Testimony for House Committee on Corrections and Institutions
Mental Health Advocacy Day
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Re: Mental Health Advocacy Day/ Howard Center Mental Health Court Clinical Services

Good morning Committee Members, Madam Chair. My name is Angela Menard. I am here today to speak with you regarding my role as a Howard Center clinician and case manager at the Chittenden County Mental Health Treatment Court.

Before I begin, in an effort to promote complete transparency, and excuse a bit of my jitters, I must inform you that when I asked a few of our participants to join me here today at the State House for Mental Health Advocacy Day in an effort to empower, educate and provide a glimpse of what advocacy in action looks like, I had no idea I would be asked to speak to you today. So this past Friday, when Laurie Emerson of NAMI asked if I would be willing to speak to this committee, I found myself thinking of a million reasons why I could not commit to such an endeavor in such a short period of time; yet here I am. Not because I am great at self-pep talks, but because I am joined here by a very amazing group of people. And if each of them can overcome what they have to deal with on a daily basis and still find the strength to join me here today, the least I can do is be uncomfortable for a moment to shine a light on the remarkable work they do each and every day.

In my role as a case manager, I work with treatment providers and community supports to offer long term intensive community based treatment and supervision aimed at targeting the biopsychosocial needs of each participant while also attending to any public safety concerns. Through my position as a

Howard Center treatment provider, with my office located directly in the court house, I am afforded the opportunity to work with these individuals, who, all too often, have experienced a disproportionate amount of social, economic, and legal consequences due to their ongoing struggles with their mental health or co-occurring disorders. From the very first day when participant enters treatment, I work with each of them to identify their individualized needs and address any barriers to access. This process of stabilization often includes, but is not limited to, completing a biopsychosocial assessment, helping participants access health and dental care, address barriers to safe and sober housing, address their specific financial situation, which often involves applying for SSDI or connecting to job employment agencies, as well as connecting them to treatment providers in our community that can assist each participant in gaining a better understanding of their self and others.

Once stabilization has occurred, we move our focus to connecting participants to community based programs that promote learning new life skills such as budgeting classes, parenting classes, job or vocational training courses, as well as promote prosocial connections to community supports such as the Turning Point Center, Mercy Connections, mentors and recovery coaching.

As participants move closer to graduation, our focus in treatment is on relapse prevention and maintaining the stability that has been created earlier in our work together. This is often done by connecting participants to places where we encourage them to practice the many skills they have learned. Our primary goal in this final phase of treatment is to create a sense of connection, empowerment, and belonging while promoting the use of community supports as a way to prepare for life after treatment.

Without this type of immediate and comprehensive access to treatment, many of these participants would have been facing lengthy terms of incarceration and their lives could have taken a much different path. With a Howard Center annual budget of only one hundred thousand dollars, you

can imagine the amount of money saved simply on incarceration costs alone**.** Yet, as a treatment provider, the money saved is nothing in comparison to bearing witness to the drastic difference in the lives of the people we serve when they graduate from treatment. It saddens me **t**o know that this option is not available to every person who is in need of it across the state of Vermont. With wider access to this type of targeted treatment, aimed at interrupting the cycle of recidivism in individuals who have a history of law enforcement contact and multiple arrests, Vermont can be a leader in not only reducing recidivism rates and incarceration costs, but a leader in increasing the quality of life for some of our most vulnerable and marginalized citizens.

I would like to give committee the opportunity to hear how this type of targeted treatment has made an impact from the perspective of a participant, who is set to graduate the treatment program in just two weeks: Introduce M.V.