

April 26, 2021

To: Karen Gennette | Crime Research Group, Inc.  
Email: Policing.Feedback@vermont.gov

Dear Vermont Department of Public Safety,

On behalf of NAMI Vermont, thank you for allowing us the opportunity to provide feedback on the Vermont Department of Public Safety law enforcement modernization plans.

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. NAMI Vermont has several recommendations.

Our membership would be very interested in providing DPS with feedback, however any thoughtful comments and feedback requires more time to gather input. Providing the opportunity for a “Listening Tour” with open dialogue to learn from the community will help to collect multiple diverse perspectives and would be inclusive of the entire community. This opportunity for stakeholder input should not be a one and done event. In order to establish best practices, there needs to be continuous improvement process and follow-up with action.

NAMI’s perspective is to transform the way we approach mental health crises. 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. 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 ensure the 9-8-8 number and system is comprehensive and addresses mental health, substance use, and suicidal crises – and NOT to serve as only a Suicide Prevention Lifeline. Having a comprehensive system in place will divert many 9-1-1 calls where law enforcement can focus on responding to criminal encounters.

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 – such as an Urgent Care model. A stabilization program will better support law enforcement where they can quickly drop people off to get care and get back to work in the community.

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.<sup>1</sup>

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. Establishing mental health crisis clinicians in the police barracks is a step in the right direction, but we need to do more.

NAMI Vermont and Team Two Vermont have been scheduling screenings of the Ernie & Joe: Crisis Cops documentary that includes an interactive panel discussion with different communities in Vermont. 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.

Another best practice includes establishing Crisis Intervention Team (CIT) programs. Montpelier police are now establishing this community-based approach and training specialized officers who receive the 40-hour training to more effectively respond to a mental health crisis. In over 2,700 communities nationwide, CIT programs create connections between law enforcement, mental health providers, hospital emergency services and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis and ensures officer and community safety.

It is extremely important that officer wellness policies are updated. Whenever an officer is involved in a fatality, there needs to be more mandatory requirements for an officer's wellness. Traumatic events such as an officer involved shooting, should require more support from mental health professionals to ensure an officer's well-being.

In order to modernize society's approach to crisis intervention, we need to establish alternatives to responding to mental health crisis intervention and crisis stabilization which will help divert people from the criminal justice system and get them the help they need.

Thank you for listening to our feedback.

Respectfully Submitted,



Laurie Emerson, Executive Director  
NAMI Vermont

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