



Senator Breen, Representative Pierce, Senator Deschambeault, Representative Warren and the good members of the Appropriations and Criminal Justice and Public Safety Committees.

I am Betsy Sweet and I am here on behalf of the Behavioral Health Community Collaborative to comment on the Public Safety portion of the Supplemental budget. The BHCC is a collaborative of seven non-profit community based mental health providers all over the state that, collectively, serve over 70% of the people who receive community mental health treatment.

We come today with grave concern about the proposal to add 8 Behavioral Health positions to the Department of Public Safety. We certainly understand the frustration and even the desperation of the DPS to find some way to address the increasing number of calls they get that are mental health and substance use disorder calls. We know that law enforcement is where the buck stops – the place where officers can't and don't say, "sorry we can't help you". And we know that they are being asked to do a job they are not trained for nor have the resources to address. And this request for these positions is the result of a chronically underfunded system of community behavioral health.

You will hear that we have about 85 full time mental health crisis workers in this state. We have over 2500 police officers. And they tell us that the majority – over 50% of their calls now are for mental health and substance use disorder. We just have to do the math to look at where the need is.

There are several very specific concerns – the first one I already alluded to, and that is that this furthers the mistaken notion that people with mh or sud issues are somehow criminals and not people who need health care. Secondly, one of the reasons we have such a worker shortage in mental health is due to pay rates of employees. I am very curious what the pay ranges will be for these folks – and I applaud it if it is higher – but it needs to be higher for everyone. Lastly, and this is the most serious concern, as I understand it these new positions will be charged with coordinating and providing resources to the people who need help. Who will they refer them to? The Appropriations and HHS Committees heard on Monday over 9 hours of testimony about the fact that there is currently a 6-9 month waiting list for outpatient therapy. There are no ACT team services available to help folks with multiple needs. There are no residential beds available for children or adults and programs are closing every week.

The Departments have said that this is based on a best practice model from SAMHSA. We agree, if everything was funded well and was functioning well, this would be great icing on the cake. But that is not the case. This is trying to put a roof on the top of a house that has a broken foundation. We would urge you to take these resources and commit them to the emergency crisis system and intensive case management on the behavioral health side – and then create the opportunities for meaningful cooperation.

Finally, we would challenge you to address this crisis head on. We all heard this week that there is an additional 411 million dollars in surplus that the state was not expecting. Imagine if this legislature committed all of that unexpected money to pay increases, case managers, expanding the crisis system, providing residential beds and supportive housing for mental health and substance use disorder. Every dime of it. It would be a historic turn around and provide great relief to our hospitals, business owners, our jails and public safety officers, our schools and desperate families and individuals seeking help. Would it take courage? Would it be historic? Could it be a national model? You bet. You have it in your hands to do this. Please consider the goodness that could come from such a bold step.

Thank you and I'm happy to answer any questions.