

Members of the House Committee on Health Care:

Please submit this email and the attached op-ed to the record.

I would like to again request that you vote no on the appropriation of \$11.6 million for the construction of a new locked involuntary psychiatric facility. DMH's statement that they won't use EIPs **does not mean that this capacity would not be added later**, and it does not resolve the many other concerns about their proposal.

This process needs to return to the drawing board. Unlike the out of state consultants DMH used to claim otherwise, I know firsthand that the process that brought us to this point was not collaborative, inclusive, functional, or even honest. Alternatives have not been explored, data does not justify it, and Vermonters don't want it.

Choosing to build this facility is not a reversible decision. So far in this state it takes an act of nature to close locked psychiatric facilities once they exist, regardless of how much harm happens within them.

At a minimum, please say "not yet" to this project.

Malaika Puffer

Vermont's mental health system is poised to move millions of dollars toward the wrong side of history by prioritizing control and psychiatric incarceration over community care and voluntary support. Community members and legislators can act now to prevent decades of harm and address our communities' real needs.

The Governor's budget this year includes \$11.6 million for a new 16-bed "secure residential" facility to replace the current 7-bed Middlesex Therapeutic Community Residence (TCR). The new facility would also be licensed as a TCR, the lowest level of license that Vermont residential programs can have. "Therapeutic community residence" sounds nice but is, in this case, a radically inappropriate misnomer.

The floor plans include a "seclusion area" (aka solitary confinement) and a restraint chair. The facility will also subject its inmates to forced drugging, a violent practice that many survivors describe as torture. No other adult mental health residential program in the state allows restraint, seclusion, or forced drugging. The locked facilities that do use these practices are licensed as hospitals and share enough features with prisons that they can both be considered forms of incarceration. This proposed state-run facility can only be understood as a second state psychiatric hospital and carceral institution. When the Department of Mental Health (DMH) was asked during a stakeholder meeting about how

the new “residential” would be different from a hospital the only response was, “it’s different in the intention.”

The problems with this carceral project abound and are almost too numerous to list. The process has excluded, ignored, or tokenized advocates, DMH has co-opted language like “recovery-oriented”, “community based”, “step down”, and “trauma-informed” to talk what is functionally a prison, data to justify the expansion is absent or insufficient, and, most importantly, it is a false solution to a real problem.

People experiencing emotional crises have been getting stuck in Vermont ERs for days before being psychiatrically incarcerated. This is a true problem that causes real trauma, pain and suffering. This is frequently compounded by the trauma meted out by the prison-like psychiatric hospitals folks eventually end up in, where seclusion, restraint, and forced drugging are always present as latent threats. DMH says there need to be more step-downs from the hospital to reduce ER wait times but the proposed “secure residential” is not a stepdown from inpatient like other residential programs are- it is the same level of care being marketed as a lower level of care. The solution to the ER problem is not more incarceration.

There are solutions, though, and they can be created more quickly, cheaply, and with greater efficacy. Less people would have to go to the ER in crisis in the first place if we invested in affordable housing, spaces to go to that are open 24/7 and are tolerant and friendly toward people who are experiencing extreme or altered states, education for the community in how to support people in distress, peer respites (which are more accessible to some people who will not voluntarily participate in clinical models), and more truly voluntary community supports.

Many people end up psychiatrically incarcerated because there are insufficient, unsafe, or non-existent community resources and they are delayed in leaving the hospital for the same reasons. Four peer-run agencies (Alyssum, Another Way, Pathways Vermont, and Vermont Psychiatric Survivors) submitted a white paper in 2019 outlining a plan for creating a network of six peer respites and community centers around the state for a fraction of the cost that the new state hospital would incur. This would be a much wiser use of resources and better meet the needs of our community members experiencing distress.

The question of whether to build this facility is also a racial justice issue. Data from the existing state hospital (VPCH) shows that 15% of the people incarcerated there are “non-white” (people of color), showing a clear bias against Vermonters of color in a state that is more than 94% white. This is consistent with research showing that people of color are over-represented in psychiatric incarceration while being underserved in the community.

The state-hospital-licensed-as-group-home is being considered even though there is already a new state-funded 12-bed unit opening at the Brattleboro Retreat this year, a development that occurred after the plan was made to add 9 beds in the Middlesex

replacement. In a discussion about the proposed facility at a public meeting on Monday, DMH said that they intend to focus on community solutions to the ER problem AFTER inpatient capacity has been expanded. This is the wrong order of operations. Community solutions will have no chance of reducing incarceration if construction of new inpatient beds comes first, because those beds will demand to be filled. If they aren't filled then the state will have spent millions upon millions on something that is both unnecessary and harmful.

It is not too late for the state to cut its losses and abandon this project. Ask your legislator to direct money away from expensive, ineffective and trauma-producing incarceration facilities like the Middlesex replacement, and redirect that money instead towards housing and community supports.

Malaika Puffer