

Since retiring in 2019, from being the Executive Director of Open Arms Housing in D.C., I and many others have been advocating for a major change in the way mental health mobile crisis services are designed in Montgomery County. These changes would include—a 24/7 countywide mobile crisis response, with launching space in major population areas of the county with dispatch capability that would send MH professionals and peer support specialists as first responders in a crisis. Police would be on the scene only in a dire situation which threatened real harm to anyone on the scene.

We called for replication of the CAHOOTS model of Eugene, Oregon, which has been replicated in many jurisdictions, and has passed legislation backing the approach in the U.S. Congress. Simultaneously, the U.S. Substance Abuse and Mental Health Services Administration adopted and funded an approach called CrisisNow, which also deemphasizes police involvement and recommends several new approaches to crisis response, including dispatch system which would properly send mental health professionals to a scene and have a Restoration Center which would be a non-prison like or emergency room setting for a short-term stay.

I left working in Montgomery County in 2003, after directing the Homeless Outreach Services at Everymind for ten years and serving as chair of the Montgomery County Coalition for the Homeless. At that time there was one mobile crisis team in the county, and I do not think there was any overnight coverage. During my time in DC, as the Executive Director of a pioneering program that housed chronically homeless women, some of them right off the streets, DC had specially trained social workers and peers who would proceed to the crisis situation and call the police to send one of their specially trained officers, only if necessary. There were also a 24/7 facilities for people in crisis as an alternative to hospitalization.

Since 2019, many of us have spent countless hours researching, testifying, meeting with county officials, supporting legislators on the state level who have sponsored legislation calling for 24/7 mobile crisis team coverage with police used only as a last resort. There has been progress—the County Executive contracted with the CAHOOTS organization to offer consultation, the Council sponsored legislation to increase 24/7 MH response, and the DDHS officials worked extremely hard to modify crisis response in the right direction and to win federal

grants and apply for state grants. The Maryland legislature passed legislation which would require counties to radically reduce police response, in order to receive funding. All the major advocacy groups on the state, county, and national level, such as NAMI, the Mental Health Association of Maryland, the National Alliance on Mental Illness, Mental Health America, and preeminent think tanks like Brookings, support these changes.

So why do we not yet have a 24/7 MH county-wide approach—with increased capacity in Silver Spring, Gaithersburg, and Rockville. Why are police still responding to mental health crisis and killing people in the process? Why have the city of Baltimore and the District of Columbia, Annapolis, Baltimore County and many jurisdictions around the state and county made more progress and, in some cases, achieved a 24/7 MH response?

The only conclusion I can reach is that police in our county do not want to give up power, or funds, despite a nationwide recognition that police do not feel qualified to work with and feel overburdened to be the first line of response to people in mental health crisis. Political will has not been sufficient to bring Montgomery County to make this change, despite our reputation as a progressive county in so many other areas.

I cite the admirable progress made to develop a humane, approach to ending homelessness in Montgomery County, including the considerable resources used to create a new emergency shelter after the previous facility was found to be at risk. Where there is political will, there is a way! The police need to stand down and the County needs to demand it before more lives are lost by police gunfire.

Before I conclude, I would like to register opposition to the location for a Restoration Center at the county Detention Center, which is an inappropriate environment for vulnerable people in mental health crisis to be housed. Instead the county should identify a different location, or make use of the underutilized residential crisis beds in the county—an approach pioneered in Montgomery County by Cornerstone Montgomery and others, using a model in D.C. which I co-founded in 1977. With 988 on the way, the time is ripe to join in progress for human treatment of people with mental illness during their hours of need.

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