

“Don’t Send Me to Waterbury!” – Executive Summary

For the past 25 years there have been repeated calls for the closure of the Vermont State Hospital, with its dark history of often horrific treatments. A major policy question facing the 2008 Legislature is whether the inmates of the 110-year old Hospital will move to community settings, or to one or more costly new state institutions.

That question must be informed by a modern awareness of the nature of mental illness, and the efficacy, expense, and humanity of various alternative methods and settings for treatment and recovery. Perhaps most importantly, public policy and practices must be shaped in close partnership with the dedicated community of Vermonters who have lived experience with mental health crises, rather than shaped by the preferences of bureaucrats, clinicians, and the employee labor union.

Today VSH houses approximately 42 men and women on any given day, at about \$20 million state dollars a year. Virtually all of these Vermonters are involuntarily admitted and eligible for Medicaid, but Medicaid funds cannot be used to pay for their care because the Federal government has, for the third time, decertified the hospital.

Vermont now has the opportunity to fully develop a mental health care system where three-fourths of the present Hospital’s population can find support and healing in small, safe, secure and far more cost-effective community settings. Those patients who have committed crimes should be treated within the correctional system.

This report recommends that

- **The operative policy for Vermont’s seriously mentally ill population ought not be removal from society, but recovery in community.** Vermont’s mental health system should be centered on community-based services, not built around a centralized psychiatric facility.
- **The Department of Mental Health should abandon its relentless quest for the construction of new high-cost state-owned mini-VSH facilities,** whether in Waterbury, the FAHC Burlington campus, or elsewhere.
- The DMH and designated agencies should **welcome new private providers of services,** such as residential recovery housing (Fairweather Lodges), and faith-based and peer-run drop-in centers. Every temptation to secure a monopoly, so damaging to the interests of consumers, must be stoutly resisted.
- Community hospitals must evolve to holistically address the physical and mental health of the people in their communities, and address the issue of forced medication as a serious question of medical ethics.
- **Designated agencies should employ peers** and give them authority to serve creatively, not simply direct new workers to provide old models of care. Providers should seek compassionate staff members who like people and are not looking for opportunities or evidence to punish clients.
- **Building an enormously expensive new replacement facility for VSH, at the urging of a state bureaucracy and its employee union allies, over the objections of the Public Oversight Commission and most advocates for the mentally ill, will create a large and unnecessary burden for a generation of Vermont taxpayers, while offering inadequate recovery services for Vermonters with mental illness.** It is not sound public policy.



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