

February 11, 2016

Good afternoon, and thank you for the opportunity to weigh in on the administration's proposed 2017 state budget. My name is Ed Paquin and I am the director of Disability Rights Vermont, our state's designated protection & advocacy agency for people with disabilities and State Mental Health Care Ombudsman. I am also presenting issues of import to the Vermont Coalition for Disability Rights.

While we appreciate that the Administration budget includes a substantial allotment for new caseload in Developmental Services and that the Mental Health budget has acknowledged the need to make up for some federal grants that have ended for housing and peer oriented services, and has added to suicide prevention, we need to point out that our mental health and developmental services systems are under pressure without adjustment for their inevitable inflation and labor costs. This compares unfavorably to services that have an annual rate-setting process (nursing homes, enhanced res care, etc.). This has been exacerbated by the reduction to designated agencies in remuneration for group therapy and the inadequate allotment for Applied Behavioral Analysts which we pointed out in the context of the 2016 Budget adjustment.

DRVT and VCDR also request that you turn aside the severe cut made last year to families with dependent children and an adult whose ability to work is so compromised that she qualifies for the subsistence grant of Supplemental Security Income. As declines in Reach Up enrolment are projected to save over four million dollars in FY'16, it seems unconscionable to essentially "tax" a family \$1,500 annually which is already in poverty and whose Reach Up grant is already figured at less than half the level of the need of the NON-disabled family members.

Compare this disability tax of one hundred twenty-five dollars a month to the impact you would see on an average-earning family should they experience a similar rise in another tax, or a decrease in support from any other source through state action. As challenging as it seems to balance a state budget, it can't be so hard that we feel the need to drive vulnerable families deeper into poverty

In its major overhaul of the involuntary treatment statutes this body declared in 1997 that "It is the policy of the General Assembly to work toward a mental health system that does not require coercion or the use of involuntary medication." - 18 VSA § 7629(c). Yet the administration's 2017 budget proposal includes a sweeping policy change that would likely hamstring any realistic defense on the part of an individual facing the prospect of restriction of his or her liberty and of being drugged against his or her will, as well. DRVT and VCDR do not feel that a budget is the proper vehicle for a major policy change like this and we also believe that the change would be extremely unlikely to save any money, let alone \$5,000,000 as assumed by the administration. Costs have NOT gone down as our system has **tripled** the number of applications for forced medication annually and already made efforts to "speed up the process" in the last few years – working in exact opposition to the intent expressed in Act 114.

Even if a change like this reduced some "bed-days" for whatever small segment of the population who react well to forced drugging, there is no accounting in this proposal for the increased number of cases; as we have spread out and sped up forced treatment, the percentage of people held for emergency evaluation who then go through commitment and forced medication has risen. Please reject this ill-conceived attempt to circumvent your policy committee process and instead support those committees to look for solutions that help **prevent** the need to resort to force and that work towards patient-centered care.

Thank you for the opportunity to testify today.