

# 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 describes 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 - 151 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)

## 6 RESIDENCES - 47 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
- Capacity to perform Emergency Involuntary Procedures (EIP's)
- Will help reduce barriers to discharge from Level 1 inpatient beds across the state.

# Designated Providers

## Designated Agencies

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

## Specialized Services Agencies

- Pathways Vermont
- Northeastern Family Institute

## Designated Hospitals

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

## State Secure Residential

- Middlesex Therapeutic Community Residence

# 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

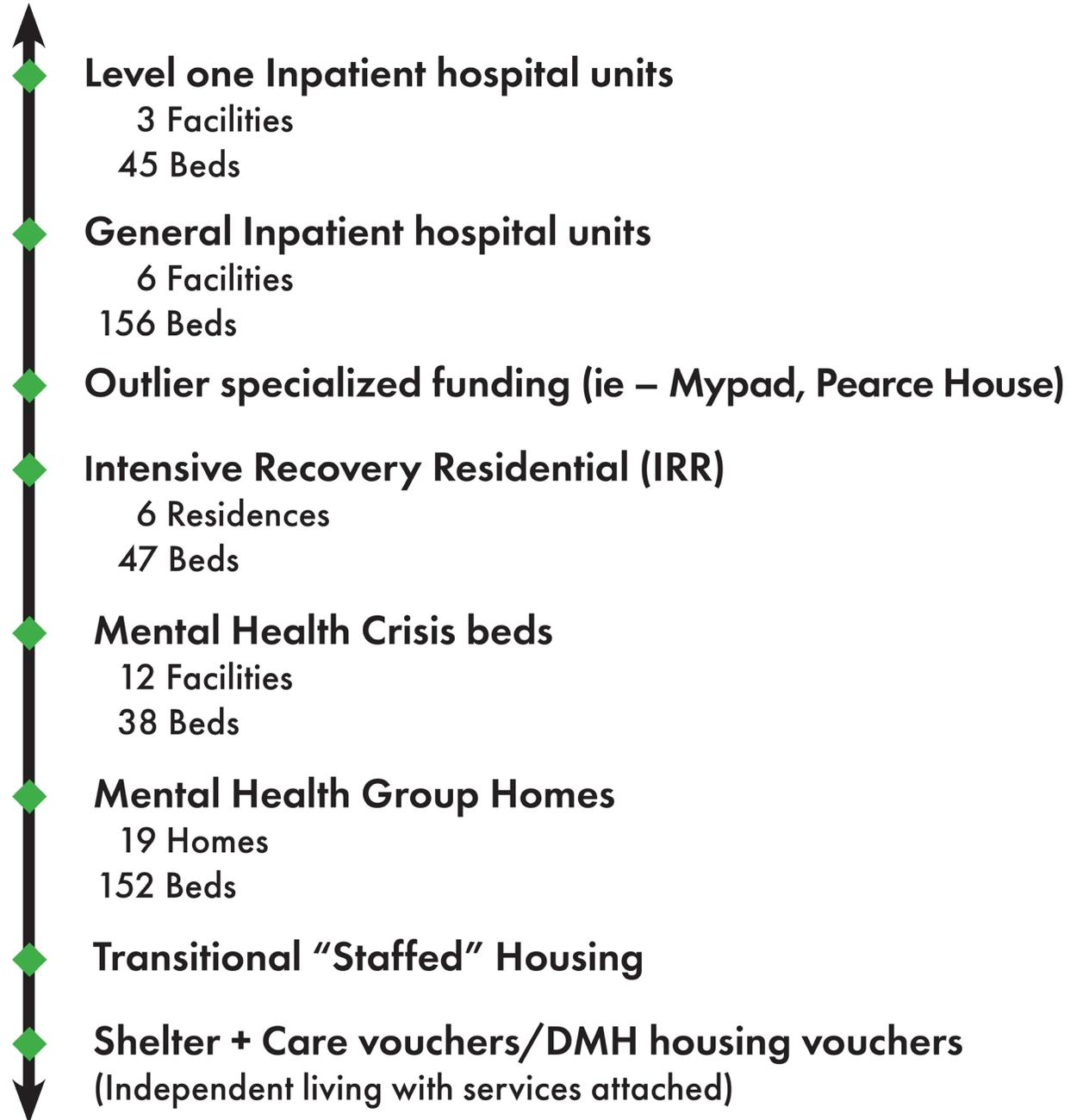
## Physically Secure Residential

- Middlesex Therapeutic Community Residence: 7 beds

## Designated Hospitals

- 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**



# DMH Adult Residential Bed Locations 2020



# DMH Residential & Inpatient Beds, All Ages, 2019

## DMH Residential and Designated Hospital (Inpatient) Beds All Ages by County FY19



\*NFI HDP-S Capacity 6, Currently only 4 open beds  
 \*\*Residential programs that are primarily utilized by DCF, but

