

Statement to Vermont House Judiciary Committee, August 16, 2020

My name is Mary Cox, from Burlington, Vermont. Today, I address **H.464**. I am a family member of persons with mental health conditions. I would like to talk about the intersection of policing with the mental health community based on my first-hand experience.

Ten years ago, when I called the police to help with a family member experiencing a serious mental health crisis, the police themselves sometimes escalated the situation. There have also been several tragedies in Burlington over the last ten years when police responded to a mental health crisis.

Today, things have dramatically changed.

Crisis response in the community: There are more mental health crisis services in our community:

First Call. However, First Call does not respond or intervene when a person who is experiencing a crisis doesn't want their help; also, they are understaffed for the need in our community, and it can sometimes take hours from the time of a call to the point where they are providing help.

Street Outreach, which is currently staffed weekdays during regular business hours. The Street Outreach Team members are trained mental health responders; however, even when they are available, they will not respond without police back-up.

Crisis response by BPD. The Burlington Police Department also has undergone an impressive transformation to being far more able to appropriately respond to difficult mental health calls.

- Through **de-escalation training**, they now have tools that help them resolve situations, including getting persons with mental health issues support **without force or coercion**.
- They have begun working collaboratively to improve mental health outreach, using a **community policing model**.
- They have begun **collaboration with the community**, and have met with peers from **Pathways Vermont**, and the crisis response group at **The Howard Center**, and the folks from **First Call**, to begin building community and trust.
- They have hired a **more diverse** group of new officers to the force.

Although their work is still somewhat in its infancy, being derailed somewhat by the pandemic, it has already paid off tremendously. For example, this spring, the BPD responded with Street Outreach, and sometimes by themselves on the weekend, to a family member's mental health crisis on numerous occasions; each time, the police officers were helpful, caring, and ultimately de-escalated what were sometimes very difficult situations.

This sort of outcome takes time. It takes training. It takes willingness for the community and the police to both come to the table and work together – to collaborate - to improve outcomes for persons experiencing mental health crises.

I ask you to

- **Expand H.464** to include data and policies on police interactions with persons who experience a mental health crisis.

- Specifically provide for a sub-group of the study group to consider a **realistic vision** of what the police and the array of community supports and services can be, what we want them to be, in response to mental health crises.
- Ask communities and their police departments to **work collaboratively to develop strategic plans for a Police-Mental Health Collaboration in their community.**
- **Support the BPD's efforts to collaborate with the mental health community,** and form a sub-group of the study group to **track and publish their results** for use by other communities in Vermont.

Thank you for your consideration.