



**STATE OF VERMONT**  
HOUSE OF REPRESENTATIVES

**MEMORANDUM**

To: Rep. Kitty Toll, Chair, House Committee on Appropriations  
From: Rep. William Lippert, Chair, House Committee on Health Care  
Cc: Rep. Mitzi Johnson, Speaker, House of Representatives  
Date: September 11, 2020  
Subject: Mental Health and Public Safety Responses to Mental Health Crises

The House Committee on Health Care (Committee) has taken extensive testimony over the past two weeks regarding the Department of Public Safety's proposal to hire additional social workers to support its work with individuals in mental health crisis. The Committee has ultimately determined that mental health crises are a health care matter, and therefore monies for this purpose should be appropriated to the Department of Mental Health. In reviewing this proposal, the Committee agreed upon several key principles to guide the General Assembly's current and future work regarding emergency responses to mental health crises:

1. Mental health is a fully integral component of health care and is not a component of the criminal justice system. Although emergency services responses do sometimes include public safety service needs, such responses should be considered part of the overarching framework of mental health care in the State.
2. A health care system must focus on primary care and prevention to avoid the occurrence of more serious health conditions and health emergencies. The State's mental health care services are wholly inadequate to promote health, which represents the root cause of many emergent crises. There is a pressing need for more robust community services to support mental health needs, including addressing needs within the criminal justice and education systems.
3. Vermont needs a more cohesive framework for emergency responses to mental health crises, which ensures equitable access on a statewide basis. The framework must be developed in a manner that incorporates improved mechanisms for triage to the appropriate emergency services, including how to manage among the 911 system, designated agency crisis lines, and other emergency call sources. It must expand utilization of peer support services. The appropriate balance of funding sources also needs evaluation. While significant conceptual work to reimagine how emergency services respond to mental health crises is essential, it cannot be

completed in the time frame allotted for the current budget, and therefore, the work must be ongoing.

4. The development of a new framework should be coordinated through the Department of Mental Health with leadership from persons with lived experience of a mental health condition or psychiatric disability and other impacted communities, including those communities experiencing inequities or marginalization, such as racial discrimination, that expose them to additional risks from unnecessary law enforcement or mental health system interventions. The Vermont Human Rights Commission may be useful in identifying potential leaders from these communities. The Department must also ensure that development of a new framework: (1) is consistent with the work of the Mental Health Integration Council; (2) addresses emergency services for both children and adults; and (3) includes collaboration with all branches of law enforcement, the designated and specialized service agencies, the hospital system, the education system, and communities.

5. There is an immediate need to enhance the ability to provide safe, appropriate crisis responses that reduce involvement of law enforcement when those supports are not necessary for public safety and that ensure strong coordination when those supports are necessary. Law enforcement uses a significant amount of its resources on responding to mental health crises that draw officers away from core duties, and law enforcement is not best-equipped for such responses.