

## Testimony of Mary Cox, before the Senate Health and Welfare Committee, January 30, 2019

Hello, I am Mary Cox. I am a member of NAMI Vermont, part of America's largest grassroots mental health organization, the National Alliance on Mental Illness.

I am the family member that was designated by NAMI VT to serve on the Order of Non-Hospitalization Study Committee. **I am here today to support the recommendation of the ONH Study Committee, and to ask you to pass and fund legislation for a pilot project in two Vermont communities to enhance mental health services – providing for the whole spectrum of voluntary support services from initial illness through recovery, as an alternative to ONHs.**

I am the proud mother of a smart, kind, and gentle young man who is recovering from a serious mental illness.

My son had his first psychotic episode when he was 19 years old, away at boot camp for the Vermont National Guard. For the next two years, from 2009 through 2011, he was in and out of the hospital, including a 5-month stay at the Vermont State Hospital in Waterbury, and was placed under a coercive order of non-hospitalization.

We did not know, initially, how to access community health services, and it was a struggle to get support. We ultimately got connected with the Howard Center, with case management, a psychiatrist, therapy, and career and educational services available. However, the ONH caused my son to distrust his case managers and providers, making it difficult for him to get the help he needed.

It has taken years to begin to heal broken alliances.

Critically, in 2014 my son was able to stay at Assist, a non-hospital, "living-room" crisis facility in Burlington run by the Howard Center. Since Assist was not locked, my son was able to get the help he needed without coercion. This gave us a new foundation for beginning to rebuild alliances.

It has been almost five years without a psychotic episode. My son is stable, living in his own apartment in Burlington, with housing, effective case management, and other supports. He is happy and social, and is planning on continuing with his studies later this year. I have great hope for his future.

People who face mental health challenges need support: outreach, vocational and educational assistance, peer-delivered services, mental health and wellness services, and supportive housing. Close, stable alliances with case managers, peer support, and other providers is also key.

The problem isn't too few hospital beds. It is a lack of community resources, including step-down beds, and crisis and respite beds.

A Level 1 "acute crisis" hospital bed costs Vermonters \$1500 per day. For a fraction of this cost, we can together create a support system in Vermont communities to reduce hospitalizations and help people reach recovery.

### **Robust community services work.**

I ask you, and the entire Legislature, to pass and fund the pilot project recommended by the ONH Study Committee for enhanced community services in two Vermont communities, providing for the whole spectrum of voluntary supports from initial illness through recovery, as an alternative to Orders of Non-Hospitalization.

Thank you for listening to me. **Please help me, and other Vermont families, by passing legislation and funding this pilot project.**