



Laurie Emerson, Executive Director

NAMI Vermont

January 31, 2018

Committee: House Health Care

Re: Mental Health Advocacy Day Testimony - Facilities and Act 82 reports

Chair Lippert, Vice Chair Donahue, Ranking Member Timothy Briglin, and Committee Members: Thank you for inviting NAMI Vermont to testify to your committee.

- **Who I Am:** My name is Laurie Emerson. I am the Executive Director of the National Alliance on Mental Illness of Vermont (NAMI Vermont).
- **Who We Are:** NAMI Vermont is the independent Vermont chapter of the National Alliance on Mental Illness, a statewide non-profit, grassroots, volunteer organization
- **Who We Serve:** Our community includes: family members, peers/individuals affected by a mental health condition, and professionals who work with them.
- **Our Mission:** NAMI Vermont supports, educates and advocates so that all communities, families, and individuals affected by mental illness or mental health challenges can build better lives.
- **Core Competency:** Lived experience as family members (caregivers and peers/individuals with a mental health condition)
- **Statistics:**
  - 1 in 5 people experience a mental illness in any given year
  - 1 in 25 adults lives with serious mental illness such as schizophrenia, major depression or bipolar disorder.
- Today is Mental Health Advocacy Day
  - Honoring Chair Lippert and Vice Chair Donahue with Legislative Champion Award for Acts 82 & 85 at 10:30 a.m.
- Facilities Report and Act 82, Sections 3 & 4 comments:
  - Balance the needs of facilities and community support
  - We support the plan to:
    - Increase the secure residential capacity to at least 16
    - Create a forensic unit and geri-psych unit
    - Increase capacity of psychiatric beds at participating hospitals
    - Increase peer resources and services
    - Expand Mental Health Treatment Court capacity
    - Bring out of state offenders back home to be near family and friends
    - Expand focus on children/youth with complex needs
    - Expand Street Outreach to reduce inpatient utilization
      - Integrated Crisis Support within Law Enforcement
  - Concern with:
    - Creating a campus facility vs facilities throughout the state within communities
  - Need focus on:
    - Community support programs and services;
    - Workforce shortage: increase wages to retain and recruit staff at Designated Agencies to support community needs

- Transitional and supportive housing that is staffed for those patients with frequent utilization - helps to divert in-patient care
  - Data: Statewide IT system to enter data to help make fact-based decisions
    - No voluntary data readily available
- Creating awareness and communication with public on services
  - Marketing Plan for state to inform public about mental health services – people don't know what is available
  - Crisis Assessments in community vs emergency room
  - Advertise Vermont Support Line and Crisis Text Line
- See a summary of NAMI Vermont member input on Act 82, sections 3 & 4 on page 23 - see link on page 22 for the entire survey results

### **Act 82 Section 5**

- It is our goal and hope that people get the right care at the right time and in the right place to experience lives of resiliency, recovery and inclusion.
- Every person is unique and their treatment plan should be individualized.
- Voluntary treatment should always be the first approach in treatment.
- Implementing additional supports and multiple non-medication therapies (such as open dialogue, counseling, peer support, psychoeducation, vocational rehabilitation, etc.) will surely benefit an individual to maintain their wellness and recovery.
- Our Advocacy Committee and Board will be discussing involuntary treatment in more detail with the recommendations that are outlined in the report. We do not have a position as an organization at this time.