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August 2, 2021

Green Mountain Care Board
Attn: Donna Jerry, Senior Health Policy Analyst
144 State St.
Montpelier, VT 05602

Re: Docket No. GMCB-002-21con, Construction of Secure Residential Treatment Program

Dear Green Mountain Care Board:

This Board granted Disability Rights Vermont (DRVT) amicus curiae status on March 11, 2021. DRVT submits the following comment to assist the Green Mountain Care Board in making a final decision regarding the above referenced Certificate Of Need.

I. **There Remains a Lack of a Clear Response From DMH as to Why 16 beds is the Optimal Number of Locked Beds in Vermont's Continuum of Care.**

DRVT previously brought to the attention of this Board that the Department of Mental Health (DMH) failed to clearly explain why this facility should include 16 locked psychiatric beds. Despite this Board asking DMH to justify the addition of 9 locked beds to Vermont's mental health system, DMH has yet to provide a clear answer other than that more beds are needed than currently at MTCR because MTCR is often above 90% full. DMH has also yet to explain how many residents are stuck at MTCR for lack of community resources. Increasing the number of unlocked community mental health beds, instead, would have a better overall outcome for improving the mental health system and

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community integration. There has been no analysis as to why there is a need for more than double the number of locked beds.

DMH states that many people end up in these locked beds because community placements cannot meet their needs or keep them safe. That justification leaves open questions about why such community placements are not given the resources to serve individuals in need of services and it fails to explain why a locked bed is what is needed. Under both federal and state law, DMH has a duty to ensure that Vermont's with mental illness are integrated into the community. *Olmstead v. L.C.* 527 U.S. 581 (1999); 9 V.S.A. § 4502 (c)(2); 18 V.S.A. § 7251. Adding nine more locked beds does not further that objective; it would be more prudent and efficient to appropriately fund the community placements that exist. Furthermore, DRVT is concerned that the existence of these 16 locked beds will motivate DMH to fill the beds when unlocked community placements might be a more optimal placement for individuals even if additional resources are needed. DRVT encourages this Board and DMH to consider a smaller facility or, in the alternative, set aside eight beds (one wing) for individuals with different needs such as individuals with traumatic brain injuries, individuals in need of residential treatment, or inmates with severe mental illness in need of intensive mental health treatment beyond what can be provided in Corrections.

II. There remain significant concerns regarding how DMH will fully staff this 16-bed facility.

DMH asserted that the current staff at MTCR account for half of the staff needed at the new facility. This assumes that MTCR staff will remain employed at the state secure residential and that all of them will agree to work at the new facility which is over 35 miles away from the current site. To hire additional staff, DMH relies on the hope that ongoing recruitment efforts for more mental health professionals will be successful and that being located in the most populated region of the state will

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help. There is a concerning lack of specificity in DMH's recruitment plan, especially in light of the work force crisis Vermont is currently facing.

Thank you for your consideration of these issues. Please contact me with any questions.

/s/ Zachary Hozid
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