

## **Testimony to Joint Session of the Vermont House and Senate Appropriations Committees**

**Connie Stabler, South Burlington, VT**

**February 12, 2018**

Thank you for holding this public hearing this evening. My name is Connie Stabler, I am from South Burlington, and I am a community board member of the Howard Center. I also have a thirty-three year old son with a serious mental illness who has received much needed services from the Howard Center for the past 13 years.

I am speaking this evening to ask you to include funding for community mental health in next year's budget. I applaud the Administration's inclusion of funding for a temporary facility for forensic beds and a new permanent secure residential facility that will double the capacity of the current 7-bed temporary facility in Middlesex, which consists of two double-wide trailers. I support both of these projects as necessary and long overdue.

But if we want to truly address the crisis in our ERs across the state, we must increase funding for community mental health. The Governor has included some funding for expanding Street Outreach Teams, but this alone will not solve the inhumane "warehousing" problem we are allowing to happen in our ER's and hospitals.

Last year in Act 82 and Act 85, the Legislature budgeted an increase for designated agency staff salaries to help with turnover and recruitment. Turnover rates in FY18 are showing some improvement, but staff shortages, some severe, remain. Implementing Stage 2 of this increase, which was outlined in last year's legislation, will continue progress toward the Legislature's stated goal of closing the significant pay gaps between DA staff and State employees who have similar credentials, are doing equivalent work and have the same length of employment. The gap is currently between \$12,000 and \$21,000/yr, depending on staff credentials. Having sufficient staff in these positions is essential if we want to keep individuals safe and with sufficient supports to stay out of the ERs and hospitals.

Also essential is funding for additional supported community housing, both temporary and permanent. For years, hospitals have been telling us that they are holding individuals who are ready to be discharged back to the community, but they remain in the hospital or step-down facility, sometimes as long as 1-2 years, because the necessary level of supports they need are not available in the community. Last year, I told you about a Howard Center-run program in Essex Junction called MyPad that provides permanent apartments for individuals who are stuck in a cycle of being discharged from the hospital, then returning to the ER and/or the hospital because they did not receive the level of support that they need to safely stay in the community. I realize that providing this level of care, including 24-hour awake staff and individualized programs and scheduling, is expensive. But the savings for the state is significant. It costs \$314 per bed day to house someone at MyPad vs \$2,277 per bed day in a Level 1 facility. I understand that it is the only program of its kind in the entire state and much more is needed. These programs would free up beds in ER's and hospitals so that additional facility beds might not be necessary. And they would fulfill the Dept. of Mental Health's mission which is to "provide services to individuals in the least restrictive environment."

My son currently resides at the Middlesex Therapeutic Community Residence. He has been there for 7 months and before that, he was in three different hospitals and three different step-down facilities for most of the past two years. This is due to the fact that there is currently no safe, appropriate place for him to reside in the community, other than MyPad, which is fully occupied. The staff and his care at Middlesex have been excellent, but his mental health status is not improving there. He is safe, and for that I am grateful, but when he is ready to leave there, he wants to return to the community that he is familiar with and where he can have freedom of movement and be closer to his family and his friends. He, and many others like him, deserve to live in and contribute to their communities instead of being locked up in mental health facilities.

Please include additional funding for community mental health in the FY19 budget. It's the most cost effective thing to do, it's the most compassionate thing to do, and it's the right thing to do.

Thank you.