

Concept Brief - 15 Bed Secure Residential Treatment Facility - Waterbury

What is proposed

The proposed facility would be a newly constructed 15- bed, involuntary, secure (locked) residential facility located on the grounds of the State Office Complex in Waterbury. The program would serve individuals who are not ready for discharge to the community, but who no longer require acute inpatient psychiatric care. Residents in this facility would not be in active crisis. The focus of care would be provision of positive behavioral supports and psychosocial programming to assist individuals to engage in their own recovery process and move to the next level of less intensive services.

Who this facility would serve

Residents of the facility would include those people who remain at VSH due to a high risk of self-harm, or neglect, or pose a danger to others. They do not require inpatient acute psychiatric services, but their care needs exceed local community resources. Some of these individuals are suicidal with a high risk of self harm. Other individuals manifest a high incidence of aggressive behaviors and are dangerous to others. Another, smaller, group includes those who are no longer clinically severely symptomatic, but who must remain in a secure environment for prolonged periods of time awaiting resolution of a judicial process.

Specific examples of the kinds of behavior the facility would treat include:

- people with severe symptoms such as delusions of persecution which only partially respond to medications and are prone to act on those delusions by assaulting others;
- individuals whose mental status fluctuates with episodes of severe symptoms such as hallucinations in which assaultive behavior or self destructive urges are prominent, yet have prolonged periods of stability between these episodes;
- individuals with organic brain insults and / or cognitive impairments, who have a high frequency of assaultive behaviors.

How many people would be served and for how long

Initially the facility would serve approximately 15 individuals currently in the Vermont State Hospital. As proposed, this will be a longer term facility. It is anticipated that the length of stay could be approximately 3 months to 2 years or more. As community programs designed to provide the next level of care come on-line it is expected that the length of stay for the secure residential facility would shorten.

How the program would fit within the mental health system

Initially, only current VSH patients who meet the criteria for the secure residential facility would be served by the program. However, as the rest of the Futures Project is implemented, it may be that individuals who were stabilized in acute care facilities in community general hospitals would be transferred directly to the secure residential facility. Similarly, as the next level of community residential resources are developed, individuals from the secure residential facility would transfer to a less intensive level of community residential care.

It should be noted that violent behavior alone is not a sufficient criterion for admission to the proposed secure residential facility in Waterbury. Persons in acute psychotic crises (who might be assaultive) would be admitted directly to an acute inpatient unit of a general medical hospital.

Program and services that would be provided

Program characteristics include the capacity to maintain a safe, secure environment regardless of the level of risk. The environment of care should permit separation of sub-groups so that all are safe and

individuals with a history of abusive treatment by others are not further traumatized by contact with individuals prone to aggressive, assaultive behavior. Staff would be trained and credentialed to work with this population group. Program interventions would focus on connecting with the resident using positive behavioral supports designed to facilitate the individual's growth in skills needed for return to the community. The focus of programming would be:

- Behavioral analysis and development of individual treatment plans
- Life skills development
- Psycho-social and psycho-educational programming focused on learning how to be safe and responsible citizens
- Supporting and motivating residents (and their home communities) to engage in a recovery process
- Discharge planning

Staffing required

Because of its residential treatment mission the staffing requirements of the 15 bed secure residential facility differ significantly from those of an acute inpatient psychiatric unit. Initial estimates suggest that approximately 34 unit staff positions would be required to provide program services. These include Registered Nurses, Licensed Practical Nurses, Psychiatric Technicians, Activities Therapists, a Program Manager who would be a Behavioral Psychologist, Rehabilitation Therapists, a half-time Psychiatrist and a half-time Social Worker.

Accreditation and certification

Accreditation and certification would be sought through the appropriate entities, to be identified during the program planning process.

Estimated cost

The estimated construction cost of this project would be approximately \$15M. The total capital cost with debt service spread over 20 years is estimated to be \$21.9M.¹ The projected average annual operating costs² would be approximately \$6.4M.³

Potential revenue sources for operating costs

Given the requirement to finance all parts of the Futures Project and to adequately fund the community system of care, the 15 bed residential unit (at least initially) would seek federal financial participation (FFP- Medicaid and Medicare). Assuming FFP, Medicare would pay approximately 7% or \$445,000; Medicaid would pay approximately 54% or \$3.4M; approximately 36% of program revenues, or \$2.3M would be from state General Funds, and approximately 3% or \$191,000, would come from third party private payers.

Time frame for planning and implementation

The initial treatment program planning and architectural design work could be completed for a June 2008 Certificate of Need Application. Completion of construction documents, permitting and selection of contractors would be completed approximately 9 months later. Construction (to proceed simultaneously with detailed unit program planning, program development and staffing) would take approximately 18 – 21 months. Under this time line the facility would open January or February 2011.

¹ Attachment 3 Preliminary Report Inpatient Options Analysis (Mental Health Oversight Committee) November 5, 2007.

² Ibid.

³ Ibid.