

**Act 43 of 2009- Required Quarterly Summary Report:  
Status of Planning to Replace the Functions of Vermont State Hospital**

Consistent with legislative intent as expressed in the 2008, 2009 and 2010 Capital Bills, the Department of Mental Health is continuing planning to replace the functions of the Vermont State Hospital.

**Development of the Secure Recovery Residence**

Certificate of Need Application Under Review

On March 19, 2010, DMH filed a Certificate of Need Application with the Department of Banking, Insurance, Securities and Health Care Administration for the proposed 15-bed secure recovery residence (SRR) on the grounds of the State Office Complex in Waterbury. The SRR is intended as the final residential project (joining Second Spring and Meadowview) to replace the long term care function of VSH. It will serve current VSH patients who no longer need acute inpatient treatment but do require an intensive clinical program for longer term care and a level of security commensurate with the current VSH program. The design of the building:

- should support recovery by providing a welcoming and attractive environment that is residential in character;
- should balance individual freedom and safety such that opportunities exist for individuals to demonstrate enhanced control over their own behavior in a context that promotes safety;
- should support growth and learning by creating an environment that offers opportunities for appropriate social interactions and the development of new skills;

DMH and BGS are currently responding to the third round of questions put forward by BISHCA as part of the review process and there are several interested parties, including residents of nearby Randall Street in Waterbury, to the application.

Planning Activities to Date

The 2010 Capital Bill (§37 (c)) directed the Commissioners of Mental Health and Buildings and General Services to continue to plan, design and work to obtain permits for an appropriately designed secure residential recovery facility in Waterbury. The Commissioners were directed to further review all potential building sites within the Waterbury complex, consult with the Waterbury village and town officials, and report on the final site to the chairs and vice chairs of the Senate Committee on Institutions and House Committee on Corrections and Institutions by July 1, 2010.

On June 22, 2010, DMH and BGS representatives met with Waterbury town and village officials and residents, including representatives of concerned residents of Randall Street, about the proposed site of the SRR. This community meeting was a non-binding forum to discuss the concerns of Randall Street neighbors about the location of the proposed facility. At the meeting, residents objected to the proposed location of the building while expressing support for its development. Commissioner Myers explored three potential site options for the building. During the discussion he described one potentially feasible alternative location behind the Osgood building. Waterbury residents and town officials expressed support for this option. The Waterbury Municipal Manager subsequently confirmed support for this location in a letter dated June 25. Commissioner Myers issued his report on June 30 to the chairs of the House and Senate committees on institutions in which he reported the results of his site review and the meeting with the residents and officials of Waterbury.

## Acute Inpatient Services

The 2010 Capital Bill (§37 (d)) directs the Commissioners of Mental Health and Buildings and General Services to plan for the replacement of Vermont state hospital inpatient beds in consultation with Brattleboro Retreat, Rutland Regional Medical Center, and Dartmouth Medical School. Current estimates are that forty-five (45) inpatient beds are required to fulfill the needs of Vermonters requiring intensive, psychiatric inpatient care.

### Rutland Regional Medical Center: Twelve (12) Beds

DMH recommends developing a new 28 bed facility at Rutland Regional Medical Center (RRMC) that builds on the existing psychiatric inpatient program and creates a net increase of twelve (12) VSH replacement beds. RRMC remains interested in advancing this proposal pending available capital financing. The interested financial institution advised that the financing arrangement would need to include both a long-term operating agreement between the State and RRMC, and an agreement from both the State and RRMC to contribute to capital construction cost. DMH and RRMC continue to explore options to finance the project.

### Dartmouth Medical School & Veteran's Administration

DMH continues its ongoing conversations to explore ways to develop a 16-bed psychiatric facility on Veteran's Administration donated land with psychiatric and other medical services to be provided through contractual arrangements with Dartmouth Medical School and the Veteran's Administration.

### Brattleboro Retreat

DMH is exploring the development of intensive psychiatric bed capacity at the Brattleboro Retreat. Advancing this option would require at least seven million dollars of capitalization, but in partnership with Brattleboro Memorial Hospital the proposed intensive service 16-bed unit offers promise of bypassing the federal rules governing Institution for Mental Disease exclusions.

## Next Steps

The 2010 Capital Bill (§37 (b)) directs the Commissioner of Buildings and General Services to use previously allocated planning funds to continue planning and development activities for the SRR and VSH inpatient replacement beds. The bill stipulates that "These funds shall be replaced with up to \$10,000,000 in federal case load reserve funds (Federal Medicaid Assistance Percentage---FMAP dollars), if available." At this time, Congress has not reached a consensus on whether to extend FMAP funds beyond December 31, 2010, however, states across the country are advocating positive action. In the event no FMAP monies become available, DMH will seek inclusion of construction cost for the SRR in the FY 2012 Capital bill.