# Planned Capacity Increases

- 12 New Level 1 Beds – Brattleboro Retreat
- 25 inpatient beds – CVMC
  - Tier 1, Tier 2, Tier 3
- 16 bed Physically Secure Recovery Residence

# 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
<b>Total</b>	<b>2815</b>	<b>45</b>	<b>1.6%</b>	<b>146</b>	<b>5.2%</b>

# 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 <sub>n</sub> )	(Middlesex) Meadowview	(Brattleboro)	Maplewood (Rutland)	Hilltop (Westminster)	Total
Chittenden	2	2	1				3	<b>8</b>
Addison	1							<b>1</b>
Franklin/Grand Isle						1		<b>1</b>
Lamoille								<b>0</b>
Caledonia/ Orleans/ Essex			1					<b>1</b>
Washington		5	1					<b>6</b>
Windham/ Windsor	3	5	1	4	1		3	<b>17</b>
Orange		2						<b>2</b>
Rutland				1	2			<b>3</b>
Bennington			1					<b>1</b>
Other			2					<b>2</b>
<b>TOTAL BEDS FILLED ON 11/18/19</b>	<b>6</b>	<b>14</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>42</b>	

# Involuntarily Held Individuals by Location

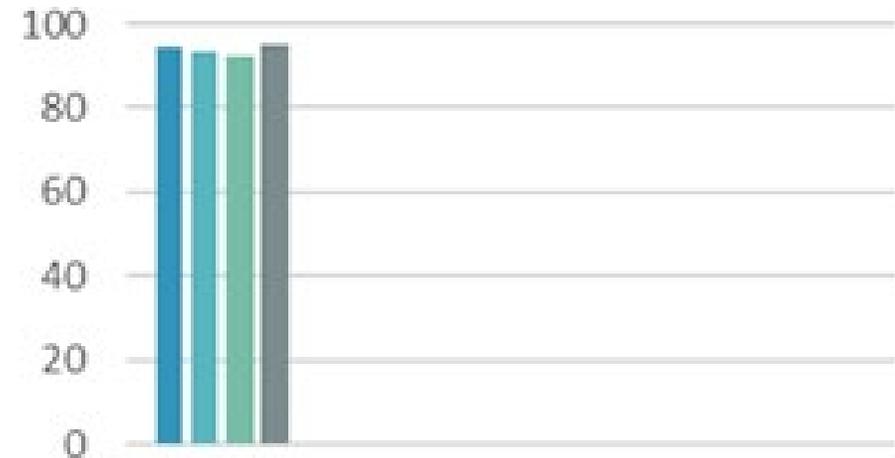
---

Involuntarily Held 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
<b>Total</b>	<b>536</b>	<b>560</b>	<b>540</b>	<b>278</b>

# Current and Historic Occupancy Rates

---

Group Home Occupancy Rate (%)



■ FY16 ■ FY17 ■ FY18 ■ FY19

# Annual Occupancy for Intensive Recovery Residentials

	<b>CY 2016</b>	<b>CY 2017</b>	<b>CY 2018</b>	<b>CY 2019 (Partial)</b>
<b>Hilltop Recovery Residence</b>	88%	85%	77%	84%
<b>Maplewood Recovery Residence</b>	94%	96%	95%	91%
<b>Meadowview Recovery Residence</b>	95%	97%	88%	97%
<b>Soteria House</b>	92%	86%	89%	88%
<b>Second Spring - Westford Program</b>	83%	95%	89%	91%
<b>Second Spring – Williamstown Program</b>	79%	84%	95%	88%

