

Planned testimony to the House Judiciary Committee, January 31, 2018, 9 a.m.

Good morning. My name is Mary Cox. My son, I will call him Jay, is a brilliant, kind, gentle young man. He was first diagnosed with a mental illness and hospitalized in the spring of 2009.

In the years since his last hospitalization in 2011, there have been ups and downs. Jay has experienced homelessness a few times, has lived in a group home, has had his own apartment, has shared an apartment.

We have touched, or been touched by, every aspect of the courts and the law.

Today, Jay lives independently in a studio apartment in Burlington, close to downtown, transportation, and his friends. He gets regular visits with his case manager from Howard Center, as well as active career services to help him with his plans to become certified in permaculture. He is more stable now than he has ever been since 2009. He does not take meds, and I support his choice.

What works:

- The Howard Center and all its programs, in particular:
 - Case managers
 - Psychiatric services
 - Assist
 - Career services
- Mental Health Court, with a court case manager working in tandem with the Howard Center case manager and a Judge who honestly wanted Jay to succeed.
- Appropriate police response and intervention; such as the State Police calling me at home when Jay was picked up on one occasion so that I could direct them to take him to the emergency room where I met them.

What could be improved:

- We need a more robust and better funded continuum of care from hospitalization to integration into the community; which would include non-hospital beds in an environment like Assist and regular access to case managers and treating psychiatrists, peer support, family and peer education, and recovery services.
- We need a more stable, better funded, community care system. For example, too often, Jay's case manager quit or was reassigned. Jay then had to establish a relationship with a new case manager. The relationship between a case manager and a client is delicate, and trust takes a long time to develop.
- We need more police training in crisis response and crisis intervention, like Team Two training.
- We need a more robust and better funded Crisis Intervention Team and street outreach team.

What doesn't work:

- Metal handcuffs and four burly officers when Jay was taken to court regarding enforced hospitalization. He was not a criminal, he was just sick, as I pointed out to them in court. They let me hug Jay only when the Judge intervened and told the officers to let me hug him. Jay was afraid of the officers, and the entire situation was fraught.
- Hospitalization far away from the community – this does not make sense logistically for the family, and is another barrier to reintegration into the community. Recovery is a team effort.