

## Theresa Utton-Jerman

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**Subject:** Written testimony on state budget

To the Vermont House and Senate Committees on Appropriations:

Thank you for the opportunity to submit testimony on the Governor's recommended state budget. I would like to specifically address the proposal from the Department of Public Safety to expand its "mental health outreach" program. I am an 8-year resident of Windham County and am speaking as a psychiatric survivor, user of mental health services, member of the LGBTQ community, and advocate with experience doing direct support of individuals interacting with Vermont's mental health system.

I take this proposal by DPS as a good-faith effort to reduce harm to people who may be experiencing distress. In Vermont, those most likely to be killed by police are those experiencing an emotional crisis or an extreme or altered state. Those chances increase when combined with other factors like poverty; being Black, Indigenous, or other person of color; and/or being visibly queer, transgender, or gender-nonconforming. The most immediate and effective way to reduce police violence to our communities is to drastically reduce interactions with police.

However, the proposal is misguided in its plans to embed clinicians in state police barracks. As momentum builds across Vermont and the US to divest from policing—which often results in trauma, injury, and even death—and invest instead in community supports, the DPS proposes to expand the reach of the police. Rather than further enmesh mental health supports and law enforcement, we need greater efforts to extricate them from one another. In his memo to the General Assembly, Commissioner Schirling writes, "Those with mental health challenges are not more likely than anyone else to commit violent acts or crime." Why, then, is mental health still being treated like a public safety issue?

Currently, police respond to these crisis situations not because they are best suited to handling them, but because bystanders, friends, and family members call 911. They do this not because they want to see someone tackled, cuffed, tasered, or shot but because they don't have or don't know about alternatives.

And, frankly, social workers and mental health professionals are not alternatives to police. They are equally capable of separating us from our families, having us locked up in institutions, coercing us into "treatment" we did not ask for, and getting court orders for us to be drugged against our will and put under state surveillance. And not for committing crimes, violent or otherwise, but because we have a psychiatric diagnosis or disability.

Whether alone or with police officers, the arrival of a clinician constitutes an escalation of the crisis. Many of us have suffered trauma in emergency rooms and psychiatric institutions, lost homes, cars, pets, and custody of children because of the mental health system. The diagnosis and treatment we receive is hugely impacted by factors like race, class, and gender. Instead of making social workers into cops, or making cops into social workers, many disability advocates are calling for the development and strengthening of community peer support and mental health advocacy programs.

I urge the committees and the Governor to investigate and invest in trauma-informed, non-coercive, and non-punitive responses to Vermonters in moments of distress:

- Development of a mobile crisis team of peer support workers who can offer to listen and strategize with individuals experiencing crisis and/or those supporting them. These supporters must be accountable to their communities and not to the carceral institutions of police or psychiatry.
- A separate number for crisis, and 911 dispatchers rerouting calls to the crisis team.
- Education for the public, and particularly for supporters of people who may find themselves in distress or crisis, about the harm that often results from police interactions, skills for offering support and care, and alternative resources that are not coercive or violent.

And most importantly, involve psychiatric survivor and service user groups in these processes. Meet with peer support teams at designated mental health agencies, members of the Adult State Standing Committee for mental health, BIPOC groups doing racial justice work, disability rights organizations, and Vermont's many advocates with lived experience of marginalization because of psychiatric labels. Two or three minutes during a public forum isn't enough to hear from the people directly impacted by these decisions.

Sincerely,

Calvin Moen

Pronouns: he/him/his