



April 13, 2017

Response to Bill S 133 An act relating to examining mental health care and care coordination

As the Executive Director of the Vermont Federation of Families for Children's Mental Health, I am writing today to speak to the challenges this bill addresses, but from the family perspective. The Vermont Federation of Families for Children's Mental Health exists to support families in which a child adolescent or youth in transition is experiencing or at risk to experience emotional, behavioral, or mental health challenges. We have helped several thousand Vermont families over the years. We are a peer run organization in that all of our family support staff are also parents of children with complex needs.

The state mental health system was disrupted due to Tropical Storm Irene in 2011. Adult mental health and the state hospital were given significant attention due to these events. Much has been done over the years to create a better decentralized community based system for adults. Yet more needs to happen as evidenced by the jump in the number of folks waiting in the emergency rooms for crisis stabilization, treatment and care.

During this time, Child and Family Mental Health has been held harmless- no significant cuts in funding, however, the mental health needs have continued to rise and reach higher levels than seen in the past:

- More children are in residential treatment facilities than ever before
- The needs of individual children have risen to levels that cannot or are not being met at the community level
- Fewer children are on mental health waivers than in the past,
- Many children are also waiting in emergency rooms for crisis stabilization, treatment, care and a hospital bed at the single Vermont hospital that cares for children with psychiatric needs, Brattleboro Retreat.

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When a child waits in the emergency room in mental health crisis, parents, family and local service system providers are also waiting with the child. Some regional Designated Agencies will staff that child 24/7 while he/she is waiting- often up to a week or more. While that level of support is appreciated, the designated agency could also be assigning that worker to help families keep their children at home. Parents are not getting adequate support in the home to prevent their children from needing hospitalization or residential treatment.

What is needed to impact these problems can be similar to what is needed in the adult world, but some things will need a child and family approach to see alleviation of the problems and better outcomes.

From our perspective, our child and family mental health system also needs to see a drop in the turn-over rate of regional staff at the designated agencies and see a higher percentage of positions filled so the needs can be met at a home and community level. This step could alleviate some of the need for people to be waiting in the emergency room. We recognize the turn-over rate is related to wages and benefits the designated agencies can afford to pay. Some other gaps in our system that must be addressed are: the need for step down services when a child is returning home from any residential treatment placement, more hospital diversion beds, more psychiatric beds for children, especially in Northern Vermont, high-fidelity wraparound could slow down the jump to residential programs or hospitals when needs rise to that level. Parents request peer support from another parent who has been there and experienced some of what their family is currently going through, and they need peer support to help them navigate when their children are in crisis.

I am heartened glad to see many groups addressing the emergency room issue and I am currently on two committees working on this issue. One of those committees is led by AHS Secretary Gobeille.

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