



February 2, 2022

Dear Senate Health and Welfare Committee,

On behalf of the Vermont Care Partners network, thank you for your attention to the mental health needs of Vermonters across the lifespan. Like many of our partners in peer organizations, healthcare, social services, and state government, we are deeply concerned about detrimental impact of the pandemic on Vermont and the ensuing symptoms of a system in crisis: increases in overdose deaths, increases in suicide rates, increases in behavioral and mental health challenges of students, and long waits in Emergency Departments and other challenges with access to care. We believe that a robust community-based system of care is part of the solution, and as Dr Miller noted last week, the infrastructure exists. We appreciate this committee's advocacy to bolster rates for network agencies in order to fill vacancies by recruiting and retaining a skilled workforce.

#### **S194**

- We support the development of peer-run crisis beds and respite centers. Expansion of community-based resources is a pressing need, and we strongly believe in the benefits of connecting with other people with lived experience, at an individual and program level.
- It should be noted that there is a peer-run crisis bed in the DA system – Maple House, operated by WCMHS. We suggested modifying Section 1(7) to “Vermont currently has one two-bed, peer-operated respite center, named Alyssum, and one one-bed peer-operated respite bed at Washington County Mental Health Services, Maple House.”
- Occupancy rates in DA crisis beds have been significantly impacted by closed beds due to crisis-level staffing shortages, client acuity and the need to provide safe care in often very small residential spaces, and COVID-related closures. One program director recently worked 225 hours in two weeks. We request removal of this sentence: “In contrast, crisis respites run by designated agencies operated at 75 percent capacity in fiscal year 2018, below the Department of Mental Health’s targeted 80 percent occupancy rate.” It seems unnecessary to pit these two essential resources against each other.

#### **S195**

- We support the development of Peer Support Specialist Certification and applaud the work and time put in to creating a thoughtful structure. VCP network agencies currently have some peer support specialists, although this is variable by agency and by program.

- We agree with earlier testimony about the benefits for people with mental health challenges as well as the employment benefits for peer support specialists, such as creating a career ladder.
- Section 7353(d) exempts employees of peer-run organizations from being required to obtain peer certification. Peer structures within DAs so as to avoid creating a two-tiered approach.

**S197**

- We appreciate the Committee's commitment to ensuring a coordinated approach to addressing the current mental health crisis. Any such effort should include providers of mobile response and the community mental health system at large and we appreciate the inclusion of a VCP representative on the list.
- Team Two is doing important training and coordination work at the community and system level, between law enforcement and mental health crisis responders.
- VCP network representatives are currently engaged in a variety of workgroups intended to improve the mental health system of care, particularly at the crisis end. These include the 988 Implementation Team, the Mental Health Integration Council (and multiple subgroups, including a pediatric subgroup, a primary care subgroup, and a workforce development subgroup), and the working group being developed by Mourning Fox at DPS, a new effort initiated by Judge Reiber on mental health and the Judiciary, among others. We are also working with DMH and private funders to stand up additional acute care resources, such as urgent care centers, to respond to the crisis in Emergency Departments.

From our perspective, addressing the mental health crisis at all levels of the system requires a significant and sustained investment in community mental health. This is especially true in a tight labor market where health systems, schools, and state government are also facing workforce shortages. As Superintendent Lynn Cota put it, "The best way to support Vermont schools with mental health is to support the systems schools rely upon to support children and families in crisis." With over a thousand vacancies in our system currently, we believe this is true for not only schools but across the lifespan, including hospitals, primary care, corrections, and social service providers.

Thank you for your commitment to improving the mental health of Vermonters and your willingness to engage providers at all levels.

Sincerely,

Julie Tessler, Executive Director

Vermont Care Partners