

Testimony 9/9/20 RE: Bill H.961 - Mental Health Outreach Expansion

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From reading the Overview & History prepared by Commissioner of Public Safety Michael Schirling, it is laudable that VT Public Safety made a good faith effort to remediate difficulties experienced by citizens with unexpected behaviors when in contact with our State's police officers. From the report the efforts appear to be helpful.

HOWEVER "MENTAL ILLNESS IS A HEALTH ISSUE, NOT A POLICE ISSUE"

- *Peter Earley, federal Intergovernmental Services Mental Illness Coordinating Committee*

WHY WE NEED TO PROVIDE CRISIS MENTAL HEALTH EMERGENCY SERVICES WITH MENTAL HEALTH TEAMS NOT CONNECTED TO POLICE DEPARTMENTS?

I. First of all, we are looking forward to a greater number of Black, Indigenous and People of Color (BIPOC) moving to homes in Vermont. Most of the horrendous murders of black and brown people by Police did not involve any mental health issues. However, many of the BIPOC here in Vermont have a right to be fearful that these events could happen here. An attractive man told us recently that the scariest place for him in white Vermont is in his car. Two prominent women of color have openly been harassed and forced to move from their homes as a result of racist behavior.

II. Vermont is not providing adequate services for the mental health needs of all our citizens. By not providing sufficient funding for primary behavioral services, homebased care, experienced trauma therapists and more easily accessed psychiatric care to warehousing sick people in hospital Emergency Department corridors, we are failing fellow Vermonters. I understand why Commissioner Schirling perhaps had no other recourse than that of embedding mental health personnel in the State's Police Departments.

III. More robust emergency mental health services must be separated from identification with the Police. Data reveals that in a crisis Americans with mental illnesses make up nearly 25% of persons killed by Police officers. And in addition, according to an article in the Washington Post, 115 Police officers have been killed by those with mental illnesses since the 1970s.

WHAT CAN WE DO ABOUT THESE SYSTEMIC MENTAL HEALTH DELIVERY DEFICITS WHILE BEING MINDFUL OF EQUITY & INCLUSION ISSUES?

I. Other States have designed far more robust mental health systems such as home services regularly provided, so that if a mental health provider turns up at the door they are known to the client and/or at least to the families making the calls. Another example includes triaging 911

calls to refer them to emergency mental health services. One such clinic in Eugene, Oregon received 24,000 calls last year of which only 1% required police backup as part of their responses.

II. Our Designated Agencies with greatly increased budgets and a more decentralized, flexible approach could fill that role. They need to be providing homebased services for a myriad of problems from family therapy and social services to elder care and most certainly to persons with severe mental illnesses and to their distressed families. Skilled teams of mental health providers trained in robust strategies of emergency care with excellent back-up support must be created for 24/7 responses all over the State on the medical model of EMTs, Emergency Medical Teams. Imagine the possibilities for reducing our overloaded in-patient services if greater primary care were available to people. There could be financial savings in hospitalization costs too.

III. We need to reinvent the very concept of “police.” We need to listen to the contradictory meanings people hold for the term and deconstruct their functions. I recommend we form a diverse Citizen-led Task Force to examine the job activities currently falling to our police. They do not belong in schools and unless there’s physical danger, they do not belong in health care. There are other ways to approach suspected mental health crisis situations which in the opinion of many mental health clinicians would be far more efficacious and would benefit far more people by earlier contact and intervention. We must separate the functions of our Police from Health Care, and I reiterate that this State is gravely lagging in providing adequate mental health at all levels of care.

IV. Of course we will need Protection Teams which is the central job description for Police; people do get out of control and with our open gun laws, people carrying assault weapons are potentially dangerous. Police as Protection Teams can be respected and acknowledged as guardians of the peace, diverse in make-up and training, working in collaboration with Citizen Review Panels.

CONCLUSION

Complementary to restructuring the Police into Protectors and Guardians, we need to adequately fund Emergency Service Teams (ESTS), well-trained mental health providers who are persons with empathy, knowledgeable about community resources, above all experienced in diagnosis and adequately trained in diverse issues of our citizens.

So yes, job descriptions of today’s police need changing. They will not serve in schools and they will not be the first called in emergency mental health crises. Yes, their budgets will be reduced to contribute to the mental health care services so critically needed in this State.

We can do better. We can examine models of emergency services in other States and above all we must commit to funding mental health far better than we do at present.

Brief resume of Ann Raynolds, Psy.D: In addition to launching Head Start with Joyce Strom in Springfield, VT 1965 and heading the Windsor/Windham Counties Child Care program 5-C, Inc. 1972-78, Dr. Raynolds worked in Boston, MA 1978-2000 in the following positions after receiving her doctorate in clinical psychology 1982: Developed & directed The Family Project, a multi-lingual, multi-racial & multi-ethnic homebased mental health program in Boston's inner city neighborhoods 1982-91; two Roxbury Community Mental Health Centers; MA Society for the Prevention of Cruelty to Children; Boston City Hospital and faculties of Harvard Medical School & Boston University Medical School. After returning to VT in 2000, she worked at West Central Behavioral Health; served on the Board of the VT Psychological Association for 10 years; has had an established private practice in Quechee for 20 years, and is currently a member of the Hartford Committee on Racial Equity and Inclusion, the State Police Fair and Impartial Policing and St. Paul's Episcopal Church Committee About Racial Justice..