Senate Health and Welfare – Testimony on S194 (Peer Respites/Community Centers) and S197 (Mental Health Crisis Response Working Group)

February 2, 2022, at 10:30am

Prepared by Daniel P. Towle, President, Parker Advisors, LLC

Full Transcript of Planned Testimony with Additional Background Information

I am Dan Towle, a psychiatric survivor from Montpelier.

Moreover, I am a Mental Health/Peer Support/Law Enforcement management consultant, front-line peer worker/volunteer for Pathways VT and NAMI VT and advocate for those with mental health conditions on such state-wide mental health committees as:

- Adult State Program Standing Committee
- Peer Workforce Development Initiative as Vice Chair
- Montpelier Police Review Committee

As a peer support champion, I am here to address first S197 and second S194

I'd like to offer testimony on **S197** regarding establishing a working group to evaluate how we handle mental health crises and develop a better way. I would like to present some suggestions to consider as you debate this bill.

As we are all sadly aware, the systems and traditional institutions here in the US to address individual and family crises in our streets and homes are deeply flawed particularly as it relates to marginalized communities including those of us with mental health conditions, who are "other abled" and who struggle with substance use issues.

I laud your intention to create a working group to study this issue. In my humble opinion, there is no more important issue than reforming our crisis response (CR) system. Our goal needs to be dealing compassionately in a trauma informed and person-centered crisis way to mental health crises. While underlying motivations behind this bill are spot on, I would like to offer some suggestions for your Committee to consider as you debate this bill.

I would respectfully urge to consider how best to utilize state funds between a new working group to study this issue and initiatives currently underway and promising new approaches. Specifically, the following:

Current Crisis Response Initiatives/Programs

1. ***"Technical Assistance for Community-Base Mobile Crisis Services"***. AHS has recently hired an outside consultant to implement a project with a budget of $780,000 [*described in this morning's testimony by Laurel Omland, Director, Child, Adolescent, and Family Unit, DMENTAL HEALTH*]

2. Work of the office of the first mental health director of the DPS to recruit and hire embedded MENTAL HEALTH specialist for all the SP barracks in the context of evaluating the crisis response system in VT.

3. Work of Kristin Chandler, Training Coordinator, Team Two

4. Emergency crisis services of the Designated Agencies presented by Karen Kurrle, Director of Intensive Care Services, Washington County Mental Health Services

New initiatives

In addition, certain jurisdictions in VT are considering taking the next step in the evolution of CR which is adding a **Peer Support Crisis Response** (PSCR) to work as the third leg of the CR Stool: 1. Law Enforcement 2. SW/clinician 3. Peer Support Crisis Worker (PSCW). Cities and states across the U.S. are starting to deploy this emerging best practice.

For example, just yesterday I spoke with a mental health leader in rural New Mexico who has successfully implemented a CR model with all three components: 1. police with CIT training, 2. social workers and 3. peers with special crisis training. The peer crisis worker has been able to use their lived experience to engage, de-escalate and provide follow-up services to those in mental health crisis. after initial pushback from the police the PSCW, working hand and hand with the social worker, has proven their value such that the officers request use of these mental health specialists to handle crisis calls but also support them on a confidential to deal with their own mental health issues as law enforcement officers.

In summary, I support the idea of a Mental Health Crisis Response Working Group but urge you to consider it in the context of initiatives launched and programs in place now, such as the AHS CR project, and to use existing resources such as new mental health office of DPS.

Moving to the **2 Peer Support bills** (S194 and S195):

Overall, I urge you to pass two very important pieces of legislation. Specifically regarding S194, I would like to offer my story as an example of the power of peer respites like Alyssum and peer drop-in centers like Another Way.

As respects the **community center component**, I want to relay my personal experience with the community center in Montpelier, Another Way. When I moved to Montpelier 7 years ago, I was in a very difficult period with my depression, I knew no one, no friends, no community and my mental health languished. Then, I found Another Way. Right from the first time I stepped in the door I was welcomed, my mental health struggles validated by peers who “got it.” I started attending community meals, taking yoga and art therapy class. They helped restore my self-confidence and bolstered my hope of a new life, of new relationships. In my early times

in VT, Another Way was a lifeline. A lifeline strengthened by the powerful healing I experienced in this peer-run and peer-staffed organization.

In conclusion, I urge you to pass S194 and S195.

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Additional Testimony Prepared as Time Allowed and/or for Future Testimony and for Background Information:

Regarding the **peer respite component**, I'd like to recount my own experience in a mental health crisis.

I have been in **CVMC's inpatient psychiatric unit** multiple times and have spent time at day programs at peer respite Alyssum. While CVMC does it's best to provide traditional mental treatment the contrast between the hospital and Alyssum to me was stark. As an example, just the process of admission for inpatient psychiatric care through the Emergency Room was one of the worst experiences of my life. Four years ago, I experienced a major episode of depression and anxiety with suicidal ideation. Taken to CVMC, I was triaged in the main emergency department (ED) and led by a security guard to the TCA - a 3 bedroom holding cell designed to keep those with mental health conditions who are in crisis to be safe from harming themselves and from harming hospital staff.

With no inpatient beds available I was held in this TCA for 36 hours. The next day and a half was among the most terrifying, traumatizing experiences of my life. During this time, I had no visitors (but for a psychiatrist every 4 – 6 hours to check in on my medications), no treatment of any kind and limited use of my phone to connect with someone, anyone on the outside. During this 36 hour period my desire to take my life deepened to one of the lowest and most frightening experiences of my life.

In contrast, at **Alyssum** had no processing through an ED. It was an unlocked, pastoral building with gardens and outdoor deck outside and comfortable common spaces inside. The Alyssum staff were welcoming and engaging making every effort to provide me with support through very real human interactions. With all the employees and the executive director having lived mental health experience and training, Alyssum embodied the healing and nurturing power of peer support: mutual support and understanding from people who have experienced what I have, who provided hope and, like a warm blanket in a VT winter, continuous therapeutic environment that gives us in mental health crisis the most comfortable and effective path to recovery.