# OUTLIERS BY YEAR

**2016**

2017

2018

2019

**13**

10

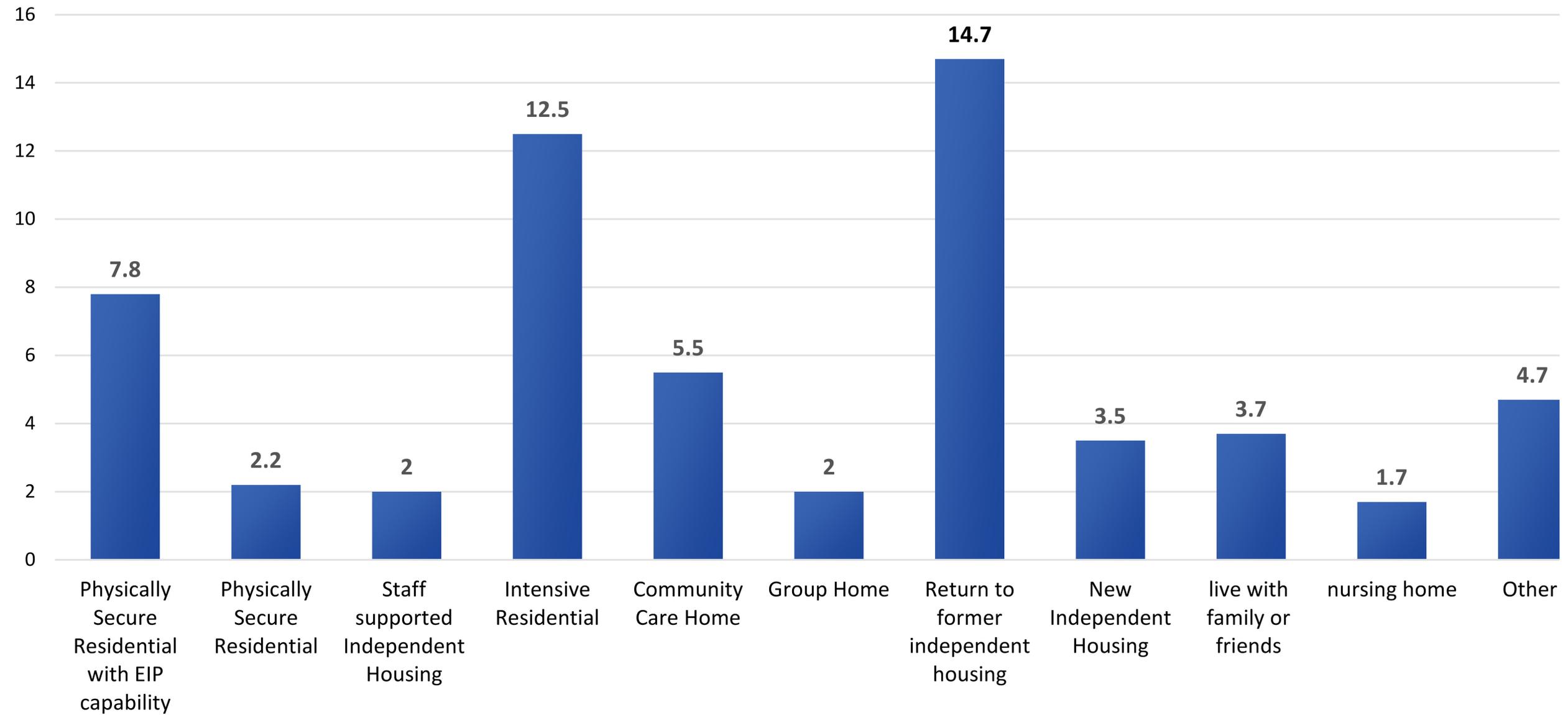
15

18

# Admissions to Intensive Recovery Residences by Year

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

# Involuntary Patients Residential Level of Care Needed Upon Discharge - 6 Month Average



BARRIERS TO  
DISCHARGE:  
INTENSIVE  
RECOVERY  
RESIDENTIAL AND  
SECURE  
RESIDENTIAL

- No Group Home/Community Care Home availability
- Lack of Nursing Home access
- First floor apartments needed to accommodate mobility needs
- Client's choice is to remain in IRR, making discharge planning difficult
- "We need something for the aging community. We need a program that is a combination IRR + nursing supports".
- Lack of staff which limits how many residents can live at an IRR.
- Lack of community placement.

## 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 with the capacity for emergency involuntary procedures (EIP);*
- *Some growth in IRRs*
- *Expansion of group home capacity*
- *Continued focus on housing*
- *Further exploration of needs related to the geriatric population*