



Laurie Emerson, Executive Director  
NAMI Vermont  
April 11, 2017  
Committee: Senate Health & Welfare  
Re: H.145

Madam Chair Ayer, Madam Vice Chair Lyons, 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:** The community including: family members, 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 – as caregivers and individuals with a mental health condition
- **Statistics:**
  - 1 in 5 people experience a mental illness
  - 1 in 25 adults lives with serious mental illness such as schizophrenia, major depression or bipolar disorder.

#### **Background:**

- NAMI Vermont supports the mission of law enforcement
- NAMI Vermont was invited by Burlington Police Commission June 2016 to explore improvements to policies and procedures resulting from tragedy with Phil Grenon
- NAMI Vermont met with other advocates Sept. 2016 to form stakeholder group to continue conversation
  - Reviewed current systems
  - Many good practices – some gaps
  - Internal incident reviews occur
  - Need support, oversight and leadership to drive improvement and share best practices at the state level

#### **Our Comments on H.145:**

- NAMI Vermont supports H.145 to create a Mental Health Crisis Response Commission
- We appreciate the opportunity to identify a member on the Commission
- Vermont needs a collaborative statewide systematic process for crisis intervention
  - A Mental Health Crisis Response Commission will help to:
    - Identify strengths, challenges or gaps
    - Make recommendations for improvements

- Improve the coordination, integration and accountability of care and interactions
- Enhance individual and public safety
- Adding reviews of successful interventions will benefit the perspective of the Commission

**Gaps in Crisis Intervention:**

- ER Crisis and Boarding of Patients
- Lack of Funding and Workforce Issues with Designated Agencies
- Mandatory Crisis Intervention Refresher Training
- Integrated Support within Law Enforcement

**Strengths/Best Practices in Vermont:**

- New Legislation S.133
- Act 79-80 Training on Interacting with People Experiencing a Mental Health Crisis
- Team Two Training
- Designated Agency Mobile Crisis Teams

**National Best Practice:**

- Crisis Intervention Team (CIT) Training

**Suggestions to consider on language:**

- Suggest adding ability to share initial/individual report in advance with individuals/ organizations directly involved (such as family members whose loved one was involved with the incident; law enforcement agency; or designated agency - as appropriate) with recommended improvement action plan.
- Consider more frequent summary reports of the findings.