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**FOR IMMEDIATE RELEASE**

**Enhanced Voluntary Mental Health Community Services Pilot Project**

Act 200, Section 3 of the 2018 legislative session required an Order of Non-Hospitalization Study\* Committee for the purposes of improving patient care and proposing a pilot project to redress any existing weaknesses and build upon existing strengths. The Vermont Department of Mental Health submitted a written report<sup>1</sup> to the House Committee on Health Care and the Senate Committee on Health and Welfare with its findings and recommendations for legislative action. One of the committee members included a family member of an individual who is currently or was previously under an order of non-hospitalization, appointed by the Vermont chapter of the National Alliance on Mental Illness.

**The National Alliance on Mental Illness of Vermont supports the recommendation in the report that Vermont begin a pilot project for enhanced voluntary mental health community services in two communities in Vermont, as an alternative to civil (non-forensic) Orders of Non-Hospitalization and to reduce the need for Level 1 (acute crisis) hospital beds. By providing enhanced services, individuals will be better supported in the community reducing the need for inpatient hospitalization.**

Throughout Vermont, programs and services are in place that work. While some are well established, others are new or are limited in scope and availability. The pilot project that is recommended in the report would implement an enhanced community treatment program that uses a person-centered, recovery-based approach to provide to persons, including those released from civil commitment, who have been diagnosed with a severe and persistent mental illness.

**Evidence-Based Solution**

The pilot project supports having robust, voluntary community-based services that can:

- Lower emergency department visits
- Decrease numbers of acute crises – and hence less need for Level 1 acute care hospital beds
- Promote and maintain recovery for those with severe and persistent mental illnesses

The project is an opportunity to identify best practices, implement additional supports, and enhance the availability and delivery of these services in the following areas:

1. **Real, active and sensitive outreach** through peer support and community case management during a person's lifetime with more attention and resources to specific touch points such as initial calls, ED visits, inpatient discharge and next step planning, and more.
2. **Mental health services** that range from clinical to peer-delivered services and includes psychiatric advance directives.
3. **Vocational assistance** from career planning and education to job searches and programs.
4. **Education concerning family issues** as mental health conditions can significantly impact family and loved ones. Caregivers benefit by understanding the condition and learning how to be a supportive team member.
5. **Information to develop wellness skills** for persons with a mental health condition such as the Wellness Recovery Action Plan (WRAP).
6. **Peer support services**, such as support groups, offer persons with a mental health condition the chance to learn from each other's experiences, share coping strategies and offer mutual encouragement.
7. **Housing supports** that are safe and critical for recovery such as step-down beds, respite, and crisis beds as well as temporary and permanent supportive housing options statewide. While there are alternatives to hospitalization in Vermont, there is a growing need to expand.

The proposal specifies that these services should be provided by mobile, multidisciplinary teams in the community. The pilot projects should be reviewed and evaluated by a committee of stakeholders identified by the Legislature.

NAMI Vermont is the independent Vermont chapter of the National Alliance on Mental Illness, a statewide non-profit, grassroots, volunteer organization comprised of family members, friends, and individuals affected by a mental health condition. As 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.

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*\*Description: Orders of Non-Hospitalization (ONH) are court orders that contain conditions that a person named in the order must abide by or face the possibility of hospitalization or re-hospitalization. An ONH places a person in the Custody of the Commissioner of the Department of Mental Health, and can be issued in Family or Criminal Court by stipulation or after an evidentiary hearing. Initial ONHs are issued for a 90-day period and can be renewed for up to 12 months. An ONH can be issued upon a person's discharge from a psychiatric hospital, or an ONH can direct a person who is not in a hospital to enter or to remain in a community-based treatment in the custody of the Commissioner of the Department of Mental Health. ONHs generally have a Designated Agency (DA) or Specialized Service Agency (SSA) named as the supervising agency. An ONH is not enforceable outside the state of Vermont. An ONH can be revoked for non-compliance through a court process<sup>2</sup>.*

1. *Reforming Vermont's Mental Health System; Report to the Legislature on the Implementation of Act 200, Section 3; December 1, 2018; <https://legislature.vermont.gov/assets/Legislative-Reports/Act200-ONHStudy-LegReport-FINAL-2018-12-01.pdf>*
2. *2018 Orders of Non-Hospitalization Procedure and Guidelines, Vermont Department of Mental Health, [https://mentalhealth.vermont.gov/sites/dmh/files/documents/Manuals/Orders\\_of\\_Non-Hospitalization\\_ProceduresandGuidelines\\_2015.pdf](https://mentalhealth.vermont.gov/sites/dmh/files/documents/Manuals/Orders_of_Non-Hospitalization_ProceduresandGuidelines_2015.pdf)*