

Laurie Emerson, Executive Director
National Alliance on Mental Illness of Vermont
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Madam Chair Grad and Members of the House Judiciary Committee,

Thank you for allowing NAMI Vermont to provide testimony on the intersection of mental health and law enforcement. My comments will focus on mental health crisis response.

This year's Mental Health Advocacy Day was held virtually bringing together over 225 advocates and organizations on Feb. 1st. If you were not able to attend, we recorded the event. [Here is a link: www.youtube.com/watch?v=6OyOBW8JWLc&feature=youtu.be](https://www.youtube.com/watch?v=6OyOBW8JWLc&feature=youtu.be)

When a mental health crisis happens, it should get a mental health response. The handcuffing and pepper-spraying of a nine-year-old girl in Rochester, New York, last Friday by local law enforcement after a crisis - DESERVED HELP - not handcuffs and pepper spray. NAMI believes that responses to situations like this family's crisis should be met by well-trained mobile crisis that provide the de-escalation, help and support people need – these teams should include peer and family support advocates. A police response to a mental health crisis is NOT the answer.

My own family has experienced the trauma of a police encounter with tasing my son during a mental health crisis where he fell headfirst on the cement. He was repeatedly tased by multiple officers while he was incapacitated. There was no communication with the family (me) before approaching the situation. I fear what might happen next if the police respond.

Many families or community members do not know or understand what options and alternatives exist within their community other than calling 9-1-1 or bringing their loved one to the emergency room – which should be a last resort and only if someone is an IMMEDIATE danger to self or others.

Last year, federal adoption of 9-8-8 as a three-digit number for mental health, substance use, and suicidal crises, which will be effective nationwide by July 2022, provides a path forward to accelerate better options for communities across the country. NAMI Vermont advocates for state and local crisis systems that combine well-trained call centers with mobile crisis teams that includes peer support (to meet people where they are at) and crisis stabilization programs. Other states are creating legislation that will ensure a well-funded system is in place once the 9-8-8 phone number is active.

Another example of a crisis response model is from Eugene Oregon. The CAHOOTS program has been in existence for 31 years. It is a non-police, trauma-informed, mobile response to children and adults in crisis. Last year, out of a total of roughly 24,000 CAHOOTS calls, police backup was requested only 150 times.¹

As Vermont builds crisis response systems that includes mobile mental health crisis clinicians, it is critical that we also include people living in long-term recovery from mental illness to be part of the design, planning, and workforce. Some people respond better to the peer approach. Every community and individual have unique challenges and needs, and each response needs to be tailored to fit that local environment and person.

Additionally, NAMI Vermont and Team Two Vermont are scheduling screenings of the Ernie & Joe: Crisis Cops documentary that includes an interactive panel discussion with different communities in Vermont. I would highly encourage the House Judiciary committee members to attend the next screening in April. The documentary follows two San Antonio police officers from the mental health unit and how they approach crisis intervention by de-escalation and diverting people from the criminal justice system. I will forward this information to you once it becomes available.

We request that the state and your committee continue to establish alternatives to mental health crisis intervention and crisis stabilization.

Thank you for listening to our comments.

Respectfully Submitted,



Laurie Emerson, Executive Director
NAMI Vermont

NAMI Vermont is the independent Vermont chapter of the National Alliance on Mental Illness. We are a statewide, non-profit, 501c3, grassroots, volunteer organization comprised of people who live with a mental health condition, family members, and advocates. As our mission, NAMI Vermont supports, educates and advocates so that all communities, families, and individuals affected by mental illness or mental health challenges can build better lives.

References:

1. CAHOOTS: <https://whitebirdclinic.org/>