

Laurie Emerson, Executive Director
National Alliance on Mental Illness of Vermont
February 1, 2022

Chairman Lippert, Madam Vice Chair Donahue and Members of the House Health Care Committee,

Thank you for allowing NAMI Vermont to provide testimony to your committee for Mental Health Advocacy Day/Week. The theme of Mental Health Advocacy is “Now Is the Time for Hope & Recovery”.

This year’s Mental Health Advocacy Day was held virtually bringing together over 260 advocates and organizations yesterday. We were very pleased that Chair Lippert was able to join us and wholeheartedly shared his story with us. If you were not able to attend, we recorded the event and can share that with you.

I have been on the DMH Coalition for establishing the 9-8-8 three-digit Suicide Prevention Lifeline at the state level. NAMI national had advocated at the federal level when this legislation was passed nationally. They are now providing guidance and support to the states for our advocacy efforts. That guidance is to REIMAGINE Crisis intervention. It should no longer be that we call 9-1-1 or that we take someone to the Emergency Department. This needs to originate in the community. This approach has three pillars:

- **Someone to Call - Call Center Hubs** – These is where crisis calls will originate with 9-8-8. Sometimes the caller just needs someone to talk to, but if not – then what do we do?
- **Someone to Respond - Mobile Crisis Teams** – to meet people where they are at -- to help de-escalate the situation and provide resources to individuals and families. But, what if more is needed?
- **Somewhere to Go - Crisis Stabilization** – establish more options for short-term stabilization for children and adults – such as the Psychiatric Urgent Care for Kids (PUCK) program in Bennington where UCS is working with schools. We are lacking an adult 24-hour crisis stabilization center or mental health urgent care model in communities throughout Vermont. Some Designated Agencies have crisis beds, but it is not a drop-in center for crisis stabilization. Having more peer-operated respite center is another option.

If someone needs in-patient hospitalization, what is the continuum of care? Families are saying that people are being sent home directly after hospitalization without a step-down option to ensure they are able to care for themselves. We hear from families and individuals that they need more support.

All of these options of course are not possible until the workforce issue is addressed.

We have many challenges ahead of us, but we also have many opportunities to REIMAGINE CRISIS INTERVENTION.

We request that the state and your committee continue to establish alternatives to mental health crisis intervention and crisis stabilization which will divert people from the emergency department and the criminal justice system.

Thank you for listening to our comments.

Respectfully Submitted,



Laurie Emerson, Executive Director
NAMI Vermont

NAMI Vermont is the independent Vermont chapter of the National Alliance on Mental Illness. We are a statewide, non-profit, 501c3, grassroots, volunteer organization comprised of people who live with a mental health condition, family members, and advocates. 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.