NAMI – VERMONT

National Alliance on Mental Illness of Vermont Toll-free in VT: (800) 639-6480

162 S. Main St. - Waterbury VT 05676 (802) 244-1396 ◆ (802) 244-1405 (fax)

on the web at: www.namivt.org ◆ ***email:*** info@namivt.org

NAMI-VERMONT ADVOCACY AGENDA - 2010

One of the primary purposes of NAMI-Vermont is to advocate for the thousands of Vermonters who are living with serious mental illness and ensure that they have access to an adequate system of care. To this end, the NAMI-Vermont Advocacy Agenda for 2010 focuses on the following priorities:

1. **Promote the investment in and development of an integrated, cost-effective mental health system in Vermont that**:

Provides access to both psychiatric and general medical care for persons disabled by mental illness.

Addresses the mental health issues of Vermont Veterans as they return to civilian life, reunite with families and reintegrate into communities.

Is accessible to all persons with mental illness and focused on meeting basic needs as well as supporting individuals toward recovery including supported employment and housing.

2. **Advocate for changes in current legislation regarding timely and effective treatment for people with mental illness .**

Advocate for the right of all persons hospitalized with a major mental illness to receive treatment in a timely manner and according to the medically recognized standards of care. The lengthy delay in the current legal process required for involuntary treatment* exacerbates the patient's condition, lengthens the recovery, and is inhumane.

Ensure that community hospitals are reimbursed for treating individuals with acute psychosis. Currently reimbursement can occur only when the patient is given the standard of care. If a patient refuses this care (medication) there is no reimbursement. The lengthy process to secure involuntary treatment postpones compensation to the hospital as well.

Require all hospitals with psychiatric units to provide comprehensive treatment for patients admitted from their community and region. Moving patients out of their communities to the State Hospital interrupts the continuity of care they receive and provides an additional barrier to family members and friends who wish to support the patient.

** Note: Involuntary treatment pertains to those individuals who lack the capacity and insight to make decisions regarding treatment on their own behalf.*

3. **Advance understanding of the large number of persons with mental illness involved with the criminal justice system, and support changes that ensure appropriate treatment for those who are incarcerated.**

Expand the Crisis Intervention Team (CIT) program as recommended by the Criminal Justice Mental Health Taskforce, to reach communities statewide.

Support the expansion of the police social work program to all police departments throughout Vermont.

Expand access to treatment courts (mental health and drug courts) and extend these services to persons with mental illness who have committed certain low level felonies.

Require that the Department of Corrections provide immediate and ongoing medical treatment to persons being incarcerated with previously diagnosed mental illnesses.

NAMI-VT Board approved.

Statement of Karen Kelley

House Human Services Committee

Mental Health Advocacy Day – January 27, 2010

My name is **Karen Kelley**. Were it not for the community mental health services, I would be dead. I would not be here today to tell you what you already know. The proposed cuts in the Human Services budget are not only inhumane but immoral. I have a psychiatric disability, one that is quite severe. I have a son who has autism. He lives independently, works part-time, and has a case manager and a community support worker. If any of his services are cut, he will no longer have the ability to be independent, to pay into the system that helps him, and he will regress. There is not a question of that. It is a fact.

Six years ago, I was diagnosed with a trauma-based psychiatric illness that forced me to stop working. Because of this illness, combined with depression that I already had, I had many, many hospitalizations and made more than one attempt to take my own life. The last two ended up in the intensive care unit, the last time, hooked up to a ventilator. Were it not for my case worker from our community mental health agency, I would not have been able to make a trip to a hospital in Dallas, Texas for specialized treatment of my illness. When I hit the donut hole in my Part D two years ago and was being discharged from the hospital with a new form of my medication, I did not have the money to pay the $400.00 for the generic cost version. My case manager was able to find a way to fund it for me. Coming off that medication suddenly would have been life threatening.

I am not telling you things you have not already heard from others in this state. The Governor's proposed budget cuts are coming at the expense of the most vulnerable citizens of this state. If you agree to cut the funding in Mental Health and developmental services, all that is going to happen is you will end up with more people hospitalized for longer periods of time who are unable to stay stable, who will become unable to contribute to the state, and in the worst case, will die. That is not a decision of mine, it is fact.

Please, for my sake, for my son's sake and for the sake of all the people of this state who are already suffering needlessly, do not balance this budget on our backs. They are already broken.

Thank you.

Statement of Paige Corologos

House Human Services Committee

Mental Health Advocacy Day – January 27, 2010

My name is Paige Corologos and I am a mental health care consumer. At one point I would have been called a "mental patient" but I hope we are beyond those times. I am here to lobby for funding for state mental health care and policy. As a consumer with bipolar 1 disorder, I have been served very well by the state funded Howard Center program "Assist" which has allowed me to stay out of the mental health ward of Fletcher Allen Hospital when I have been in great crisis. Assist is a program and a place where people like me can go when in a great crisis that can't be addressed at home or in out-patient therapy. It provides a "time out" that is safe and works to build life skills and coping techniques so that these crisis won't happen again or can be addressed in a less aggressive manner. When I couldn't be safely at home because of suicidal thinking or deep depression and my bipolar was causing me to clash with my very supportive husband, Assist was there for me to go to and have a cooling off period and reassess my thinking patterns. Dennis and Tessa, my husband and daughter, could visit me there if I wished and I was slowly worked back into the world through first through counseling, then supervised walks and then on my own until we decided it was time and a good thing for me to return home or if things were going poorly, to the hospital where I could get more intensive care. However, I have always done well at Assist with the help of the councilors and other clients and have gone back to my home. When I was first struggling with recovery from my severe mental illness (I spent considerable time hospitalized), Assist was a critical fall back place for me—just knowing it was there gave me comfort so I didn't always need to utilize it. I did save myself and the system many a hospitalization through going to Assist instead.

I am afraid that with any, never mind severe budget cuts, programs like Assist will be the first removed out of necessity to retain others. This would be a great loss to clients like me who have been saved by this program and saved from more severe mental problems and needing the help from more costly ones. I don't know how many hospitalizations I would have needed, the course my life may have taken, the state of my marriage over time, the poor functionality I would know I would now exhibit had it not been for this Howard Center program. Please let us retain it. Thank you for your time.