

Laurie Emerson, Executive Director

NAMI Vermont

January 31, 2018

Committee: Senate Health & Welfare

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

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:** 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 Ayer 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 Street Outreach to reduce inpatient utilization
 - Expand focus on children/youth with complex needs.
 - 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: IT system to enter data on statewide basis 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.