



Laurie Emerson, Executive Director

NAMI Vermont

February 9, 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 creating facilities that will serve the health care needs of the various populations.

- **NAMI Vermont supports the plan to:**
 - Build a permanent secure residential mental health facility and increase capacity to at least 16
 - Create a forensic unit within corrections or outside of corrections
 - Create a geri-psych facility or alternative supports in existing nursing homes or similar facilities
 - Increase capacity of psychiatric beds at participating hospitals
 - Increase peer resources and services
 - Expand Street Outreach to reduce inpatient utilization and help individuals within the community
 - Integrate Crisis Support within Law Enforcement
 - Expand facilities and diversion programs for children/youth with complex needs - including support of the Woodside facility
 - Expand Mental Health Treatment Court capacity or alternative programs to divert individuals with mental health needs from incarceration
 - Bring out of state offenders back home to be near family and friends

- **Oppose plan to:**
 - Create a campus facility vs individual facilities throughout the state within communities
 - Vermont has built a de-centralized system of community based care
 - People want to be close to their family and friends for support
 - Stigmatizing to build mental health facilities within the same area as corrections.
 - Workforce shortage is an issue with mental health
 - Need Focus on:
 - Balancing the needs of facilities, community support/services, and supportive housing
 - Focus on alternatives to incarceration for non-violent offenders: offender treatment, programs, diversion, prevention, and transitional housing - not building more or larger institutions to incarcerate individuals.
 - Transitional and Supportive Housing (both temporary and permanent)
 - Services to help live independently, addresses high service needs, and eliminates repeated psychiatric hospitalizations, diverts in-patient care
 - Needed for discharge planning from hospitals/corrections
 - Lack of stable housing significantly increases chances of recidivism. Supportive housing models with a “housing first” approach, in which individuals are first provided housing and are then offered services, has proven effective in enhancing residential stability and community reintegration.¹
 - According to the Substance Abuse and Mental Health Services Administration (SAMHSA), about one in five people experiencing homelessness struggles with severe mental illness.
 - Housing is unaffordable for many who live with serious mental illness. The average Supplemental Security Income (SSI) payment does not cover the housing needs for a one-person household. Rent alone is 100% of their monthly income from SSI. Federal housing affordability guidelines state that low income households should pay no more than 30 percent of monthly income for housing.
 - Without mental health care or supportive housing available at the front end, too many Vermonters living with mental illness end up in the correctional system.
 - 30% of female and 15% of male inmates in local jails live with a serious mental illness such as schizophrenia or bipolar disorder.²
 - 70% of youth in the juvenile justice system also have mental health disorders.³
 - 50% of previously incarcerated individuals living with serious mental illness are re-arrested and return to prison not because they have completed new offenses, but because they have not been able to comply with conditions of probation or parole, often due to mental illness factors.⁴
 - Continuum of community support programs and services
 - Workforce shortage:

- increase wages to retain and recruit staff at Designated Agencies to support community needs
- Clients need consistency in care with case managers and social workers
- Critical to have competent, caring staff develop relationships with clients

NAMI Vermont asks the Senate Health Welfare committee members to please look at the continuum of care throughout all of the system to ensure there is a balanced approach in creating a long term plan for Vermont's mental health system.

1. Roman, C.G., Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System, CMHS National GAINS Center, (May 2006, updated May 2009).
2. Shufelt, M.S. and Cacoza, J., *Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-state Prevalence Study*, National Center for Mental Health and Juvenile Justice, (2006).
3. Steadman, H.J., Osher, F.C., *et al.*, "Prevalence of Serious Mental Illness Among Jail Inmates," *Psychiatric Services*, November 2007; 58: 1472-1478, (2009).
4. Roman, C.G., Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System, CMHS National GAINS Center, (May 2006, updated May 2009).