Committee Chairwoman and Senators, Thank you for the opportunity to speak to you today on the pressing issue of housing and step downs which if properly funded, I believe would transform our collective mental health system of care. My conclusions are based on 28 years of experience working in Vermont's mental health system of care, 23 of them working in the community at Washington County Mental Health and the Clara Martin Center, and 5 of them from 2012 to 2017 working for the state of Vermont, as at first the Principal Assistant to the Commissioner and then as the CEO of first Green Mountain Psychiatric Care Hospital and then Vermont Psychiatric Care Hospital. In the community I have been involved primarily with Emergency Services and Adult Services both traditional Outpatient services and the Community Support Program (CSP) for individuals age 18 and older who qualify based on diagnosis, treatment history and some impaired role functioning which has gone on for at least 6 months. For the last year and a half I have worked for Washington County Mental Health as part of their CSP management team, overseeing our peer services, family services, Maple House crisis bed, Assist medication service, and support services. During my remarks, I am going to describe to you some of the resources we have in the community, as well as specific additional resources we need to truly transform our mental health system of care. We do a lot and if properly funded we can do more, transforming the state and leading to Vermonters being able to access the appropriate services at the appropriate time.

Vermont has a strong Designated Agency system, one that grown through the years. All of the Designated Agencies have community support programs and right now there are approximately 2600 individual Vermonter's who qualify and receive Community Support Program services statewide, which includes automatic access to an array of services, including: psychiatric providers, case managers, therapists, group therapy, vocational counselors, and housing supports. Each DA has a housing coordinator, different amounts of residential care, section 8 vouchers, housing contingency funds, emergency services and crisis beds. Each DA can also have clients who live at 1 of 6 Intensive Recovery Residences, or is served at the state run Middlesex Therapeutic Care Recovery (MTCR).

After Tropical Strom Irene, the state made a considerable investment in its Community services, expanding crisis beds so they were in each part of the state, and funding specific investments in each community such as the successful MY PAD programs in Burlington. Almost everything that was funded in Act 79 in 2012 was funded with the exception of a much needed additional 7 bed Intensive Recovery Residence beds in St. Albans. Less than a year after VSH was destroyed many programs were instantly created. At one point there was no one in a psychiatric bed for more than one year statewide. In July 2014, there was 1 person who had been in a psychiatric hospital bed for more than a year. However the next year and in continuing years since then, the community system of care has not had additional funds directed at programming. The much needed additional program in St. Albans was not funded, and the number of individuals who have been at Vermont Psychiatric Care Hospital for more than on year, at present I have been told is 10. Based on my experience at the hospital and in the community, I believe it is possible to take care of individuals who become entrenched long

term in hospitals, at a less expensive cost than the close to $950,000 per year cost of a bed at VPCH. This would include. 2 Bed programs for different specific populations including geriatric psychiatric patients who also need a specific nursing level of support. 2 Bed programs for individuals who are being held forensically for violent offenses up to and including murder, similar to those common in the Developmental Services program system of care, which was developed when Brandon Training School was closed. The 6 Intensive Recovery Residences that I mentioned are in the system of care, have an occupancy rate of over 90% and are frequently used as step downs in the community. Based upon their usage, the data would suggest building another one.

Experiences in other states have shown peer services and 23 hour beds have provided a cost effective, recovery oriented approach that allows for a safe, supported, environment. Peer services were approved by SAMSHA in 2007 as an Evidenced Based service and more than 40 states have made peer services part of their Medicaid plan. While Vermont has peer based and peer run services, Vermont does not have peer services as part of our Medicaid plan inhibiting the growth of what has been shown by research to be an effective treatment, leading to reductions in hospitalization rates, reduced total inpatient days and lowered overall costs of services.

