BACKGROUND

We are a group of Vermont advocates for people with mental health challenges. We have been monitoring the development of the New Therapeutic Community Residence (NTCR) and would like to share several thoughts and concerns relative to the proposal for the new facility. Recognizing that the planning of this "residence" has moved far down the road, nonetheless we felt compelled to provide feedback with hope it will find a receptive ear in the Vermont legislature and Department of Mental Health (DMH).

SUMMARY RECOMMENDATION

We urge the decision and policy makers to not carry forward the NTCR plan as proposed, given the invasive and harmful elements.

COMMENTARY

The following is a summary of the perspective on the New Therapeutic Community Residence:

A. "Therapeutic community residence" sounds appealing but is, in this case, a radically inappropriate misnomer. The Adult State Program Standing committee held a listening tour at VPCH in December 2020. See the link below to their report. A key take-away from the visit was a desire of **patients to have more interaction with the community**. In the February 5, 2021 DMH Letter of Intent(LOI) to the Green Mountain Care Board (GMCB) regarding the new NTCR , DMH calls this new facility "secure community based treatment and services program". **We need to question what part of the treatment plan will make this "community based"?**

https://mentalhealth.vermont.gov/sites/mhnew/files/documents/AboutUs/Committees/Adult/VPCH_ListeningTour12-18-2020_v5.pdf

A. In the LOI DMH is projecting that the time people will spend in the new facility will increase from 10.5 months in the former Middlesex Therapeutic Community Residence (MTCR) to 18-24 months. **What is the reason for the increased length of stay? More time in an inappropriate setting does not necessarily create better care.**

B. The DMH has said there is a need for more step-downs from hospitals to reduce hospital Emergency Department (ED) wait times. Yet **the proposed "secure residential" is not a step down from inpatient like other residential programs and will not significantly impact the ED wait problem.** Even though the number of beds is more than doubled (7 to 16), the projected length of stay has more than doubled (from 10.5 to up to 24 months). What this means is the number of people per year that can enter this level of care will be essentially unchanged with the new facility. The MTCR currently admits about 8 people per year. The new facility will admit approximately 9 people per year. **People will still be looking for places to go from the ED and ED waits will not be improved.**

C. There is still time to question the addition of the **features that will cause lasting trauma to the person who need a therapeutic space.** DMH is proposing to transition the current Middlesex facility from a locked space that does not include restraint, seclusion or forced drugging to a **space that will include the practices of forced drugging, seclusion, restraint as well as segregation in the form of the Adult Low Stimulation Area (ALSA).** With the plan to include an ALSA space this new facility will exceed what is currently present at the Vermont Psychiatric Care Hospital. We should accept that we are building a 16 bed psychiatric hospital that is compliant with Medicaid's Institutions for Mental Disease (IMD) requirements and not a therapeutic residence.

D. The ALSA represents a dangerous step backwards in the path to trauma-informed, patient-centered treatment of mental health patients. The ALSA is an invention of the Brattleboro Retreat. This is a space where a person can be segregated from the other patients on the floor. Legally it is not seclusion, as a staff member is present with the person while they are in the space. There is no requirement to report its use to the Department of Mental Health. Though for some people this can be helpful for others it is not. People are being segregated in ALSA rooms for weeks at a time. The staff person who is with them is there to observe and is not tasked to provide a therapeutic social relationship. **For some who have experienced an ALSA room it felt like they were being punished for their behavior.**

E. Traditional mental health care providers have a tendency to group people together based on artificial behavioral categories and then place them in a physical space that is considered physically safe. This approach assumes the outmoded and potentially harmful medical model, i.e. prescribe meds for life that will not cause permanent long-term harm. **This approach does not take into consideration the myriad of other more effective and less injurious therapies, most notably the prosocial effects of a therapeutic environment or milieu management.** The social environment is critical for recovery. Traditional mental health care providers put people in a social environment that can be both stressful and threatening and hope they somehow become well. We believe DMH understands this point. We do not understand how they are incorporating this element into the new NTCR design. Contracting with community providers should be discussed as a way to incorporate the life-saving peer support approaches into this new facility. These are approaches that DMH and the legislature have endorsed as foundational to mental health recovery.

In summary, we feel the state has been promoting the idea of a “new and better residential facility” for those with mental health conditions but **has not genuinely and consistently embraced bringing together peers, family and other stakeholders to really talk about the needs those with and those affected by mental health conditions and what would truly enable their recovery and ability to live successfully in our society.**

Again, We urge the decision and policy makers to reconsider the invasive and harmful element of the NTCR plan.

This is a statement from the following Vermonters.

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