

Act 84 – Report on AHS Major Facilities

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Sec. 31 of Act 84

- Act 84 of 2017 required AHS and BGS to develop a plan to support specific populations.
- This report addresses the pressing facility needs of the following populations:
 - Individuals who no longer require hospitalization but who remain in need of long-term treatment in a secure residential facility setting;
 - Elders with significant psychiatric needs – who either do or do not meet the criteria for nursing facilities;
 - Children in need of residential treatment;
 - Juvenile delinquent in need of residential detention;
 - Offenders in correctional facilities; and
 - Any other at-risk individuals

AHS Future Vision:

925 beds by
2028

925 bed complex in Northwest Vermont

** Includes closure of Chittenden and Northwst **

457 beds for male offenders (including out-of-state offenders)

175 beds for female offenders

120 beds for Federal offenders (revenue producing)

30 booking and receiving beds

50 ADA compliant beds for aging/infirm patients

50 forensic beds
20 high-acuity (DMH)
30 DOC forensic

18 infirmiry beds, including 2 hospice and 3 quarantine beds

25 beds for youthful offenders (one option for Woodside population)

Envisioning 2028 – Why?

- Potential to create a forensics unit and a juvenile detention center (contingency plan if Woodside does not receive Medicaid funding)
- Double capacity to house US Marshal beds and generate additional revenue for the state
- Flexible space to meet the needs of a changing population
- Modern facility set-up for security
- Reinvest deferred maintenance into other programs and projects
- Consolidating high need medical people would eliminate redundant structures across the state

Costs – Vision vs. Status Quo

	Status Quo – 20 Years Out (Total)	New Complex – 20 Years Out (Total)
Corrections – Operating Costs	\$3,354,869,574	\$3,253,807,166
Corrections – Plant Costs		

Note: These totals do not include the operating costs for 20 beds for DMH forensic patients. In FY2028, it is estimated to be approx. \$18M.

This number assumes that Marble Valley, Springfield, St. Johnsbury, and Newport stay open.

Envisioning 2028 - Current State

- Every High Acuity Mental Health facility has at least one critical risk to its ability to meet the intended mission

Agency of Human Services - Mental Health Facility Inventory

Facility Name	Facility Type or Capability (Secure Residential, Residential, Hospital, Nursing Home)	Area of Specialty or Services Provided	Population / Eligibility Group	Facility Ownership Model (Owned, Leased, For Placement)	Facility Location (Physical Address)	Funding Sources (State General Funds, State Special Funds, Federal, Federal Medicaid, Grant)	Annual Operating Budget (FY17 actuals)	Facility Condition Assessment (excellent, moderate or poor)	Cost per bed	Facility Recommendation	Current census	Capacity	Facility Value (Estimated cost of replacement)	Deferred Maintenance	Staffing for Operations
Vermont Psychiatric Care Hospital (VPCH)	Hospital	Mental Health	Adult Involuntary	State of Vermont Owned	350 Fisher Rd Berlin, VT	Federal Medicaid - Investment	\$21,781,327	Excellent	\$ 871,253		25	25 beds	24,000,000		177
Middlesex Therapeutic Community Residence (MTCR)	Intensive Residential/Secure	Mental Health	SPMICRT eligible/court ordered	State of Vermont Owned-Temporary	1076 US Rt 2 Middlesex, VT	Federal Medicaid - Program	\$2,351,781	Moderate/poor - facility is failing and was only designed to be temporary	\$ 335,969	Relocate	7	7 beds			31
Woodside Juvenile Rehabilitation Center	Residential	Mental Health	Ages 10-17	State of Vermont Owned	26 Woodside Drive East Colchester, VT	General fund but moving to Federal Medicaid - Program	\$5,794,394	Moderate	\$ 193,146	Replace as recommended by the feasibility study	15	30 beds	\$20,000,000	\$3,000,000	50
Brattleboro Retreat - Level 1 Beds	Residential	Mental Health	Adults	Brattleboro Retreat	Brattleboro, VT	Federal Medicaid	\$6,285,072		\$ 448,934		14	14 Beds			

Key:
 = Critical Risk

How Do We Get There?

- Complex can be built in stages, with one or two units coming online every two years until it is complete in 2028
- Savings achieved through closure of CRCF and NWCF, out of state contract reductions, and cost of deferred maintenance
 - NWCF would be closed
 - AHS and BGS would work together with community and law enforcement to determine best use for CRCF
- Increasing federal beds will generate additional revenue

What We Can Do Now

Forensics

- Temporary 12-bed Forensic Unit at Northwest
 - Alpha Unit
 - Approx. \$2.9 capital costs
 - \$6.1M annualized GF operating costs (depending on opening date)
- OR-
- Begin construction on future facility, with Forensics wing as first “pod”

What We Can Do Now

Other Facilities

- Find location for Middlesex TCR – permanent 16-bed facility
- Secure funding for Woodside
- Psychiatric beds at a designated hospital