent or ongoing need for Emergency Involuntary Procedures be cared for in a hospital setting

Note: New rules that govern residential programs in Vermont are being created within the Division of Licensing and Protection to accommodate EIP's in the Secure Residential setting.

Designed for Recovery

Research shows the profound effects our 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 supports recovery and feelings of safety. The DMH Recovery Residence is being intentionally designed according to these concepts.



Project Cost And Funding

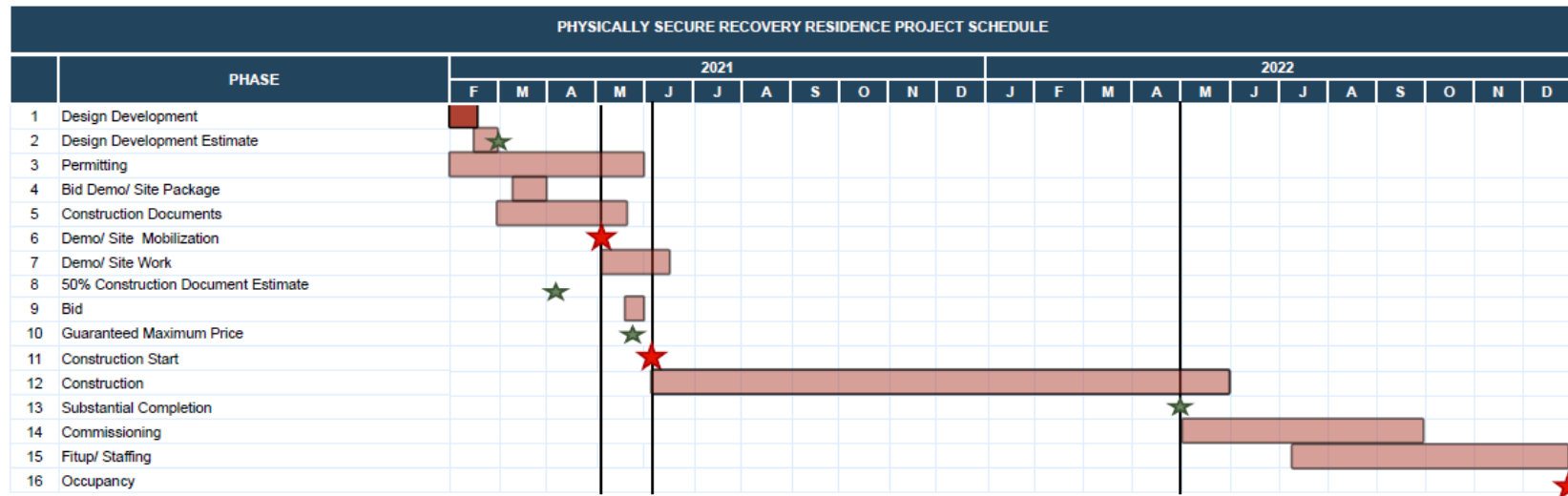
Project Cost:

Design	\$1,500,000
Construction (Schematic Design Phase Estimate)	<u>\$11,846,382</u>
Total Project Cost	\$16,100,000

Capital Bill Funding:

Act 42	\$3,000,000
Act 139	\$1,500,000
FY '22 Request	<u>\$11,600,000</u>
Total Funding Requested	\$16,100,000

Project Schedule



Benefits of Construction Management Delivery Method

