Laurie Emerson, Executive Director
NAMI Vermont
April 26, 2018
Committee: Senate Health & Welfare
Re: S.203 - An act relating to systemic improvements of the mental health system

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**: 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)

NAMI Vermont appreciates the focus on improving the mental health system of Vermont and supports the bill. We would like to add comments for your consideration.

- NAMI Vermont appreciates the intent of the University of Vermont Health Network to propose expanding the number of beds and helping to provide solutions to meet the ER crisis with Level 1 patients waiting for a bed.
- We support increasing the temporary capacity at Brattleboro Retreat. It is urgent that more beds are added or available to alleviate the long waits in emergency rooms - sooner rather than later. Many individuals continue to suffer with prolonged waits in the ER. Expediting change is desperately needed. In reviewing the plan, patients will have to wait another year or more. Individuals in crisis need relief now.
- We support the replacement of the Middlesex secure residential facility with a new 16 bed facility. However, the proposal timing would be 3-4 years away until facilities are ready at CVMC.
- We oppose the alternative proposal to increase the temporary capacity at Northwestern State Correctional Facility for Level 1 beds which associates mental health care within a correctional facility.
- Since the closing of the State Hospital after tropical storm Irene, Vermont has moved to a de-centralized system of community based care which families saw as a positive transition. People want to be close to their family and friends for support.
- This plan does not provide any Level 1 beds in Chittenden County which is the most populated area. Families that live in this area would like to have their relative closer to home

- Page 6; Sec. 5 (3); line 13: Transporting Patients
    - We recommend including the type of restraints when collecting data (soft restraints vs. metal restraints) with the understanding that soft restraints will be used unless safety is an issue.
- Page 7; Sec. 6 (1): Data Collection
    - We support the data collection for both voluntary and involuntary patients being admitted and within the ER as well as length of stay - however there are also people who are voluntary and are sent home to wait for a bed. Would this number be reflected in the total overall waiting? We need to provide immediate care when people seek help. We should set an expectation to eliminate waits of more than 24 hours.
- Gaps in the system:
    - We need to listen to the voice of the patient and their families. What do they need? People who are in crisis have an unmet need. Find out what that unmet need is to further address why people are going to the emergency room. Can these needs be met by intervention at a more timely point so that they can maintain their wellness? Are there other factors that should be considered? We should balance these needs and learn from the people who are affected the most - the patient. Engage families in the treatment plan. Qualitative data will offer innovations for long lasting solutions.
- Page 14. Sec. 13; Primary Care:
    - Many individuals seek out their primary care doctors to prescribe medicine. However someone with more complex needs may need to see the speciality of a psychiatrist. Families have difficulties either accessing a psychiatrist due to their location or that there is a waiting list.
- Page 19; Sec. 19 (b) Workforce Shortage
    - There is a current challenge at VPCH to be able to recruit and employ enough nurses. Traveling nurses have filled the continual gap. The question we pose is “How will it be any different with the expansion at CVMC to bring in even more nursing care?”
    - How do we provide access to psychiatrists in rural areas and with other community groups?
- Need Focus on Housing:
    - I want reiterate the great need for transitional and supportive housing (both temporary and permanent) - a basic need for all people
        - Provides services to help live independently, addresses high service needs, and eliminates repeated psychiatric hospitalizations. In the long-term, it will help divert in-patient care.
        - More supportive housing for individuals with special needs can help alleviate the ER crisis whereas people will have immediate access to care in a supportive environment by staff who provide services to maintain wellness.
        - Supportive housing provides a step down option for those who are "stuck" in the hospital without a safe place to return to in the community due to their high needs.

Thank you for listening to our comments.