

Hello. My name is Heather Slayton, and I am a lifelong resident of Barre Town, Vermont. I have worked for 21 years in community mental health- almost all of that time with children and adults with autism, and with adults with mental illness; in March of 2021, I could not keep my own daughter safe.

My husband and I have six children. Five of those are still young enough to live at home with us. Our family consists of three biological children, one pre-adoptive foster child, and two children whose adoptions have been completed. Three of these children live with the complications of autism and trauma; one of these also struggles daily with mental illness. I am here to provide testimony that speaks to the need for capital expenditures for a Youth In-Patient Facility.

On March 3, 2021, Our daughter Alanna had an explosive mental health break at her specialized school. This episode had been building over months. Her WCMHS psychiatric provider, her PCP, her school staff, and the WCMHS screeners had all provided excellent supports to her, and to us, leading up to this event. We have the strongest village I have ever seen in all of our years fostering and working in community mental health. But on March 3, Alanna was no longer safe- not to herself, not to members of our family, and absolutely not to her teachers and classmates in that very moment. I personally transported her to CVMC ED to avoid further trauma to her by risking a police department transport, as the interference in her brain was already too great. I did this at great risk to myself, and was followed by school staff and WCMHS screeners, in case anything were to go wrong along the way.

What we learned a day or two in, after moving rooms multiple times to make space for people “more dangerous” at some times, “less” at others, was that there was nobody at CVMC in a position to help, there is no treatment actually available there for stabilization, and that I could not leave her there alone. There is nowhere for children at CVMC that require mental health stabilization. Emergency Department camping is all you have available while they work to find a place to send you. Our daughter is unable to communicate with unfamiliar people because of the barriers her autism causes. I had to stay with her for the 15 days she spent in the emergency department, while she turned 14, and while several out of state placements were contacted, ultimately unable to take her- variety of reasons- COVID, communication barriers, unit acuity.

WCMHS could not even help- and they do an awful lot of amazing work with nowhere near enough financial program support. Residential mental illness stabilization supports, for adolescents- and their families- just do not exist in the way they must in the state of Vermont.

There is an unacceptable lack of adolescent stabilization beds in Vermont. Nobody should be camping in emergency departments. Our children deserve better. Our families deserve options in locations accessible to all, not only in one part of the state. They deserve treatment in a safe place. Vermont should provide better. Thank you.