

Written Testimony on Replacing the Middlesex Secure Residential Facility

I hope that I am not too late to share my comments regarding replacing the Middlesex Therapeutic Residence. I strongly support the revised plan that Commissioner Squirrel presented in her testimony to you yesterday because I did not support the inclusion of seclusion and restraints at the new facility. I also strongly support the creation of additional community programs and housing with different levels of support in to meet individuals' specific needs.

My perspective on this project is that of a family member of a loved one with a chronic serious mental illness. My son has been in and out of hospitals, step-down facilities and failed community housing for 17 years. Most recently, he spent almost 2 years in the current Middlesex facility and I strongly support building a replacement facility as soon as possible. The staff there were excellent and made the most of a facility that was meant to be temporary, and leaving the hospital felt like a step forward for both of us. The hospital is designed to give treatment of an acute situation. He received excellent care at the Middlesex facility, and they worked hard with the DA and DMH to prepare him for transfer to a community setting. Unfortunately, due to the lack of appropriately supported community housing, he had to wait...and wait... While there, staff told me that he became very frustrated about still being there and became aggressive. Unfortunately, they did have to call the police and admit him to the ED and after 2-3 days there, he was back in a hospital. So, when a bed became available again at Middlesex, he went back there because there were still no community facilities with the level of support needed to keep him safe. DMH finally transferred him first to Second Spring (when a bed became available) and then finally to the new MyPad program in Chittenden County. The original MyPad program where he had resided in before his hospitalization, kept him safe out of the hospital for about 2 years, but it only had 8 beds, I believe, and was the only one in existence that had the ability to keep him safe and from returning to the hospital. He was fortunate to finally get one of three apartments in the new program that opened about a year and a half ago. I understand now that CSAC has another facility based on the MyPad model, but we need many more across the state.

I have participated in two of the Stakeholder meetings with DMH about the Middlesex replacement facility and have been listening to all the testimony and discussion on this project. I have benefited greatly from listening to the peer advocates' testimony. But please do not scrap the project because the level of care that a secure residential facility offers does help with the unacceptable wait times in EDs, but also, just as important, it improves the flow OUT of the hospital. We need both measures to have a chance of reducing hospital beds which I support. I have advocated and made every effort to help keep him from ever having to go into the hospital again, but we still need hospital beds for those who need temporary stays.

I have an idea for one place to get funding for more community supports. I hope that DMH and the Legislature will redirect the plan by UVMHC to build more hospital beds with their revenue surplus. Their proposal to use that money to build additional hospital beds in Central Vermont was approved by the Green Mtn. Care Board and the Legislature about two years ago. It was then put on hold before the pandemic because they decided that their initial plan was loaded with unnecessary upgrades and was too expensive. The pandemic has, thankfully I think, delayed that

again. This original plan was made even after taking input from stakeholders who supported alternative uses for the money including community programs. That money could have been spent already to begin building additional supportive community housing or to build a pediatric hospital in Chittenden County. Many parents who live in the northern part of the state must drive 3 or more hours to visit their children at the Brattleboro Retreat. UVMMC has the workforce needed right there, including child psychiatrists.

Please approve and do not delay further the replacement of the secure therapeutic community program. If the committee wants to discuss with DMH the possibility to limit the number of beds from 16 to 10-12, I support that discussion. The Legislature has already delayed replacement of the two double wide trailers with a "postage stamp sized yard" (a quote from Rep. Anne Donahue) for many more years. I watched as for two years, money was put in the budget, but then taken out during budget negotiations between the House and Senate. The individuals who live in the current facility deserve to be in a place like the one in DMH's plan. It does not look like a hospital to me, and it has a different treatment model. My son and others like him did not choose to get ill, and the suffering for them and their families caused by their severe mental health conditions is unacceptable. The current facility is an untenable situation. The idea proposed by one well-meaning advocate is to return them to the Berlin Psychiatric Care hospital until other plans are made will feel like a step back for those residents who are working hard to become more independent and to return to their communities. This will no doubt create more despair and loss of hope for people who are in their situation through no fault of their own.

Thank you for your thorough work on this project and thank you for all that you do for your constituents and the state of Vermont.

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