

# RIVER VALLEY THERAPEUTIC RESIDENCE

- *PROJECT BACKGROUND*
- *CONSTRUCTION UPDATE*
- *PROGRAMMING*

JANUARY 12, 2023

# DMH TEAM TESTIFYING

- Karen Godnick Barber, General Counsel
- Troy Parah, Middlesex Therapeutic Community Residence Program Director (future River Valley Therapeutic Residence Program Director)

# BGS TEAM TESTIFYING

- Tabrena Karish, Project Manager

August 4, 2021

# AGENDA

- Legislative History
- Project Overview and Need
- Design of the Facility
- Financing
- Programming
- Staffing

# LEGISLATIVE HISTORY

## Act 42 (2019), Section 3

(a) The following sums are appropriated in FY 2020 to the Department of Buildings and General Services for the Agency of Human Services for the following projects described in this subsection:

(1) Statewide, secure residential recovery facility, replacement, land acquisition, design, permitting, and construction documents: \$3,000,000.00

# LEGISLATIVE HISTORY

## Act 42 (2019), Section 3, con't.

(c) The following sums are appropriated in FY 2021 to the Department of Buildings and General Services for the Agency of Human Services for the following projects described in this subsection:

(1) Statewide, secure residential recovery facility, replacement, land acquisition, design, permitting, and construction: \$1,500,000.00

# LEGISLATIVE HISTORY

## Act 50 (2021), Section 3

(a) The following sums are appropriated in FY 2022 to the Department of Buildings and General Services for the Agency of Human Services for the following projects described in this subsection:

- 1) Secure Residential Recovery Facility,  
design and construction:  
\$11,600,000.00

# LEGISLATIVE HISTORY

## Act 50 (2021), Section 3, con't.

(c) The amount appropriated in subdivision (a)(1) of this section shall be used to construct a 16-bed Secure Residential Recovery Facility on Parcel ID# 200-5-003-001 as designated on the Town of Essex's Tax Parcel Maps for transitional support for individuals who are being discharged from inpatient psychiatric care. Through interior fit-up, versus building redesign, the 16-bed facility shall include two eight-bed wings designed with the capability to allow for separation of one wing from the main section of the facility, if necessary. Both wings shall be served by common clinical and activity spaces. Neither wing shall include a locked seclusion area, and the facility shall not use emergency involuntary procedures. Outdoor space shall be adequate for exercise and other activities but not less than 10,000 square feet.



# LEGISLATIVE HISTORY

- The need for a secure level of care was first identified in 2005 as part of the ongoing planning process to replace the Vermont State Hospital
- A secure residential level of care was first statutorily created in 2012 after Tropical Storm Irene flooded and closed the Vermont State Hospital in **Act 160** (2012) and **Act 79** (2012)
- In **Act 79** (2012), State of Vermont committed to building a permanent secure residential program

# LEGISLATIVE HISTORY

- Created 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 who are no longer in need of inpatient care, but who need intensive services in a secure setting
  - Patients are on involuntary legal status under the Care and Custody of the Commissioner of Mental Health
  - Requires an Order of Non-Hospitalization in which the court indicates that the individual requires a secure setting

# LEGISLATIVE HISTORY

- **Act 178** (2014): proposed the creation of a 14-bed permanent secure residential replacement facility.
- **Act 26** (2015): the proposed size and cost of the replacement facility became the subject of this bill, requiring DMH and BGS to explore siting and design options for the replacement, consider the “broadest options for management and ownership”, and propose a timeline for closure of MTCR in 2018.
  - Fall 2015: DMH posted an RFI
  - 2016: RFP development
  - January 2017: submission of a facilities report to the Legislature

# LEGISLATIVE HISTORY

- **Act 84** (2017): authorized BGS to purchase an option on land or purchase land for a permanent, secure residential facility provided it was consistent with the AHS Facilities Report to be submitted in January 2018.
- **Act 82** (2017) and **Act 200** (2018): bills sought further examination of mental health care delivery and coordination across service settings.

