



formerly Vermont Protection & Advocacy  
(800) 834-7890 (Toll Free)  
(802) 229-1355 (Voice)  
(802) 229-2603 (TTY)  
(802) 229-1359 (Fax)

141 Main Street, Suite # 7, Montpelier, VT 05602

---

To: House Healthcare Committee  
From: A.J. Ruben, Supervising Attorney DRVT  
Date: September 8, 2020  
Re: Department of Public Safety proposal regarding mental health crisis and law enforcement

Dear Members of the Committee,

Disability Rights Vermont (DRVT) is the federally authorized disability protection and advocacy system in Vermont pursuant to 42 U.S.C. 10801 et seq., as well as the Mental Health Care Ombudsman for the State of Vermont pursuant to 18 V.S. A. §7259.

Thank you for inviting DRVT to testify regarding proposal to use approximately \$525k in the Department of Public Safety(DPS) Budget to have the Vermont State Police contract with various Designated Agencies (DA's) to improve outcomes for Vermonters. Specifically, DPS proposes contract with DA's to hire mental health professionals who will work closely with Troopers in each of their regional barracks and respond to calls for service in collaboration with those State Troopers. For many years DRVT and other advocates for the rights of people with mental health conditions had advocated for the increased use of social workers embedded with police departments to help the officers gain empathy for and trust in the mental health system of care and the lived experience of many with mental health conditions. Those calls were honored in the law (Act 79) but not in practice, as adequate funding and policy development never occurred.

In the meantime, our understanding of best practices and community needs has evolved. We no longer want law enforcement, or even coercive arms of the state embodied in Crisis Screeners, to be the first response to people in our communities with mental health conditions who are causing concern or disturbance for our community. DRVT and other advocates have seen how when law enforcement control the mental health staff assigned to them without clear policies for their use problems arise and negative perceptions ensue.

We understand that peer to peer contact, safe and accepting respite housing, access to affordable housing, access to employment supports, and general systems navigation assistance are actually the most cost-effective ways to help people avoid crises, poverty and despair that can lead to bad behaviors. This is true for people with or without mental health conditions.

Unfortunately, well-meaning State officials have not kept up with the evolution of these best practices and thus are putting forth this proposal to have the VSP be the entity with the funding and doing the contracting for services that may still seem coercive and inappropriate to those

*DRVT is the protection and advocacy system for the State of Vermont.*

On the web: [www.disabilityrightsvt.org](http://www.disabilityrightsvt.org)

who receive them. As far as we know there was no input by the peer community into the Administration's current proposal, a significant flaw when trying to assure that all relevant voices are heard before significant funding is allocated for a program that may not be optimally effective.

A potential alternative for consideration would to applaud the Administration's identification of \$525k in the budget that can be put to a better purpose for overall public safety, but requiring the money to be moved from the DPS budget to the Department of Mental Health's budget. Once in the DMH budget, it would be worth considering a requirement that DMH to use those funds to contract with Designated Agencies AND to require that peers (people with lived experience of the mental health system and have been trained to provide Peer Support to other people going through crisis or interactions with that system or other challenges) be involved for the purpose of creating teams that can collaborate with each VSP barracks (and other regional first responders) on appropriate response practices that minimize law enforcement contact with people who would benefit more from trained peer support or other non-coercive mental health supports.

Optimally, the Legislature and the Administration should consider using the half million dollars not for crisis response but instead for the things that we all know improve the lives of people with mental health conditions, and most marginalized communities: affordable housing, peer support/mentoring/peer navigation assistance, respite housing, employment supports, access to non-coercive therapy, and public relations efforts to end the discrimination people with mental health conditions still face in our society.

I have attached a link to DRVT's 2020 report "Wrongly Confined" for your consideration as well because that report identifies the systemic problems Vermont faces due to a lack of overall capacity to have sufficient staff (peers, care providers, medical providers) and placements to fulfill the American with Disabilities Act Olmstead mandate that people have a right to live in the least restrictive, most integrated setting appropriate for their needs, and the right to live free of harmful discrimination generally.

<http://www.disabilityrightsvt.org/pdfs/Publications/DRVT-Olmstead-Report-2020.pdf>

The remedies for the crisis that the Administration's proposal is aimed at fixing – that many calls to 911 would be better responded to and resolved with more appropriate responses than armed law enforcement – are the same remedies that DRVT is proposing in our "Wrongly Confined" report. Those remedies involve flooding the field with well-trained peer support staff, adequate respite and support opportunities, housing and employment and efforts to end discrimination as well as a move away from coercion – be it criminal arrest or civil seizure under our Emergency Exam laws.

Thank you for your consideration.