


## MEMORANDUM

TO: Senator Jane Kitchel, Chair, Senate Committee on Appropriations  
Senator Joe Benning, Chair, Senate Committee on Institutions  
Senator Virginia Lyons, Chair, Senate Committee on Health and Welfare  
Representative Catherine Toll, Chair, House Committee on Appropriations  
Representative Alice M. Emmons, Chair, House Committee on Corrections and Institutions  
Representative William J. Lippert Jr., Chair, House Committee on Health Care

FROM: Sarah Squirrell, Commissioner, Department of Mental Health 

DATE: December 16, 2019

SUBJECT: Act 42, Sec. 30- Replacement of Middlesex Secure Residential Recovery Facility, Negotiation Status Update

This memorandum is submitted in response to the requirements of Act 42, Sec. 30 of the 2019 legislative session, which requires the Agency to submit a report to the on the status of negotiations based on the Department of Mental Health's (DMH) analysis of bed needs. The report allows that to the extent the Agency determines it is an appropriate location for an alternative to the Middlesex Secure Residential Recovery Facility, the report shall include an analysis of operating secure residential recovery beds at Rutland Regional Medical Center (RRMC) and Rutland Mental Health Services (RMHS).

In order to determine whether Rutland was an appropriate location for an alternative to the Middlesex Physically Secure Residential Recovery Facility, the Department of Mental Health performed a preliminary analysis of residential bed needs in state as well as a review of the implications of operating secure residential recovery beds at RRMC and RMHS.

In August of 2019 in response to Act 42, Sec.30 the Commissioner of Mental Health met with the Chairs of House Institutions and Corrections to review the initial analysis of bed needs. The Commissioner of Mental Health and Interim Deputy Secretary also met with leadership from RRMC and RMHS to discuss the analysis in which it was determined not to move forward with negotiations for interim secure residential recovery beds.

### Preliminary Analysis of Bed Needs

The preliminary analysis conducted by DMH included the following:

- Statewide capacity for Group Homes and Intensive Recovery Residences
- # of individuals from each DA who were involuntarily hospitalized for CY16, CY17, CY18

- Number of admissions to Intensive Residential Recovery residences for CY16, CY17, CY18
- Level of care needed for involuntary patient discharge from hospitals
- Barriers to discharge from Intensive Recovery Residences

Preliminary analysis clearly affirms that the level of care most in demand and unavailable is a Physically Secure Residential with the capacity to perform Emergency Involuntary Procedures (EIPs), thus supporting the State's intent to build a 16 bed physically secure residential with the capacity to perform EIP's. As of the date of this report, all 7 beds at the current MTCR are filled. At any given time as indicated by the data, there are approximately 6-15 people who could be referred to a secure residential program that has the capacity to perform occasional Emergency Involuntary Procedures. This cohort of individuals occupy significant inpatient hospital bed days and cannot be appropriately served at the Middlesex secure residential program due to current regulations for Therapeutic Community Residences, the facility's design, and the staffing pattern.

Further, the data indicates that Group Homes that provide long term residential care are operating at 95% - 100% occupancy and length of stays at Intensive Recovery Residences (IRR) has increased due to lack of available step-down programs or housing such as Group Homes and independent apartments. Also noted in the data, one of the primary barriers to discharge was "lack of group home" availability.

#### **Analysis of Operating Physically Secure Residential Recovery Beds at RRM/RRMC**

AHS in partnership with BGS is working to expedite the building of a 16 bed physically secure residential facility that will replace the existing Middlesex Secure Residential facility<sup>1</sup>. A state run 16 bed physically secure residential facility with capacity to perform EIP's will provide critical capacity within the mental health system of care and contribute to reducing barriers to discharge from Level 1 inpatient beds across the state. Added benefits of the proposed 16-bed physically secure residential include building from the existing clinical and staffing assets of the current secure residential facility in Middlesex. Maintaining staff familiar with the residents and operations, will afford better continuity for programming and will build on existing capacity and clinical expertise. From an operational and staffing level, a centralized, 16-bed facility leverages economies of scale. An interim or alternative facility to the physically secure Middlesex Residential facility is not determined to be needed at this time and DMH will continue to work with BGS on an expedited plan to build the new 16 bed physically secure residential replacement.

As noted above, there is little evidence in the current data that supports the need for additional physically secure residential that do not have the capacity to perform EIP's. Therefore operating additional physically secure residential beds at RRM/RRMC is not supported by the current analysis of bed needs. However, data does indicate there would be a need for additional staff secure Intensive Residential Recovery beds and DMH would recommend exploring the possibility to expand the Maplewood Recovery Residence operated by RMHS. The staff secure Maplewood Recovery Residence has been running at near full capacity since 2016 (91%-96%) and would likely benefit from expansion.

<sup>1</sup> <https://legislature.vermont.gov/assets/Legislative-Reports/Final-PSRR-Combined.pdf>