# LEGISLATIVE HISTORY

- **Act 200** (2018) included the specific intent to “replace the temporary Middlesex Secure Residential Recovery Facility with a permanent facility that has a 16-bed capacity and which may be state operated.”
- Also required AHS submit a comprehensive evaluation of the mental health delivery structure within a “sustainable, holistic health care system” and required a broad range of stakeholder involvement “in working toward an articulation of a common, long-term vision of full integration of mental health services within a comprehensive and holistic health care system.”

# LEGISLATIVE HISTORY

- January 2019: DMH presented the legislature a comprehensive report, per the requirements of **Act 200**, Sec. 9, and subsequently, in January 2020, a 10-year plan “Vision 2030, A 10-Year Plan for an Integrated and Holistic System of Care.”
- These reports provided an overview of the evaluation process, engagement with key stakeholders, and next steps to maintain an active feedback loop, as well as making recommendations that emerged through a broad stakeholder input process and intensive “Think Tank” sessions.

# LEGISLATIVE HISTORY

- December 2019: pursuant to **Act 26** Section 2, DMH submitted a report that outlined “the mental health bed needs for residential programs across the State by geographic area and provider type, including long-term residences (group homes), intensive residential recovery facilities, and secure residential recovery facilities.”
- Specific to the MTCR replacement, the report outlined the population served, number of beds needed, justification for ongoing need, and the funding request in the FY 20 capital bill as highlighting that this project continued to be a priority for AHS and DMH.

# LEGISLATIVE HISTORY

- **Act 42 (2019)** demonstrated the legislature's increased commitment to a 16-bed replacement facility by allocating to BGS \$3 million for land acquisition, design, permitting, and construction documents for the new secure residential in FY 2020 and \$1.5 million in FY 2021.
- As required by **Act 42 (2019)**, DMH and BGS worked together with a contracted architectural firm to design a state-of-the-art therapeutic yet secure facility as well as to site a location for the facility.
  - Building design schematics included the involvement of key stakeholders during the summer and fall of 2020.



# LEGISLATIVE HISTORY

- This project was the focus of many hours of testimony and discussion during this last legislative session, culminating in **Act 50 (2021)**.
  - DMH alone testified 12 times in House Corrections and Institutions, House Health Care, Senate Institutions, and Senate Health and Welfare.
  - Many psychiatric survivors, peers, and advocates also testified

# PROJECT OVERVIEW AND NEED

- In order to provide equitable care possible for all Vermonters, a robust continuum of step-down treatment programs must be available .
- A permanent secure program is a key component in Vermont's system of programs available to individuals needing 24/7 treatment and support services.
- The replacement and expansion of the current Middlesex Therapeutic Residence is an essential and smart solution in addressing systemic challenges.

# PROJECT OVERVIEW AND NEED, CON'T

- This level of care targets a small but very vulnerable population – those individuals whose clinical presentations and safety risks present such a challenge that designated agencies or other programs are unable to safely and therapeutically care for them in the community. A secure residence is the only option for these individuals to step down to a lower level of care. As such it is a critical resource to promote in our mental health system.
- Long wait times in Emergency Rooms are symptomatic of inadequate flow in our system. Flow is a critical factor in our ability to support individuals effectively with minimal delays as they move through stages of care and recovery.
- Equitable care and treatment for those in this level of care is not possible without replacing the temporary facility in Middlesex.

## Current Middlesex Secure Residence

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

Site has poor drainage and is  
difficult to maintain

The trailers have no  
permanent foundation

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



# CURRENT MIDDLESEX DATA

- 95% of referrals to the secure residence are from Level 1 units across the state
- 53 individuals served since opening in 2012
- Average Length of Stay (LOS) is 10.4 months
- Over 64% of residents have stepped down to less restrictive settings or independent housing
- Occupancy Rates

FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
90%	94%	82%	92%	88%	91%	95%

August 4, 2021

# FUTURE RECOVERY RESIDENCE

- A 16-bed physically secure recovery residence that provides the highest quality of recovery-oriented care, ensures the safety of residents and promotes rejoining and rebuilding a life in the community
- Provides care for individuals who are ready to discharge from inpatient hospitals but have higher treatment needs and risk factors that impact public safety and exceed the capacity of community providers
- Provides enhanced transitional support to successfully step down from inpatient level of care to a safe and stable environment
- Enhances equitable access to appropriate, timely and high-quality care and treatment

