

**Testimony to Joint Session of the Vermont House and Senate Appropriations
Committees
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My name is Connie Stabler and I would like to speak to you about the mental health budget. I am a community board member of the Howard Center, one of the agencies designated by the state to provide mental health and substance use treatment services, educational supports and schools, and community programs for developmental disabilities. I also have a thirty-two year old son with schizophrenia who has received much needed services from the Howard Center for 12 years.

My son has been fortunate to be eligible for case management services that provide someone who has helped him to manage his illness, find housing and to access the supports he needs, as well to maintain some level of independence at times. This has been nothing short of life saving. However, he has had 13-14 different cases managers over these 12 years, individuals who work extremely hard under difficult and challenging conditions for very little pay. Despite being competent, compassionate and caring individuals who have a passion for their work, in order to pay their bills they are often forced to leave their jobs and find alternate employment that recognizes and awards their efforts. This is one reason that the mental health budget cannot be level funded as Governor Scott has asked.

Here is another reason why you cannot just level fund the mental health budget. For well over a year, individuals experiencing a mental health crisis that causes them to be a danger to themselves or others are stacked up in our hospital ER's and, according to ER personnel, it is only getting worse. A few weeks ago, there were 20 people waiting across the state for a bed; some of them were children and some of them had been waiting for weeks. Imagine that you had to sit in a small windowless room with bright lights and noise in the hall 24/7 for days or weeks, only able to leave to use the bathroom with no idea of when you might get to leave and where you might go. Then imagine if you heard voices who tormented you all day and night that kept you from sleeping. What if you had experienced repeated trauma from multiple hospitalizations, perhaps from being homeless or from having experienced physical and/or sexual abuse by those who took advantage of your vulnerabilities. That was my son just a few months ago when he spent a week in the ER before he was discharged to a crisis bed, but then went back into the ER after a suicide attempt and spent another week there before a hospital bed was found. This has been occurring every single day for too many people in our ER's for over a year. How can we, as Vermonters who consider ourselves to be compassionate, allow this inhumane treatment to happen? Would we let

someone who comes to the ER with a heart problem sit in the ER for a week or two? Unfortunately, this is proof that stigma is alive and well in Vermont and parity with other “medical illnesses” does not exist. This unconscionable situation needs immediate attention, not just continued to be “studied,” We need additional beds NOW, even if it’s on a temporary basis. It would be shameful to let this go on even another month while DMH continues for another year “to figure out what kinds of beds are needed.”

The other area that needs increased funding that would help to empty out the ERs is permanent, supportive community housing. We need housing with a sufficient level of support for these individuals who turn up again and again in the ERs and who sometimes spend 1 to 2 years in a hospital because there is no place to discharge them to. There is a successful model for this in Chittenden County, run by the Howard Center called MyPad, that has this level of support – 24/7 awake staff who provide the structure, engagement, activities and the caring community needed to keep people like my son from continuing in that cycle of hospitalization to step down facility to temporary group housing. But this program only has 7 beds and I am not aware of any other program like it in the entire state. We need more money for the DA’s that would target this kind of housing, then perhaps we could get by with less hospital beds.

If you want to get people out of hospital so that there will be more beds for people in crisis, we need to get serious about funding programs like this. Think about the money that would be saved for taxpayers: at MyPad it costs \$314 per bed per day vs. \$2,277 per bed per day in a Level 1 facility. As important is that people like my son deserve to live in their communities and not be locked up in hospitals. It’s the right thing to do and it’s the most cost effective thing to do.

I am asking that, when drafting the mental health budget, you please do the right thing for the most vulnerable in our communities.

Thanks for letting me speak to you this evening.