To Whom It May Concern,

I work in the Eldercare program in Rutland County. I have held this position since the inception of the program more than 26 years ago. I am not writing to try to preserve my job rather to make a plea to preserve this unique program which allows us to treat, largely, homebound senior in their homes. Almost all of those we treat in Eldercare would not receive mental health services without this program. Although some medical offices now, obstensibly, offer mental health services, they have not been satisfactory in Rutland County in large part because of the frequent turnover of staff and the difficulty our clients have getting there. Another unique aspect of the program is that we can treat folks who have a diagnosis of dementia. The first time I counseled someone with dementia I had no idea how it would work. It was a woman in her eighties whose husband and her twin sister had died in the previous 6 months and she could not remember this but wondered where they were? A case manager from the Council on Aging collaborated with me and we were able to find a wonderful volunteer, get MOW's, convince her nephew to become her financial POA, etc. We were able to keep her in her home—which was her stated wish—until 3 months of her death in spite of advancing cognitive decline. By collaborating, when appropriate, with the Council on Aging, we have saved the state of Vermont untold thousands and thousands of dollars by helping folks manage at home without nursing home placement. I am not just referring to folks who have dementias but other older Vermonters with declining function as well.

Eldercare clinicians and case managers also treat folks who have substance misuse; usually alcohol abuse. I have worked with many such seniors; only one person did not get and stay sober for many years. I have found that older folks are very good at counseling and highly motivated. They don't have a lot of time to waste so the attitude is "lets get on with it!"

Mental illnesses can and do cause physical issues. To take the two most common mental illnesses—depression and anxiety disorders—between the two of them, they can wreak havoc. Depression is known to cause diabetes, stroke and heart attack. Anxiety causes cardiovascular issues, sleep disruption (which can lead to other problems) and gastrointestinal difficulty. At the same time, improved mental health commonly improves physical health. Mental health treatment is exponentially cheaper than medical treatments. We rarely do expensive testing or expensive treatments and a single episode of depression, etc., does not cost upwards of a quarter of a million dollars as a heart attack can. This program saves so much money for the state that I wonder why it is being considered for being cut? The pittance that the state provides for it is nothing compared to

the savings in terms of medical treatments, falls, hospitalizations, and emergency room visits. When someone is deemed to be overly utilizing the ER who is an elder, they are often referred to me. I have never had someone referred to me who did not cease such behavior, not because I asked them to but because they no longer had the need. I received a referral from a SASH worker for an elderly man who was going to the ER many times per week and had been for some time. I saw him once for an hour and a half and figured out why he was going and how to help him feel safe and take care of himself better so that his mind did not catastrophize about his health/well being in the evening hours (he always went to the ER in the evening). I told him how to structure his time differently in the evening—too much dead time—and then told him he was free to go to the ER anytime he felt he needed to. I never saw him again but his SASH worker reached out to me two years later and told me he had not gone to the ER since I met with him two years previously. This is always what happens.

I care about this state and its financial well being just as I care about the disenfranchised population I work with. This program not only saves lives, sobriety, cognition, function, relationships/social connection and the ability to age in place but it also saves a vast amount of money for Vermont. Please consider increasing the money for this program rather than cutting it. The reason why it is not being utilized by some of the designated mental health agencies is because it is such a money loser for the DA's and the room in their budgets has been squeezed by the lack of increase in funding for us in the mental health field. Eldercare is particularly poorly funded—never has the legislature increased our funding in over 25 years. My program made money for the first 5 or 6 years and then as the cost of gas, etc., increased and more and more people had only Medicare and no secondary insurances we had to waive many fees. This is the only way folks would have been seen as they could not afford to pay out of pocket, most of them. Because of budget restrictions, we are no longer allowed to waive fees. Again, elderly people in Vermont have to choose between getting the mental health care they want and feel they need and some other basic need due to their budget restraints.

Again, this program saves an enormous amount of money for the state. The DA's who still offer the program have been carrying the financial burden which the state of Vermont has not wanted to assume. At some point, this program may disappear in all of the DA's. I am asking you to not let that happen. I, personally, do not think you can afford to—the human, resource and financial cost will be quite larger.

Sincerely,

Cinda L. Donton, BA

Eldercare care manager

Rutland Mental Health/Community Care Network

802-855-4956