# HOW DID WE GET TO 16 BEDS?

- The Legislature has directed DMH to study the need for secure residential beds on multiple occasions.
- The DMH Analysis of Residential Bed Needs Report (2020) to the Legislature considered
  - Number of individuals on inpatient status with no discharge options due to acuity (average 7-10 individuals at any one time)
  - Number of individuals on the MTCR waitlist from Level 1 inpatient units
  - Number of individuals served in the community on an enhanced funding plan, who would need inpatient treatment without a community-based option like MTCR
- This report, and the number of beds, has been extensively testified to and debated in the Legislature.
- Act 50 (2020) requires DMH and BGS to build a 16-bed facility.

# MENTAL HEALTH SYSTEM OF CARE



## Key to Provider Symbols

- BLUE: ADULTS SYSTEM OF CARE
- GREEN: CHILD, YOUTH & FAMILY SYSTEM OF CARE
- ORANGE: SERVICES IN BOTH YOUTH & ADULTS

## Inpatient Hospitalization 229 total beds

Children & Adolescent  
1 Facility | 30 Beds



General Inpatient (Adult)  
7 Facilities | 142 Beds



Level One Inpatient  
(Adult)  
3 Facilities | 57 Beds



## Secure Residential 16 total beds

MTCR → River Valley  
1 Facility | 7 Beds → 16 Beds



## Intensive Residential & Treatment Programs 92 total beds

Youth Residential (PNMI)  
5 Residences | 45 Beds



Intensive Recovery  
Residential  
5 Residences | 42 Beds



Peer-run Residential  
1 Residence | 5 Beds



## Crisis Supports & Response 56 total beds

Children's Crisis  
Stabilization Program  
1 Facility | 6 Beds



Youth Hospital  
Diversion Program  
2 Facilities | 12 Beds



Psychiatric Urgent Care  
for Kids (PUCK)



Mobile Response  
Support Services  
Rutland Pilot



Adult Crisis Beds  
12 Facilities | 38 Beds



Crisis Assessment,  
Support & Referral  
Continuing Education &  
Advocacy



988 Crisis Lifeline  
Centers  
Call | Chat | Text



## Community Mental Health 174 total beds/109 vouchers

Micro-residential  
(HCBS)  
3 Homes | 9 Beds



Youth Group Homes  
(PNMI)  
4 Homes | 13 Beds



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
- Schools/PCP/Early care & learning ctrs (youth only)
- Peer programming (adults only)
- Prevention work (youth only)



Peer-run Services &  
Residential Care



Department of Mental Health



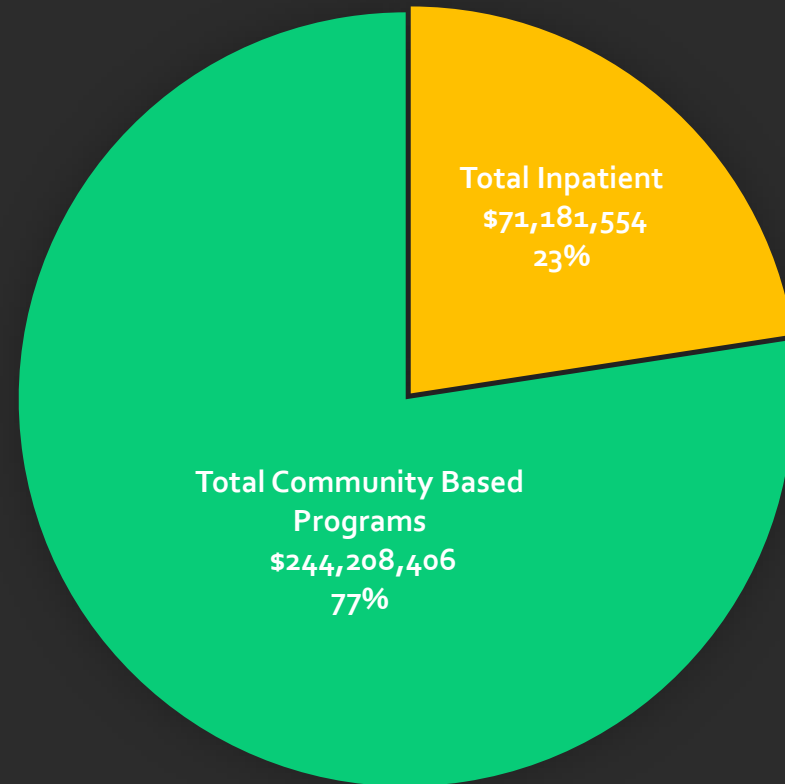
Designated and Specialized  
Services Agencies



