

**Quarterly Update to
The Joint Fiscal Committee
&
The Mental Health Oversight Committee
On Progress Toward Completing the Secure Residential
Recovery Residence**

Vermont Department of Mental Health

Quarterly Update to the Joint Fiscal Committee & the Mental Health Oversight Committee on Progress Toward Completing the Secure Residential Recovery Residence

Reporting Requirement

§31 (f) (3) of Act 43 of 2009, the Capital Construction Bill, specifies that the Department of Mental Health “shall provide quarterly updates to the joint fiscal committee and the mental health oversight committee on the progress toward completing the facility and developing the residential recovery program.” This report describes planning activities that have occurred in the period between April and October 2009.

Current Status of Futures Project

The Futures Project is the planning initiative begun by the Department of Mental Health in 2004 to replace the functions of the 54 bed Vermont State Hospital (VSH) with a continuum of new inpatient and residential facilities and community services. One aspect of the plan is to create a 15 bed secure recovery residence (SRR) in Waterbury on the grounds of the State Office Complex. Work is also underway to explore the feasibility of capitalizing an expansion of acute care inpatient beds at Rutland Regional Medical Center (RRMC). Additionally, DMH is also working with the Brattleboro Retreat to create up to 16 new inpatient beds; Springfield Hospital to explore what that entity can do to increase the capacity of the Windham Center to treat more acute patients; and Dartmouth Hitchcock Medical Center and the Veterans’ Administration Hospital to create a new inpatient program in White River Junction. Finally, Fletcher Allen Health Care has offered that they could begin planning in 2014 or 2015 for expanded inpatient psychiatric capacity. The 6 bed staff secure Meadowview residential facility is scheduled to open in the Brattleboro area in late fall.

Planning for Secure Recovery Residence (SRR)

As directed by Act 43 of 2009, Capital Construction Bill, §31, DMH has undertaken the following planning activities.

Architectural Design Development: Over the course of the past 6 months DMH has undertaken an intensive planning process to develop programmatic concepts¹ and related architectural design for the SRR. Twenty (20) meetings have been held between April and October with consumers, patients at VSH, VSH staff, advocates and clinical leaders to design the program. The meetings focused on clinical programming as it impacts environmental design, and architectural design options. Additional design development work group meetings with Buildings and General Services consultants, Architecture+ are scheduled for November and December.

The Department of Buildings and General Services (BGS) examined alternative sites both on the Waterbury Campus and other previously considered locations. The site selected is in the Osgood parking lot on the outside of the outer loop road around the Waterbury Campus. It is directly adjacent to a residential neighborhood and has pleasant views of the agricultural fields and the mountains beyond.

The result of this intensive and extensive process is a draft design that strives to create an environment that balances opportunities for resident learning to foster recovery with safety and security in a residential setting. The design and the site provide access to outdoors in a secure manner that compliments the residential character of the facility and are designed to provide maximum flexibility in current and future use.

Licensure: The Department of Disabilities, Aging and Independent Living (DAIL), after much discussion, review and analysis, has decided that it will be more efficient and effective to amend the licensing

¹ Note: Current clinical recovery programming is focused on concepts that are central to architectural design. The development of detailed recovery programming will occur only if a CON is granted.

requirements for residential care homes rather than therapeutic community residences to accommodate the special requirements of a secure residential recovery program. Specifically, the residential care home regulations will be amended to clarify that a program, like the secure residential recovery program, could be licensed as a "special care unit," under the residential care home regulations. DAIL, in collaboration with DMH, is in the process of finalizing those amendments and will begin the rulemaking process in the coming months.
