

Laurie Emerson, Executive Director
National Alliance on Mental Illness of Vermont
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Chairman Benning and Members of the Senate Institutions Committee,

Thank you for allowing NAMI Vermont to provide testimony to your committee for Mental Health Advocacy Day/Week. My comments will focus on two areas: 1) Mental Health and COVID in Corrections; and 2) mental health crisis response and diversion from the criminal justice system.

This year's Mental Health Advocacy Day was held virtually bringing together over 250 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](http://www.youtube.com/watch?v=6OyOBW8JWLc&feature=youtu.be)

One of the worst experiences anyone can ever have is to be locked up in corrections - especially during the COVID-19 pandemic. Imagine what it must be like to enter the corrections system and be in quarantine for two weeks - this means isolation in solitary confinement when you first arrive. If you leave the correctional facility for court or emergency medical situations, you need to quarantine again for two weeks - by yourself in isolation. Once admitted to the mental health unit, you are doing your time in a locked 8x10 cell with a roommate. Half of the unit is allowed one hour a day to use the common area, wearing a mask and staying 6 feet away from each other where they can at least interact with others. Cloth masks are supplied to inmates and then washed and reused to whoever gets the mask next. Having your medication and meals brought to your cell. Having to knock on the door to ask to use the bathroom. No exercise time - not able to go outside in the yard. Not able to enjoy any hot commissary items such as coffee or other food that needs to be microwaved - only ready to eat items. No in person visits from family or friends. This is true punishment

On a positive note, what is going well in corrections. There is a sign-up program called "Open Ears" that is one-on-one peer support for 45 minutes once a week. It is a wonderful program that helps people connect with someone who understands - who is also an inmate. Although there are no in person visits, there is a rotating schedule of using the phone and inmates are provided with tablets. The new medical care team is a great improvement. Staff are there - in-person - if needed. People are doing hard time in corrections.

The second part of my testimony will focus on mental health crisis and diversion from the criminal justice system.

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. Police are trained to respond to criminal encounters.

We have seen countless times when police respond to a mental health crisis, it can escalate a situation and the likelihood of criminal charges being filed – or worse yet someone is injured or killed. We need to avoid these encounters by having alternatives to responding to mental health crises.

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. Vermont needs to revisit their plan to ensure the 9-8-8 is comprehensive and addresses mental health, substance use, and suicidal crises – and NOT to serve as only a Suicide Prevention Lifeline.

We can set up call centers and crisis teams, but what is next? Where do people go to get immediate help? Do we continue to bring people to the emergency room? No. We need to invest into crisis stabilization programs. A program that allows drop-ins, that allows people to stabilize within 24 hours in a home-like setting and then are referred back to the community and followed up on.

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 Senate Institutions 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 which will help diversion from the criminal justice system.

Thank you for listening to our comments.

Respectfully Submitted,



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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/>