Private Providers



## DMH and DVHA Mental Health System Of Care Adult and Children - 2019



■ Total Inpatient ■ Total Community Based Programs

# COMMUNITY INVESTMENTS

Out of the \$244M investments DMH makes annually

- Current \$3M for MTCR annually
- DA /SSAs
  - CRT programs
  - Emergency Services
  - Outpatient services
  - Children's
- Prevention [look in testimony for break-down of how we spend our money]

# COMMUNITY PROGRAMS

Program	Description
Outpatient	Provides services for adults without prolonged serious disabilities but who experience emotional, behavioral, or adjustment problems severe enough to warrant professional attention
Community Rehabilitation and Treatment (CRT)*	Provides services for adults with severe and persistent mental illness
Children and Families (C&F)*	Provide services to children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations.
Emergency Services	Serves individuals who are experiencing an acute mental health crisis. These services provided on a 24-hour a day, 7-day-week basis with both telephone and face-to-face services available as needed.
Advocacy and Peer Services	Broad array of support services provided by trained peers (a person who has experienced a mental health condition or psychiatric disability) or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery

\*manipulated service population

# DESIGN OF THE FACILITY



**DMH**  
**Recovery**  
**Residence**

AUGUST 4, 2021





August 4, 2021

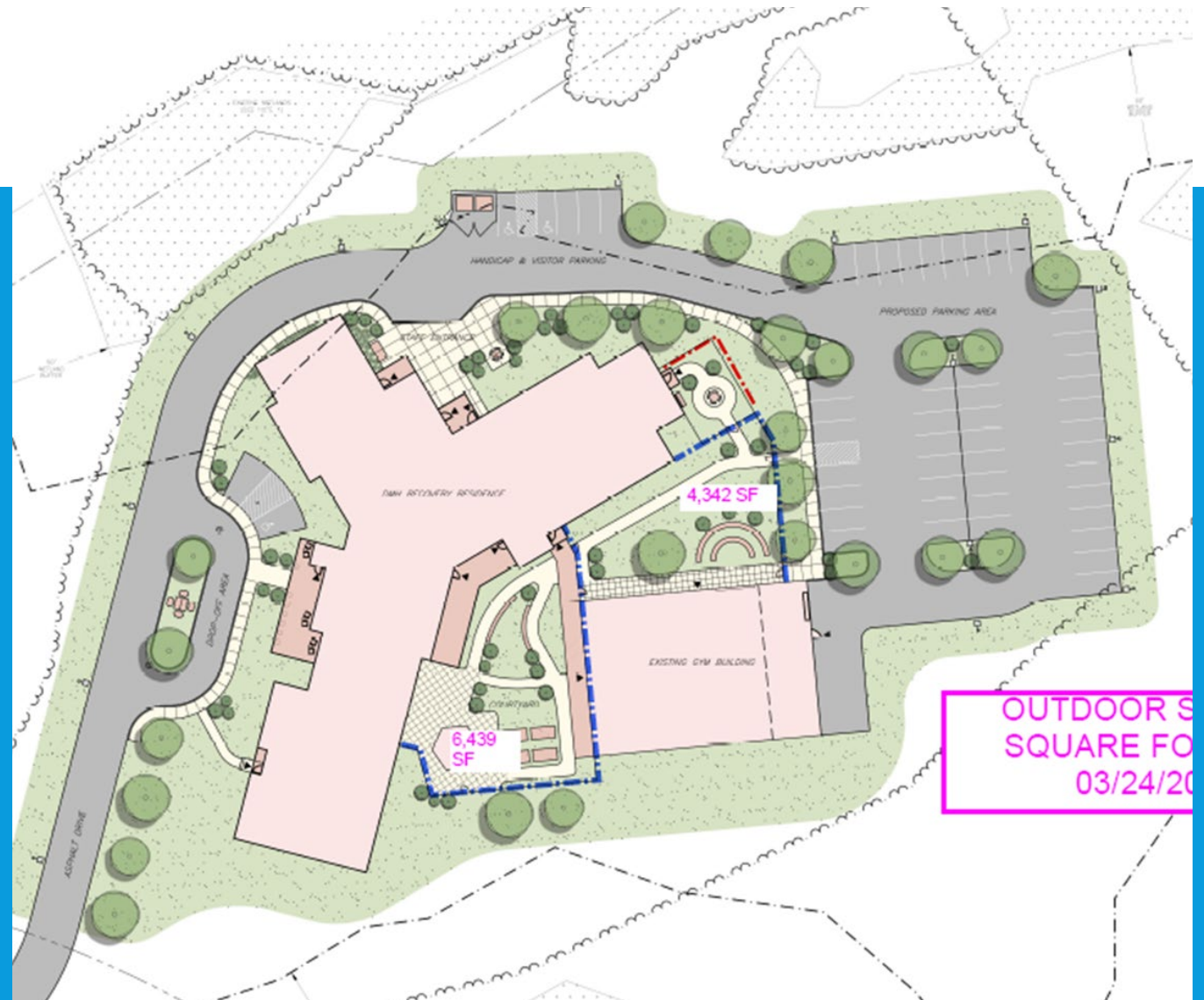


# A VIEW OF THE GROUNDS



AUGUST 4, 2021

# SECURE OUTDOOR AREA



OUTDOOR S  
SQUARE FO  
03/24/20







August 4, 2021





August 4, 2021



August 4, 2021





August 4, 2021





August 4, 2021





August 4, 2021

# PROVISION OF SERVICES

## Integration and Coordination of Healthcare Services

- Holistic Care

- Mental Health
- Physical Health
- Substance Use

# PROVISION OF SERVICES, CON'T

## Mental Health

- Evidence Based Practices
  - Trauma Informed
  - Person Centered
  - Recovery Oriented Cognitive Therapy (CT-R)