Right now, mental health agencies work seamlessly with a broad range of housing providers and are part of each counties local housing coalitions. In Washington County, despite these efforts our homeless shelters have been full this winter. In our CSP program, we have 1 "transition bed" which is reserved for individuals who are homeless and in our CSP program. The longest someone can stay there is 1 month, in which time they work with their case manager to find more long term housing. Our occupancy rate for that bed, is over 95%, indicating the need for another. We are constantly faced with no places for clients to go, frequently resulting in hospital stays being extended for weeks or months, due to a lack of adequate housing. A few years ago, in a study done by UVMC of their psychiatric units, they identified their biggest hurdle to discharge as lack of appropriate housing. Over the last few years, Level 3 community care home beds, which are used at a disproportionate rate by individuals with mental health issues, has decreased, further exacerbating the lack of housing options, with data indicating an investment to help increase these services is needed.

We believe robustly investing in high quality low income housing with housing partnerships where mental health and substance abuse treatment was integrated would transform our system. One project we are excited about, is a joint project between WCMH, Downstreet Housing and Community Development, Vermont Housing and Conservation Board and Norwich University, is our Tiny Homes project. Two tiny homes (with less than 400 square feet) are being built on a lot in Barre, to serve 2 individuals who meet the federal definition of chronically homeless. Next door to the tiny houses is a regular 2 room home, which will house 2 peer staff who will receive housing vouchers and be available to provide support to the tiny house residents.

I want to be clear that I am not anti-hospital beds. Hospitals provide crucial care to those individuals who need it. People continue to wait in Emergency Rooms for admission to psychiatric hospital beds and a variety of approaches should be taken to stop that from happening.

I want to share with you two stories. One is about an individual who spent many years at Vermont State Hospital and for years many people thought that person would never leave. That person left, and today has not been in a hospital for over 5 years, and has worked for over 6 months and is now providing mentorship to another new employee where he works. The second is an individual I did a CSP intake on within the past year. This person had been in the CSP program before and moved out of it, returning to work and outpatient treatment. For different reasons this individual had fallen on some hard times, had become homeless and been hospitalized at CVMC in the fall a few times. I did an intake with him for our CSP program and told him about our transition bed and Maple House which is a crisis bed staffed entirely by peers who have their own lived psychiatric experiences and provide support to "guests of the program".

A few days after he came into the CSP program he was in crisis and came to Maple House, and from there he went to our Transition apartment, from which working with his case manager and Downstreet Housing and Community Development, he found more permanent housing. He was struck by the care he got at Maple House, and though his previous work experience was in restaurant and bar services, he was impressed with Maple House, and decided to apply for a position to provide support to others, a goal he recently achieved.

Vermont Psychiatric Care Hospital is a great facility, with great staff who do very good work under stressful conditions. It is not in any way a criticism, but a professional belief that many of the individuals who are there, especially those who have been there the longest, could be served in the community at less cost if resources were devoted to that. Investing in more community based options such as: step down programs including specific 2 Bed programs; more Intensive Recovery Residences; more peer services; more housing vouchers; more programs like our Transition apartment; making sure there are the proper amount of Level 3 residential beds; and investing in more My Pad type beds.

If we did this and built the additional hospital beds being proposed, and build the additional Secure Residential Beds being proposed, I believe we would not only solve the issue of individuals waiting in Emergency Rooms for psychiatric beds, but we would transform our system so it had the appropriate number of services at all parts of the system, hospital and community.

Our community system provides countless services to individuals all across the state, to those in crisis and to those facing severe mental health and substance abuse challenges, encouraging people each day toward recovery and self-determination. I am proud that Washington County Mental Health was the first Designated Agency in the state of Vermont to apply for and be

awarded a designation as a Behavioral Health Center of Excellence, and am proud of the DA system of care I work in which 4 of the other DAs have acquired this designation, and all others have committed to and are on track to achieve it. It has been extensively shown, in study after study that the Designated Agencies are underpaid for the services we provide. Pay us what we deserve, and then let us provide more services. When I was first asked to be interim CEO of Vermont's new state psychiatric facility, I worked with a consultant, Paul Gorman, former New Hampshire Department of Mental Health Commissioner and New Hampshire State Hospital CEO, who told me "Jeff, people get better at hospitals, but then after a while they don't, and staying in the hospital doesn't become a good thing for them, and it is then on the community to find places for them to be." My own experiences agree with this assessment.

Thank you for your time today, and I can answer any questions you may have.