

Thank you for the opportunity to speak with you today on the current state of mental health care in VT, and the challenges in serving the people that walk through our doors daily. The member agencies in the designated system are serving Vermonter's across the state to deal with some of the most difficult challenges that any person can go through, with compassion and a strong desire to help those affected in our communities.

I wanted to speak today specifically on the network of emergency mental health services that currently exist, recognize the strength of that system across the state, and share some concerns that I and my fellow Emergency Directors in the other agencies experience daily. When the state hospital was closed following Irene and funding provided to develop additional community resources to serve clients, most agencies took that challenge and enhanced some aspects of their emergency services. Through the work that each agency did, it created a vast "safety net" across the state, meaning that no one is denied services, and the system will be able to provide quality care to anyone seeking services for whatever reason. We are able to accomplish this most times seamlessly by maintaining a well developed infrastructure to provide care, and the partnerships we have been able to develop with sister agencies and other community providers. The ability to do this work is similar to a vaccine in many ways. If vaccinated, you don't see the effects of a disease, and can assume that there is no more need for treatment. But if left untreated or not vaccinated, the presence of disease and the impacts it can have on someone's life can be devastating.

This discussion plays out across the state. I was recently invited to meet with our local Police Advisory Board in one of our towns to discuss the role of emergency services, and help problem solve the number of people that were presenting to the local emergency department for care. Our emergency services were confronted with the mindset that we were not doing all that we could to prevent people with mental health issues from showing up at the ER. What was not taken into consideration and not known to that group was that accounting for ten people, for every one that presents to an ER, the other 9 people are able to receive emergency care on an outpatient basis without seeking emergency or inpatient care, and I would argue that estimate is low.

The pressures that are felt at the DA level are pressures that you read about all the time, long waits in emergency rooms to access inpatient beds, not enough staff to do the work, difficulties in collaborating and responding with law enforcement as there are not enough police or crisis workers to respond, and high turnover of DA staff who take their clinical skills with them to positions that most times are not involved in direct client care, leaving dangerous situations at times with low staffing levels, and the needs ever increasing. One director shared with me a challenge he is currently facing in that due to the funding discrepancy between community mental health care and medical care, he cannot retain crisis staff to do the work of keeping folks out of the hospital, and is confronted daily with the realization that the local hospital is fully staffed with staff that are compensated with higher salaries just to be sitters in emergency rooms. If we as a state want to decrease reliance on emergency care, we need to adequately fund those tasked with providing the preventative and community based care that will keep people stable.

Without prioritizing DA services, specifically emergency services, and providing funding at a level that is equivalent to medical care providers, I fear that the holes in the safety net will get bigger, the cost for services will increase, and the infrastructure on which the health and well being that so many of our neighbors rely on will continue to crumble.

Thank you for your consideration of these remarks as you continue to evaluate areas to address this legislative session.

Sincerely,

Christie Everett, LICSW
Director, Access and Acute Care Services
Clara Martin Center