

To: Senate Committee on Health and Welfare
From: Calvin Moen
Date: September 10, 2020
Re: Department of Public Safety proposal regarding mental health crisis and law enforcement

Dear members of the committee,

I am writing as a trainer for the Vermont Peer Development Workforce Initiative, with experience in educating in Intentional Peer Support, safe withdrawal from psych drugs, and alternatives to policing in crisis situations using IPS and restorative justice practices.

I am also writing as an eight-year resident of Windham County and as a psychiatric survivor, user of mental health services, member of the LGBTQ community, and advocate with experience doing direct support of individuals interacting with Vermont's mental health system.

I am opposed to the proposal from the Department of Public Safety to expand mental health outreach into the remaining state police barracks.

I take this proposal by DPS as a good-faith effort to reduce harm to people who may be experiencing distress. In Vermont, those most likely to be killed by police are those experiencing an emotional crisis or an extreme or altered state. Those chances increase when combined with other factors like poverty; being Black, Indigenous, or other person of color; and/or being visibly queer, transgender, or gender-nonconforming. The most immediate and effective way to reduce police violence to our communities is to drastically reduce interactions with police.

However, the proposal is misguided in its plans to embed clinicians in state police barracks. As momentum builds across Vermont and the US to divest from policing—which often results in trauma, injury, and even death—and invest instead in community supports, DPS proposes to expand the reach of the police.

Rather than further enmesh mental health supports and law enforcement, we need greater efforts to extricate them from one another. In his memo to the General Assembly, Commissioner Schirling writes, “Those with mental health challenges are not more likely than anyone else to commit violent acts or crime.”¹ Why, then, is mental health still being treated like a public safety issue?

From the Department of Mental Health, we are hearing an intention to move away from intersections of law enforcement and mental health. We cannot work toward this goal by creating more overlap. It's time for their actions to line up with their words.

Funding this proposal sends a clear message to our community: mental health crisis is a criminal issue, and we're keeping it that way.

Currently, police respond to these crisis situations not because they are best suited to handling them, but because bystanders, friends, and family members call 911. They do this not because they want to see someone tackled, cuffed, tasered, or shot but because they don't have any alternatives.

And, frankly, social workers and mental health professionals are not alternatives to police. They are equally capable of separating us from our families, having us locked up in institutions, coercing us into “treatment” we

¹ Schirling, Michael, Memorandum to Vermont General Assembly re: Mental Health Outreach Program Expansion (H.961) (July 17, 2020)

did not ask for, and getting court orders for us to be drugged against our will and put under state surveillance. And not for committing crimes, violent or otherwise, but because we have a psychiatric diagnosis or disability.

Whether alone or with police officers, the arrival of a clinician constitutes an escalation of the crisis. Many of us have suffered trauma in emergency rooms and psychiatric institutions and lost homes, cars, pets, and custody of children because of involvement in the mental health system. The diagnosis and treatment we receive is hugely impacted by factors like race, class, and gender.

I am effective as a peer advocate in the community and on locked units precisely because I am explicitly not connected to any kind of force. People know I am there for them, and our relationship isn't influenced by what is on their medical chart. I am accountable to my community, not a hospital or agency, and it makes all the difference.

Instead of making social workers into cops, or making cops into social workers, many disability advocates, particularly Black and brown people who are disproportionately harmed by these systems, are calling for the development and strengthening of community peer support and mental health advocacy programs.

As survivors and service users try to navigate a system that is already under-resourced and unable to provide the support that is promised, DPS proposes to widen the net of service delivery, make more referrals, and get people into services earlier.

In reality, however, as we have seen in the program so far, the situations that are deemed to be risky—during which people known or believed to have psychiatric labels or disabilities are most likely to be hurt—are the ones in which the mental health professionals send the police in first.

Those closest to the problem are closest to the solution. Vermont has been building infrastructure and training opportunities, developing its peer support workforce toward being able to respond to our community when they need us.

I urge the legislature and the Governor to investigate and invest in trauma-sensitive, non-coercive, and non-punitive responses to Vermonters in moments of distress:

- Development of a mobile crisis team of peer support workers who can offer to listen and strategize with individuals experiencing crisis and/or those supporting them. These support workers must be accountable to their communities and not to the carceral institutions of police or psychiatry.
- A separate number for crisis support, and 911 dispatchers rerouting calls to the crisis team.
- Education for the public, and particularly for supporters of people who may find themselves in distress or crisis, about the harm that often results from police interactions, skills for offering support and care, and alternative resources that are not coercive or violent.

And most importantly, involve psychiatric survivor and service user groups in these processes. Invite input from peer support teams at designated mental health agencies, members of the Adult State Standing Committee for mental health, BIPOC groups doing racial justice work, disability rights organizations, and Vermont's many advocates with lived experience of marginalization because of psychiatric labels. Over and over we are invited to give our input only after the "experts" have made all the decisions. They quite literally build the structures and then ask us what color to paint the walls.

For the past 40-plus years, we have been taking up the disability justice cry, "Nothing about us without us." It's time for the tide to turn.