

February 10, 2015 Testimony by Betty J. Keller, MD, member of NAMI Vermont

Testimony to Senate Committee on Economic Development, Housing and General Affairs: Sen. Kevin Mullin, Chair

Title: Please expand Supported Housing and Supported Employment for people recovering from or living with mental illness

Good morning. My name is Betty Keller. I am from St. Johnsbury, and a member of NAMI Vermont: the National Alliance on Mental Illness.

I am here today asking you to support funding for supported employment, and for a wide range of housing options for people needing supports to regain or maintain their mental health, in addition to supporting no cuts to current mental health services.

I thank you for your work on Economic development, since having a strong economy and good jobs available is critical to our youth. Inability to see how they can succeed in supporting themselves and a family someday, and how they can contribute to their community, leads to hopelessness, depression, anxiety, substance abuse, and a wide range of health problems. We need a strong economy to provide hope, and to be able to pay for services to help each other out in our times of need.

One of my family members experienced a mental health crisis. Our family was fortunate to be able to pull together the resources to obtain the services he needed to achieve recovery. I was trained as a physician but had left practice to raise our children, so I had knowledge and time far beyond what most families can provide, and my husband had a good-paying job with good insurance.

I was serving as our family member's social worker, his transportater to appointments, his voc rehab counselor, and his nurse in the "residential setting" also known as our home – without adequate training and all of which violated the development of his autonomy and our relationship.

Supported housing is therapeutic – it is how we help people live in the least restrictive setting possible, and nurture the development of their capacity to take care of themselves.

I could not find any supported housing near St. Johnsbury, and it was not covered by our insurance anyway, so we paid out of pocket for supported housing elsewhere, where I thought we would have a good step-down option afterward. There, also, we found inadequate transition, and poor follow-up.

Supported employment is also therapeutic. As you provide work, you find meaning for your life. You find a reason to get out of bed, and you have a good response to someone you meet when they ask you what you do. Forming connections is critical to recovery, and if you are feeling ashamed that you have lost your job, have not found a job, or have side effects from medication and you can't do the work you would usually do, you will avoid meeting new people and avoid even people you've known a long time since you don't know how to tell them "what you're up to."

When you are feeling hopeless and helpless, seeking the support you need is overwhelming. The benefit of supported housing is that you have much easier access to the supports, so you gain the opportunity to move forward with your life, when you otherwise might be stuck.

Five years later, our family member is now off medication, not seeing a therapist, employed fulltime and exploring a career as a teacher.

Recovery is possible. Regaining meaning and purpose to your life after a severe mental health crisis is possible.

What can Vermont do to help other people achieve the recovery that we were able to support?

Thank you for your support of the Soteria House. The residential setting of Soteria House will provide a new service for acute care, which has not been available in Vermont before this. People throughout Vermont will benefit from this new service, which has great potential to avoid hospitalization, reduce time of disability, and improve long-term outcomes. But there are no specific services at HowardCenter which will be in less demand, so the Committees on Health and Welfare, on Health Care and on Human Services should not cut funding to HowardCenter to help pay for Soteria House.

In “the olden days”, with extended families and clear and limited roles and less complicated lives, most people did not have to manage all the tasks we consider activities of daily living, as jobs were divided up.

People who did not live with their own extended families might live with another family, or might live in a boarding house. In a boarding house, you would continue to have the respect of the community for the work that you did, but the woman running the boarding house did all the grocery shopping, cooking, laundry, managing bills, etc., - you just paid a single bill for your room and board.

Today we have a range of options for the elderly, and for people with long-term physical disabilities: Assisted living residences, congregate shared housing, housing with supportive services, and others. But they are either not accessible or not inviting for younger people who are still working or trying to get back to work.

How can we re-invent those options? Vermont might want to explore co-housing, or intentional housing, which could be a rich environment for a long-term housing solution at relatively low cost, but it is extremely hard for individuals to find each other, coordinate, and purchase a house. It is even harder if they are young without savings, with an inadequate credit history, and with a spotty work history due to illness. The state could provide supports in a pilot, and figure out a couple of models that might work.

February 10, 2015 Testimony by Betty J. Keller, MD, member of NAMI Vermont

We might want to recruit people willing to open up boarding houses – provide business management skills and a low-interest loan for the building, and let an individual or couple buy out the house so that they became independent business owners.

We also need more housing options with more structure. Thank you for your support in recent years for funding for some new supported housing options, like Second Spring, Hilltop House, and Alyssum. They are filling a great need, but we need to design more, to increase our capacity to meet the needs in the community setting and reduce hospitalization. We also need to review the restrictions for how long someone can live there, which may not be long enough to achieve recovery in the complicated area of mental health. Now that we have more experience, we need to assess our best paths for supporting recovery.

These housing options generally depend on residents maintaining continuity of care with their psychiatrists and therapists outside the residence, so recovery in these settings is dependent on adequate funding for those services, as well, so we cannot cut them to pay for the housing.

Please support funding for a wide range of housing options, to provide the different levels of support people need at different times in their lives.

Step-down supported housing can allow faster and safer discharge from hospitalization, which promotes recovery and makes room for other people needing the acute care to get a bed.

Supported housing can also help avoid decompensation, so that a person gets the supports needed in their housing setting, and avoids having to go back to the Emergency Department in a crisis.

Long-term housing that reduces the stress of daily living, by sharing chores or providing meals, can help people maintain their mental health while serving as productive members of their communities.

Please also fund supported employment. We have structures in place for people with developmental disabilities who we know will always need the support. We need to development supports for short-term needs as well, so that someone recovering from a crisis gets help returning to the workforce as soon as possible. It's like conditioning; you have to work out and build up your strength – or your energy, your capacity to focus on task, or your capacity to juggle tasks – with a gradual increase in responsibilities, so that you can handle bigger responsibilities over time and meet your potential.

Thank you for your time.

Betty J. Keller, MD