9/8/2020

RE: State Budget; Department of Public Safety proposal regarding mental health crisis and law enforcement

TO: Chairman William Lippert, and Members of the House Committee on Health Care

I have been a member of the Act 80 Committee, Chief Justice Task Force, Emergency Involuntary Procedures (EIP) Review Committee, VPCH patient representative, and Vermont Psychiatric Survivors Northern patient/ resident representative.

I'm writing in opposition to the allocation of $525,000 to the Department of Public Safety to expand its mental health outreach program. Conflating mental health and public safety is part of the problem and not a solution. Why would this money not be going to DMH to strengthen and adequately fund community resources ? It amounts to diverting what could and should be mental health resources to the control of law enforcement. The short term solution would be to give this funding to the Department of Mental Health instead.

As the patient representative at VPCH, I often heard from patients of the unnecessary use of law enforcement and its heavy handed behavior particularly in regards to welfare checks; i. e. police just breaking into residences and dragging individuals off to a hospital with no conversation. In addition, I heard complaints from a number of clientele regarding the actions of the "yellow shirts" (Howard Street Workers) as to how they harassed homeless individuals and individuals with psych histories to the extent that one individual sought a restraining order. Many of the people I served had negative interactions with and were afraid of law enforcement based on their experience.

I point that out to say, that my work as a psychiatric resident representative/ advocate was to establish a rapport with individuals in institutions and the community with psychiatric issues; even to a greater extent than one that can be achieved by clinical personal as I was not bound by the same professional boundary issues as clinicians. I was a liaison that often assisted individuals in the community with their needs, grievances, etc., as well as personal support. It makes a big difference to an individual whether their help is coming from a supportive lay person or a professional. I feel confident that my work shortened a lot of hospital stays and helped keep individuals out of the hospital or jail. I was able to assist in de-escalate individuals in hospitals because they knew and trusted me and I wasn't someone who had power over them or could coerce them.

Quoting Kate Lamphere, LICSW, from her testimony in House Committee on Judiciary:

"with additional funding, HCRS could explore other creative options to support individuals in crisis including the use of peer support services for suicide prevention and crisis response, allowing the agency to further decrease our reliance on law enforcement for well person and mental health crisis responses."

Quoting SAMSHA : "peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process."

The current proposal includes no mention of peers either embedded or independent. It is by now well established that peers provide a unique and important roll in mental health recovery; yet DMH has failed to effectively include peers in Vermont's system of care. In northern Vermont its probably been 6 years since there has been a Vermont Psychiatric Survivor peer advocate in the communities.

I would propose that the funding for embedding social workers with law enforcement would be better served by enhancing peer crisis services in the community.

Sincerely,

Michael Sabourin
Mental Health Advocate
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Additionally, last month I requested feedback on police reform from Laura Ziegler who also served on the Act. 80 advisory committee and excerpts from her feedback are below :

I was asked for feedback concerning potential law enforcement reform legislation and specifically, on law enforcement reform as it relates to people with mental disabilities.

Many years ago I testified before the National Council on Disability and focused almost entirely on the issue of law enforcement and people with psychiatric disabilities. Some of my testimony was quoted in the Council's report *From Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves.* I've attached still-relevant excerpts from the report's chapter on criminal justice.

I believe involving law enforcement in welfare checks and mental health calls actually *increases* the likelihood of violence -- or of the resolution of complex social

problems and conflicts through arbitrary detention. A recent statement from Compassion not Cops:

https://www.compassionnotcops.com/

"We are mental health and disability professionals, advocates, consumer/survivors, family members, people with disabilities, community members, and our organizations. We call for an end to police involvement with mental health response, including an end to 'wellness checks' and 'welfare checks' and an end to police response to mental health and suicide 911 calls.
Police have no role to play in mental health care. Sending police often makes situations worse and risks provoking violence, which disproportionately affects people of color and people with disabilities.
We join Black Lives Matter and call to invest in compassionate community based alternatives to mental health responses.
We ask concerned individuals and organizations to join this call and to use our collective voice to press for immediate policy change at the local, state, and federal levels."

