

Mental Health Advocacy Day

Testimony to the Senate Health & Welfare Committee – January 30, 2019

Connie Stabler

Thank you for allowing me to testify to the committee today. My name is Connie Stabler, I am from South Burlington and am the parent of a thirty-four year old son who has had a serious mental illness for the past 14 years. My son is smart, kind, empathetic and he is the bravest and strongest person that I know.

During these past 14 years, he has received excellent services from the Howard Center in Burlington. He has also had multiple stays in three different hospitals and has spent time in four different step-down facilities, most recently in the Middlesex Secure Therapeutic Community Residence (MTCR) for one and one-half years. (As an aside, the MRTC is a locked facility which consists of 2 double-wide trailers and a tiny yard. Legislators intended for this to be temporary after the State Hospital closure, but funding for its replacement has been removed from the budget every year since then!) He was recently transferred to a different step-down facility while he continues his wait for long-term residential placement in the community. We hope this will happen sometime in the Spring.

Today I would like to speak to you about the UVMHC proposal to build additional mental health hospital beds at the Central VT Hospital as a way to address the crisis in our hospital Emergency Departments over the last several years. I am well aware of the crisis there, as my son has spent one week on two different occasions in the UVMHC ED and a few nights in a couple of other hospital ER's, waiting for an inpatient bed.

I understand that this committee will be reviewing their proposal and I know that Senator Lyons serves on the stakeholders group that was created to provide UVMHC with feedback on this project. I read the recent presentation from UVMHC that was made to state leaders, legislators and the stakeholders group, and would ask you to consider their proposal carefully before giving it your approval. They have ascertained that the state needs 29-35 additional adult mental health beds. They also estimate it would take 3-4 years to complete this project so it will not address the ED crisis the state is experiencing right now. This plan has run into a problem with a federal rule that limits the number of mental health beds they can locate there, called "the IMD exclusion," which prevents reimbursement by Medicare and Medicaid.

When the State Hospital closed in 2011, the Dept. of Mental Health and mental health stakeholders asked that new replacement level 1 beds be distributed across the state. New beds were located at the Rutland Hospital, the Brattleboro Retreat and a new 25 bed facility was built in Barre. None were located in Chittenden County, which has a quarter of the state's population – nor were they located anywhere else in northern Vermont. I think that any additional Level 1 beds should be located at the UVMHC where I believe the IMD exclusion would not apply. I also feel strongly that additional children's mental health beds be located there. Right now, families in

northern VT have to drive 3 or more hours to visit their hospitalized children and adolescents (whose number has increased tremendously in the last four years.)

Last year, when I asked UVMHC's CEO why they have not proposed that beds be located at UVMHC, he told me "it was political." That sounds like stigma to me and we should not allow that to make this decision. He also said that it would be good to consolidate the beds in the central part of the state which would be convenient for the psychiatrists at UVM who provide much of the care at VT Psychiatric Care Hospital and at the MTCR. I think it would actually be pretty convenient for their psychiatrists to provide care at their own hospital in Burlington. Their plan to consolidate into one area also goes against the agreed upon intention to distribute state hospital-level beds across the state. Many individuals and family member stakeholders in northern VT are protesting this plan.

I believe that we do need some additional hospital beds and the temporary additional beds being developed at the Brattleboro Retreat will be helpful. But I would suggest that a more humane and cost-effective way for UVMHC to spend their surplus resources in the next three years would be to fund additional community services, including supported housing, both temporary and permanent. Some people need a temporary supported placement in a Group Home (up to one year) until they are able to live on their own with some support, and there are others who need permanent housing with varying levels of support on a longer term basis. Investing in community health programs would free up beds in ED's and hospitals so that creating additional facility beds could be minimized or might not be necessary.

An example of the cost-effectiveness of supportive housing is a Howard Center-run program in Essex Junction called MyPad that provides permanent apartments with a high level of support for individuals who are stuck in a cycle of being discharged from the hospital, then returning to the ED and/or the hospital because they did not receive the level of support that they needed to safely stay in the community. This is the only program in the state with this model and it has been highly effective. I realize that providing this level of care, including 24-hour awake staff and individualized programs and scheduling, is expensive, but the savings for the state is significant. It costs \$314 per bed day to house someone at MyPad vs \$2,277 per bed day in a Level 1 facility.

Let's "shift the balance" from building hospitals to investing in community mental health care. Just like you, my son and others who have a serious and challenging mental health condition deserve to have the freedom to live in and contribute to their communities, and be where they can be closer to their family and friends - instead of being locked up in mental health facilities. This would also fulfill the Dept. of Mental Health's mission, which is to "provide services to individuals in the least restrictive environment."

I ask that you please review the UVMHC proposal with this in mind. Investing more in the designated agencies is the most cost effective thing to do, it's the most compassionate and humane thing to do, and it's simply the right thing to do.

I would be pleased to answer any questions you may have about my request. Thank you.