

**Testimony to the Senate Economic Development, Housing and General Affairs Committee**  
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**Community Member**  
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Hello - My name is Connie Stabler and I was invited by NAMI Vermont to speak to you about permanent housing for people living with mental illness, but I speak to you today as someone who has a loved one with a mental illness and not as a representative of NAMI Vermont. I am also not an expert in public housing, but I have a son who has lived with schizophrenia for 12 years and has lived in many different housing facilities, and I think that it is important to share my family's experience with you. Today, I would like to tell you a little bit of my son's story, tell you about a wonderful permanent housing program called MyPad that he was fortunate to participate in and then ask you to support funding to provide more programs that use that model.

My son has been hospitalized approximately 8 or 9 times, including involuntarily twice at the old Vermont State Hospital for extended periods. He has lived in state-run step-down facilities, in many different temporary group housing settings, in motel rooms, on the street several times, and finally in one highly supervised apartment unit called MyPad.

MyPad was set up through special funding from DMH as a response to the closing of VSH by Hurricane Irene. Wisely, DMH Commissioner Patrick Flood had asked Mental Health Agencies to submit proposals for creative alternatives to just replacing hospital beds. MyPad, which opened in August 2012, is a residential program that is a cooperative project between Howard Center and the Champlain Housing Trust. Howard Center leases the apartment building in Essex Junction and residents sublet apartments using income they receive from SSI and SSDI. MyPad is sometimes described as a "hybrid" program, a combination of a supervised apartment and a group home with 24/7 staff coverage, including two awake overnight staff, designed for people who have been repeatedly admitted to psychiatric hospitals. The program helps keep individuals out of the hospital by providing the support they need. I believe that it has capacity for nine individuals and a total of five apartments. The level of staffing and the skills that the staff (many of them peers who have had mental health challenges of their own) bring to the work, has enabled them to successfully keep nearly all of their residents from needing to return to the hospital. The MyPad Program is unusual because residents can stay there as long as they like, as long as they continue to benefit from the support. Similar residential programs ask residents to leave once they become more independent. Program Director Graham Parker says that individuals who live in a residential setting begin to rely on the sense of community, and it's hard for them to make the transition to living independently without day-to-day social interaction.

Residents are evaluated when they enter the program to determine areas where they may need help to prepare them to live independently: cooking, shopping, cleaning, medical, and social interactions. A key component of the MyPad Program is helping people learn to have fun and to participate within their community. This may include going to the movies, playing music, eating out, swimming, or going for walks. Graham indicates that they have found art and music to be particularly useful tools and weekly community meals and outings such as bowling help solidify the essential sense of community.

Not long after MyPad opened, my son was discharged from Second Spring step-down facility to MyPad, where he shared an apartment with another individual with similar circumstances and challenges.

Graham developed a daily schedule for him. This is very important to people who deal with the symptoms of schizophrenia. He walked dogs with the Humane Society, delivered meals on wheels, volunteered at a horse farm. Staff provided rides to appointments with his therapist, his psychiatrist, and his substance abuse counselor. He began to participate in weekly outings for community meals, bowling, movies, and more. Staff took him grocery shopping, hiking, to a pottery class, and much more. When he was experiencing tormenting voices, even in the middle of the night, he went to the office where he talked with staff and played harmonica while they strummed guitars until the voices quieted. They set up a place for him to play drums in the storage room and he played basketball with other staff and residents in the driveway. Staff also made sure that he took the medication he needed.

Unfortunately, my son had to leave there after almost two years because he stopped taking his medication, became paranoid and he tried to assault his apartment mate. He was hospitalized and it was determined that he needed to have his own apartment, and not share one due to his paranoia, and because none are available, he is once again in need of permanent, supervised housing. The MyPad Director and staff indicate that they would welcome my son back if a single apartment should become available, but with only one single unit there, it is likely to be a long time before that happens.

I am here to ask that the MyPad program be replicated across the state. Unfortunately, most all housing options for people living with a mental illness are temporary and have a model that assumes everyone will recover and become independent after getting some temporary support. But there is a group of people with severe mental illnesses like schizophrenia that need long-term structured, supervised housing. I teach a class for family members of people with mental illness and I know from participants' stories that he is not alone. Some have reported that their loved ones wait for years in the state-run "step down" facilities like Second Spring - or in the Berlin facility. I also have heard from the former commissioner of Mental Health and from psychiatrists and other mental health providers that a big part of the problem the system is now experiencing with an insufficient number of hospital beds, causing long waits in ERs, is due to patients in the hospital who have long stays because there is no safe place to discharge them to. My own son experienced two one-week stays in the ER in the past six months and has been in the UVMMC for five months because an appropriate placement could not be found. His doctors tell me he is not the only one there that is currently waiting due to a lack of discharge options. Tomorrow my son will finally be discharged and sent to a private treatment program for a three-month stay. After that, we do not know where he will go, most likely another temporary stay without the level of supervision he needs to continue his recovery.

I hope that your committee will look at ways to be helpful in increasing permanent housing options for this very vulnerable, often hidden group of individuals. I am not a housing expert, but I have to believe that community housing, even highly supervised housing, is more cost effective than staying in a hospital. And people like my son want and deserve to live in their community near friends and family - and not locked up in hospitals. More hospital beds and step-down facilities may be needed to alleviate the crisis we are experiencing, but permanent housing like MyPad is sorely lacking and needs to be part of the solution. Bob Bick, CEO of the Howard Center, told me that he would like to have the funding to create five more MyPads! The situation we are experiencing right now - long waits in ERs across the state (there were 20 individuals waiting just last week) - is everyone's problem, not just the Dept. of Mental Health's problem.

Thank you for allowing time today to hear from me.