

Date: April 12, 2017
To: House Committee on Health Care
From: Ed Paquin, Executive Director DRVT
Regarding: Senate Bill S.133

DRVT believes it is constructive for the Legislature to focus attention on the needs of Vermont's mental health and developmental disabilities support services. S.133 makes a number of sensible recommendations that we believe will point up aspects of why the system is failing to meet the ongoing and crisis needs of people with disabilities. It has been our experience that turnover in community mental and developmental services has eroded the quality of life and the range of opportunities for community engagement of both populations. This situation will not improve as societal factors like increasing drug addiction and economic stress add to the already-present sources of trauma that complicate underlying developmental and mental health conditions.

DRVT sees benefit in assessing the coordination throughout the system. We see a need for more and better mobile response to mental health or emotional crises. We see a need in general to enhance community services so that individuals have better access to therapeutic assistance that goes beyond case management.

DRVT has worked with a growing number of clients languishing in in-patient settings who lack access to appropriate long-term care. We appreciate the inclusion of this in Sections 7 and 8 but hope that the emphasis will be on community-based services consistent with the ADA mandate for services to be delivered in the "most integrated setting".

DRVT has worked with prisoners who are held in isolation during mental health crises without access to hospital level of care. We believe this is therapeutically inappropriate and damaging to individuals with serious mental health issues and think that some capacity needs to be developed either within or outside the current Corrections infrastructure to meet these needs.

DRVT supports the comments that Vermont Legal Aid's Mental Health Law Project provided the Senate and strongly believe that section 5 as currently structured will only lead to proposals that diminish the due process rights of your constituents against whom the State brings involuntary treatment and medication actions. We support either a re-write of this section consistent with the VLA proposal or eliminating it altogether from the bill. A more fruitful inquiry would be to study how far Vermont has moved away from the social interventions and supports that allowed for successful integration and independence of a high percentage of "patients" discharged from the Vermont State Hospital in the early years of its downsizing. We should also, particularly in the context of the increasing use of involuntary treatment, be asking the same questions we ask in other areas of health: what is leading to unsuccessful outcomes and why do we have high rates of readmission? DRVT is swayed by the emphasis on approaches that are strength based, recovery oriented, and geared towards enhancing brain function rather than temporarily controlling symptoms.

We appreciate the opportunity to address the Committee. Thank you for your work on these difficult issues.