

Hello Rep. Lippert and Rep. Donahue,

I hope that you will read and share this with the rest of your committee members before you finalize your recommendation to the Corrections & Institutions Committee.

My name is Connie Stabler and I have been listening to the testimony of discussion at the House Health Care Committee. Last week, I submitted written testimony to the committee, which I hope that you have read, but I noticed that you did not invite NAMI Vermont or any family members to testify so I feel compelled to write again after today's discussion. My now 36 year-old son spent almost two years at Middlesex while he waited for the 3 newest MyPad beds in Chittenden County to be built about a year and a half ago. This was the only program that the DA felt would meet the level of support he needs to stay safe. I can tell you that it takes longer than a year to find, renovate and open even a small facility like this.

Please do not delay construction of the new facility that DMH has proposed because it serves a small, but deserving group of folks and because it is untenable to keep these very vulnerable human beings in the most restrictive settings that do not have the appropriate level of treatment in order to give them a chance to work on recovery from their recent crisis. Although I agree that 16 beds are necessary, I would support reducing the number of beds from 16 to 12, but 8 is too few to have any impact on the problem we are trying to address (reduced ED waits and prolonged waits for discharges from hospitals). I believe the Commissioner made an excellent case for why 16 was needed and I will not restate it. Her change to eliminate the use of seclusion and restraints at the new facility was very much appreciated by me. It does mean that less people will be able to be safely placed there, but the state is attempting to reduce and eventually eliminate these practices and it does not make sense to build a new facility that allows them.

I also agree with the Commissioner that we need to take advantage of both the capital funds and the Covid funds to build community beds and a new secure residential setting simultaneously. If you wait until you once again analyze where new beds should be located, it will take more than one year to assess and to then build community beds across the state. If you want to avoid adding more secure residential beds to the 12, I suggest that you start by locating the community programs following the MyPad model across the state. When the initial MyPad program opened, my son was able to get out of the hospital and back to his home community, and he lived successfully for at least two years before another crisis and hospitalization came. This, I'm afraid, is the trajectory of his illness because like one of the profiles Dr. Richardson presented to you today, he is somewhat treatment-resistant and his symptoms of schizophrenia, including psychosis, are always present.

In response to Rep. Peterson's suggestion that we just use some of the beds that Brattleboro has closed to locate an additional Secure Residential Community, that would be just more hospital beds and not a Community Residential setting at all. Please do not put these folks, who are trying to step down from a traumatic and extended hospital stay back into a hospital setting, taking away their hope to get back to their home communities.

This is a very important issue to me and I have been advocating for replacing Middlesex since before my son spent time there. I appreciate your thorough review and discussion of the Commissioner's thoughtful plan and I hope that you will support its immediate construction.

Thank you for all that you do for Vermonters -

Connie Stabler
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