  - Dialectical Behavior Therapy (DBT)
  - Motivational Interviewing
  - Open Dialogue/Collaborative Networking
- Connection with Community Mental Health Services
  - All Residents assigned Case Manager in the Community Rehabilitation and Treatment Program (CRT)
    - Part of treatment team
    - Regular appointments and connection
    - Integrated team approach to discharge
- Staff
  - Psychiatrist
  - Psychologists
  - Care Management/Social Workers
  - Specifically trained Residential Counselors
  - Peer Professionals
  - Activities Therapists
  - Nursing



# PROVISION OF SERVICES, CON'T

## Mental Health

Medication Management (Psychiatrist/Nursing staff)

Therapy (Psychologist)

Groups (Activities therapist/ Care Management/ Psychologist/ Residential Counselors/ Peers/ Nursing)

### Life Skills

- Budgeting, ADL's, Cooking/Nutrition, Mindfulness, Planning, Job Skills, Sleep Hygiene (CBT-I), Money Management, time management, Seasonal wellness skills etc.

### Leisure Skills

- Arts and music, Gardening, Stress Management etc.

### Health and Wellness

- Wellness Recovery Action Plan (WRAP), Exercise, Smoking Cessation, Substance use management Skills, Medication Management etc.

### Peers Supports

- In-house Peer Counselor
- Vermont Psychiatric Survivors

# PROVISION OF SERVICES, CON'T

## Physical Health

- 24 Hour on-site nursing
- Yearly Physicals for all residents
- Connection to community PCP where the Resident lives
- Connections to Community Health Centers
- Dental and Vision Care
- Groups facilitated by nurses on health-related issues

# PROVISION OF SERVICES, CON'T

## Substance Use Treatment

- In house Therapists/Psychologists
- Integrated Treatment plans and assessments
- Access to community treatment and groups
- In house groups on co-occurring treatment

# STAFFING

- 63 Staff (14 Administrative and 49 Clinical)
- - Psychiatry
- -Peer Support
- -Psychologist
- - Activity Therapist
- - Care Managers
- - Nursing
- - Residential Counselors
- - Chef (kitchen staff)

QUESTIONS?