I signed with a comment:

"In 1988 I was active in Project Release, one of the oldest mutual support and advocacy organizations in the mad civil rights movement. While providing peer support I witnessed a specially trained team of NYPD officers respond after being called by a neighbor when someone who was going through an extended, extreme psychological state had become very loud. By the time the police arrived at the apartment where she'd been for five days, she was lying quietly under a blanket —so quietly that the police asked us: 'Which one of you has the problem?' But in a few minutes they had escalated her, decided to remove her to a hospital, tasered a bystander and charged him with felony assault (the charges were later dropped and a civil suit settled). I remember shouting at the team, after they'd used the taser: 'This is *your* doing. You created this violence.'
I live in Vermont now. MacAdam Mason's deadly encounter with the Vermont State Police [https://vtdigger.org/2013/06/27/advocates-say-incremental-progress-on-taser-use-isnt-enough/] exemplifies how little has changed, and how much needs to change."

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The continuum of force seems to have altered over the past 25 years or so -- going straight from verbal intervention to so-called less lethal and effectively eliminating an intermediate step: empty hand control. I think this trend, which is justified as reducing physical risk to officers, unacceptably increases the *public's* risk of physical harm. I think it's especially true for people with disabilities (or people in altered states) whose

perception, cognition or emotional disturbance is a barrier to hearing, understanding or complying with an officer's commands.

I also want to flag something which is difficult to propose a remedy for but which is part of a dynamic that causes people with psychiatric histories to live in reasonable fear of law enforcement.

From: *How to prepare for an emergency* by the late D.J. Jaffe (a founder of the Treatment Advocacy Center) and formerly linked to NAMI-VT's website:

"While AMI/FAMI is not suggesting you do this, the fact is that some families have learned to 'turn over the furniture' before calling the police. Many police require individuals with neurobiological disorders to be imminently dangerous before treating the person against their will. If the police see furniture disturbed they will usually conclude that the person is imminently dangerous."

Although Vermont law recognizes that false information can be a factor in involuntary hospitalization -- see 18 V.S.A. § 7104, Wrongful hospitalization or denial or rights; fraud; elopement -- there's a lack of effective deterrents. Law enforcement should act in the service of equal protection under the law, rather than treating people with actual or perceived mental disabilities as inherently suspect and uncorroborated hearsay about them as a sufficient basis for summary curtailment of liberty. Direct evidence, or at least meaningful investigation, should be required.

During the Act 80 training development I kept raising the issue of people with disabilities as witnesses or victims of crime. I don't think this aspect of interactions with law enforcement was ever addressed in the training. Seeing us only as suspects, problems or perpetrators, despite how disproportionately we tend to be *victims* of crime (see https://pubmed.ncbi.nlm.nih.gov/16061769/) indicates the bias and the culture that undermines both equal protection and responsible policing.

Further below is a statement issued by the National Association for Rights Protection and Advocacy on July 23, 2020. Please share it. I think it's important to note that substituting mental health professionals for law enforcement is not necessarily the solution.

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Thanks for keeping me informed. Hope some of this is useful.

laura

Statement by The National Association for Rights Protection and Advocacy, 7/23/20

https://www.narpa.org/narpa-statement-on-police-july-2020/NARPA%20response%20to%20defund%20police%20%207-23.pdf

Police Should Not Respond to People in Emotional Distress/Crisis: The Urgent Need for Non-Coercive Supports and Services

In the wake of nationwide protests in response to police killings of people of color, there have been calls from activists to defund the police. Many in the defund police movement have rightly called for an end to police involvement in calls related to people in emotional distress/mental health crisis and in doing so-called “wellness/welfare checks,” situations which are clearly not appropriate for police intervention. Many have also called for passing the responsibility for handling emotional crises from police to the mental health system.

The National Association for Rights Protection and Advocacy (NARPA) strongly supports the call to end police involvement in calls related to emotional distress/mental health crises. We also strongly oppose passing this responsibility on to existing public mental health systems. While the call to replace cops with mental health clinicians may be well-meaning, many who support this action may not realize that the mental health system is a white-dominated, violent, coercive, and unaccountable structure that disproportionately harms people of color, rests on the threat of force, and is complicit with the carceral state and the prison industrial complex.

NARPA believes it is imperative to replace coercive responses with well-funded local systems of non-coercive, voluntary supports and services for people in emotional distress, especially peer support services and peer-run crisis alternatives. In addition, we call for community investment in the welfare of people, particularly marginalized groups, to ensure that everyone has access to the kind of essential human services that help protect people from the trauma that contributes to emotional distress, including health care, housing, education, and employment services that are anti-racist in perspective and practice.