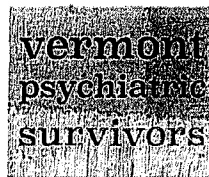


Alyssum



Equal Rights, Protection, and Participation

Creating a Vermont Network of Peer-Operated Community Centers/Crisis Respite

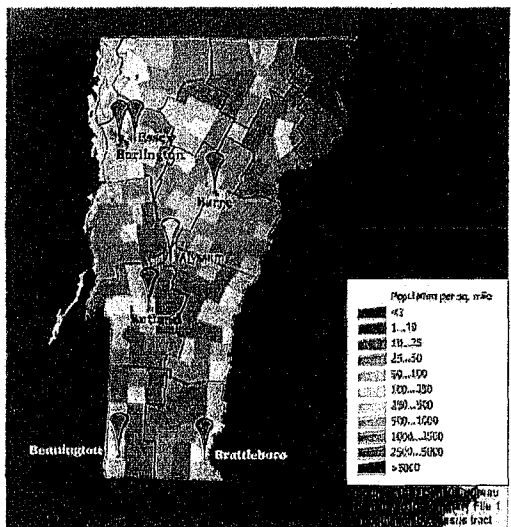
Peer support programs have proven to be effective nationwide especially in serving individuals who lack meaningful social and community connection and who do not or cannot get their needs met in mental health treatment settings. Peer support programs support individuals who seek support with a focus on mutual relationships, creating a community of support and strengths-based learning through a trauma-informed lens.

Peer support programs, as proposed, would address the cycle of emergency room waits, inpatient hospital stays, and discharge back into the same conditions that leads to emotional or psychological breakdown, increases trauma and distress, and puts increased burdens on our strained mental health system. The proposed program will create long-term community-based social networks and supports, meet needs during distress that interrupt the need for ER visits, and connect individuals to their community resources.

Peer support community centers provide an alternative or supplement to clinical services through accessibility close to home, longitudinal relationships based on shared lived experience, and assistance in building skills and connecting to resources for living well while remaining in the community.

Peer-operated crisis respites have proven positive outcomes, cost less than inpatient care, can be developed rapidly using existing peer-run networks, and further Vermont's goal of developing its peer support workforce, creating job opportunities for mental health service users and survivors.

The addition of 12 new peer-run respite beds with an average stay of one week each could serve up to 540 individuals annually. We estimate over 1,000 people per year will visit each community center. These operations will create 48 new peer support worker jobs across the state.



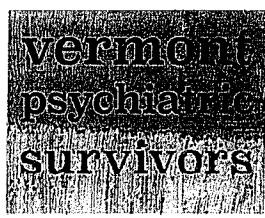
We ask the state to:

Establish peer-run community centers with two crisis respite beds each in **six municipalities** based on population density, geographic dispersal, and need with a proposed roll-out schedule of one in the first two years to be used as a pilot. Two centers would be opened over years three and four. Finally, the last three centers would be open in years five and six.

Budget:

Each peer-operated community center and respite will cost about \$850,000 annually. Operating six community centers will therefore cost approximately \$5.1 million annually.

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The mission of Vermont Psychiatric Survivors is to provide advocacy and mutual support that seeks to end psychiatric coercion, oppression and discrimination.

In line with our mission, VPS asks that the state:

- **Fund the creation of 6 peer-operated crisis respite and community centers throughout the state.** Peer-operated crisis respites provide better outcomes than hospital stays, can be developed rapidly using existing peer-run networks, cost far less than inpatient care, and further Vermont's goal of developing its peer support workforce, creating job opportunities for mental health service users and survivors. These centers will serve as hospital diversion and step-down from psychiatric hospitals. Community centers staffed with peer support workers will allow individuals in our communities to access much-needed support and resources, and thus decrease the need for emergency psychiatric services.
- **Follow through on last year's efforts to increase peer-to-peer supports in the community.** Expand existing programs like the Vermont Support Line to provide 24/7 coverage, and further develop peer supports in emergency rooms to address the crisis of long waits with no care. Currently, peer support represents only 1% of the DMH budget. The demand for inpatient beds is reduced when community supports are optimized.
- **Prevent the need to increase inpatient beds by funding supported housing.** A recent study by the UVM Health Network suggests that 10 to 12 beds could be reduced statewide if barriers to discharge due to lack of community resources were eliminated. VPS's review of existing literature and our own research show that a lack of safe, affordable housing is a major contributor to the number of inpatient admissions and emergency department visits.
- **Commit to holding the Brattleboro Retreat accountable for quality of care and transparency.** Support H. 44, which calls for at least bimonthly meetings of advisory committees with non-exclusionary membership, and H. 22, requiring the Retreat to submit its budget to the Green Mountain Care Board as do the other hospitals in the state.

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