

Good morning and thank you Madame Chair and Committee Members for allowing my testimony today regarding bill S.197.

My name is Karen Kurrle and I am the Intensive Care Services Director at Washington County Mental Health Services. I am also the Chair of the Designated Agencies Emergency Services Directors Group. I have written testimony that I will submit to the committee.

I understand your committee has heard testimony about the current crisis in Vermont's mental health system and has been informed from multiple sources regarding the immense pressures within our system. I will highlight the dire situation by saying as of this morning at Central Vermont Medical Center, we have a 14 y.o. boarding in the Emergency Department who has been there for 18 days, as well as a 16 y.o. who has been there for 14 days with no end in sight for either situation. As the rest of the system experiences debilitating distress with staffing issues and facility closures, emergency services is left to handle the resulting crises. Vermonters rely on 911, the Emergency Department and Mental Health Emergency Services to respond 24hrs a day, 7 days a week, 365 days a year. I understand bill S.197 is about developing a new Coordinated Mental Health Crisis Response Working Group. What I can attest to as a clinical psychologist who has worked in community mental health emergency services for 23 years, is good communication and collaboration between mental health responders, law enforcement and health care providers is of vital importance for the best crisis response.

I know you have heard from many people about what is not working in our system and why our system is currently in such an immense crisis. I think when considering whether there should be a new Work Group, it's also important to hear what does work in our system for crisis response and coordination efforts among providers.

As an emergency services director, I believe the best and most effective mental health crisis response is with a mobile outreach team. At Washington County Mental Health, our emergency screeners have been a mobile team for more than 30 years. We have 2 screeners on call 24 hrs a day, 7 days a week. Our screeners meet with people in their homes, at schools and on the streets, among other locations. My Designated Agency emergency services partners around the state

also have developed outreach models to meet the needs of Vermonters in crisis. Within the Designated Agency system, we are facing an immense staffing shortage for our mental health emergency screening teams across the state. A screener on our team yesterday told me they are considering working at a hospital for a lateral position for \$15,000 more annually. They want to stay with our screening team and love our work, but they can't afford to continue for our salary. I strongly believe if we could pay our emergency screeners market rate, and fully fund mobile mental health emergency response, we could stabilize this essential workforce.

Strong collaboration and communication between law enforcement and emergency mental health responders is essential for successful mental health crisis response. In August 2020, the Department of Mental Health, The Barre City Police Department, the Montpelier Police Department and Washington County Mental Health worked together to develop a position for a mental health crisis response clinician to work in the police departments. We hired a social worker who works 20 hours per week at the Barre City PD and 20 hours weekly at the Montpelier PD. The position has been an immense success for everyone involved, especially the people who are receiving the joint crisis response. Our emergency screeners have always worked closely with the 6 police departments in our area and consistently provide mobile outreach services jointly with law enforcement. Currently, we are beginning interviews for a Mental Health Crisis Specialist to work at the Vermont State Police Middlesex Barracks. Unfortunately, the statewide Use of Force Policy has been incredibly challenging for all Mental Health Emergency Service responders as our law enforcement partners have altered their response patterns for mental health calls. This has left mental health screeners in vulnerable positions to provide the best response in crisis situations. Team Two is an extraordinarily important statewide training effort that is key for all law enforcement and screeners to attend. Team Two provides an organized, respectful forum for emergency service responders to talk through best practice in a team response and to discuss challenges presented with issues such as the new Use of Force statewide policy. Collaboration, communication and joint response by mental health emergency responders and law enforcement is essential for the best outcomes in crisis response.

Communication and collaboration efforts between Emergency Department health care providers and mental health emergency responders is also critical for the best crisis response. WCMH screeners work incredibly closely with our partners in the CVMC Emergency Department. Our screeners are present daily in the emergency department to see people in need and consult multiple times a day with the emergency department staff as well. The Central Vermont Medical Center staff and our screeners work as a team every day to solve impossible problems through effective communication and teamwork.

Crisis bed facilities also play a key role in the continuum of care for the mental health system. Good communication and collaboration between emergency screeners, health care partners and crisis bed facilities, is imperative for the most successful outcomes. In Washington County, CVMC psychiatry works closely with our crisis bed program, Home Intervention, for hospital step downs, when hospital patients can safely leave the hospital but are still in need of an intensive level of treatment with 24 hour awake staff. Throughout our state we are facing an immense staffing crisis at our crisis bed programs. Some statewide children and adolescent crisis bed placements have had to shift to a Monday-Friday model because they cannot fill staffing vacancies for weekend shifts. At Home Intervention, we have had to decrease our census in the past 4 months because we cannot fill our vacancies. We pay our staff \$17.34 hourly. I believe if we could pay our staff market rate comparable to state and hospital pay rates, we could fill our schedule and increase our census. Crisis bed facilities are an indispensable resource in the mental health system of care and reduce emergency department wait times. They are a key team member in our collaboration efforts.

To really make a difference in our current system, there needs to be both enhanced coordination among emergency service providers as well as a significant and sustained investment in the entire community mental health system. Proactive outreach efforts prevent higher levels of care that are more expensive and are currently saturated. Outreach models are shown to be best practice and are proven to be effective. Community outreach positions need to be paid fair market value. If there continues to be a growing spread between the hospital and state clinical staff with the community mental health staff, we will not be able to hire our positions which will further exacerbate the current crisis and continue the dependence on higher levels of care.

Communication and collaboration is crucial in emergency service response. The situations we face are complicated and multifaceted. Being a part of a multi-disciplinary team that can communicate effectively across all emergency response disciplines provides the best outcomes in crisis response. My recommendation to your committee would be if there is a Coordinated Mental Health Crisis Response Working Group developed, that it be a small group with a clear focus to produce results and enhance crisis response efforts. If the group is too large and too diffuse, it will be impossible to utilize the time effectively to affect change and enhance collaboration and communication for those of us out in the field providing crisis response. With that said, I would respectfully request that if a working group were developed, there should be a Designated Agency Emergency Services representative and I would be happy to volunteer to be that representative.

Thank you for your time today and for listening this morning. I welcome any questions now or at the end of all testimony.