Testimony of

The Honorable John Campbell

July 30, 2003

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U.S. Senate Committee on the Judiciary
"An Examination of S.1194, The Mentally Ill Offender Treatment and Crime Reduction Act of 2003"
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Good afternoon Mr. Chairman, Senator Leahy, and other distinguished members of the Committee. My name is John Campbell. I am a member of the Vermont State Senate where I serve as Majority Leader and also serve on the Judiciary and the Appropriations Committees.

I would like to thank you for inviting me here to speak in support of S. 1194, The Mentally Ill Offender Treatment and Crime Reduction Act of 2003
As a former law enforcement officer, an attorney for over twenty years, and a current State Legislator, I believe I have a unique perspective on this issue that I hope will be able to assist the Committee in its deliberations.

During my time as a police officer, I frequently found myself called to scenes involving petty thefts, disturbances and public intoxication. It was not uncommon to find the suspect of these crimes to be acting paranoid and behaving erratically.

Though I was quite able to handle the criminal aspect of the situation, my background and training did not prepare me to understand or respond to the suspect's behavior. Quite simply, I was not equipped to handle the complex underlying issues of mental illness and substance abuse.

Obviously, it was necessary to arrest and incarcerate certain individuals with mental illness in order to protect the public; however, others who committed low level, non-violent crimes that were simply a manifestation of untreated mental illness should have been referred to a mental health treatment provider. Unfortunately, such care was rarely available, which left us with no other option than to transport them to the county jail - not an appropriate place for someone who is mentally ill.

Times have not changed much in twenty years. Police officers today are better trained to recognize and deal with these situations. However, they still find the process of securing diagnosis and treatment to be extremely frustrating.
Treatment providers may refuse to accept the individual, noting that he or she does not have health care coverage, is not acutely ill, or has a primary diagnosis that is not their responsibility.

In cases where the individual is eligible for services, the officer may have to wait hours before that person is admitted. In other cases, the person is accepted for treatment, then discharged

shortly thereafter - sometimes back on the street and the subject of another complaint before the officer even finishes his report on the initial incident.

Requiring police officers to act as quasi-mental health care providers places an unreasonable burden on them, the department, and the community as a whole. The time required to facilitate treatment for the individual keeps the officers from performing their normal patrol functions. This forces departments to either hire additional personnel or to expose the community to a lack of police coverage.

This is especially troublesome in rural communities, like those in Vermont, as reduced police presence sometimes means the difference between having one officer on patrol and having none at all.

While the initial responsibility for finding placement for individuals often falls upon law enforcement - a burden felt by the communities, the ones who truly suffer are those afflicted and their families. They simply have no place to go. This disjointed spectrum of responsibility is never more evident than when dealing with dual diagnosis, or what is commonly referred to as co-occurrening disorder.

Individuals suffering from co-occurrence find themselves the proverbial hot potato - tossed among the mental health agencies, substance abuse facilities, and the criminal justice system. The current service system is unable to effectively engage these individuals in treatment or to coordinate among the various service providers. Due to these problems, these individuals are often arrested or rearrested for non-violent property or behavior crimes.

If they are fortunate enough to find treatment, all too often it is directed at just part of their disorder. Consequently, it will inevitably fail, and that individual will recycle within the system.

Mental health agencies, substance abuse facilities, and the justice system have good intentions. They are all seeking to break the cycle. However, as laudable as their attempts may be, unless there is a collaborative effort, they will continue to fail.

This systemic dysfunction is not isolated to any one area. From large, urban areas to small communities such as my own in Quechee, Vermont, people are in dire need of integrated services. I often represent families in crisis, and in a majority of these cases, you will find underlying mental health problems. It is extremely frustrating to search for a solution for these families. Too often, we come up short - a result of fragmented and insufficient resources to deal with the issues.

It is devastating to watch families implode over issues that, if treated, could be managed. Mothers and fathers stand by as their children self medicate themselves with illegal drugs and alcohol in order to escape the personal horrors of their mental illness.

Passage of S-1194 would promote the types of integrated treatment and collaborative efforts between criminal justice and mental health organizations that could spare many of these families from this agony.

As an elected official, I appreciate more than ever the fiscal implications of the existing problem. Having to provide mental health treatment in an incarcerated setting is neither cost effective nor clinically sound. A community based approached would provide more complete services at a far greater savings to the taxpayers. Many states have implemented programs for just these reasons - I am proud to say that Vermont is one of them.

One of our more effective programs is taking place in two of our larger communities, Burlington and Brattleboro. In collaboration with our Department of Corrections, Mental Health and Substance Abuse agencies the Howard Center for Human Services and Health Care & Rehabilitation Services have developed the Co-occurring Disorders Treatment Project. It promotes public safety and health by offering comprehensive, integrated mental health and substance abuse services to those individuals with both psychiatric and substance abuse disorders, and who have ongoing involvement in the criminal justice system.

We are also currently piloting drug courts in four communities. However, the effectiveness of these courts to divert people from the criminal justice system depends directly on the existence of a treatment system with enough capacity to accept and treat referrals from court.

Vermont's existing programs, as well those in other states, while effective, are significantly under-resourced. This is why passage of S.1194 is so important. It will provide the resources necessary to implement collaborative programs - ones that have proven to work; ones that will effectively and humanely deal with a problem that afflicts hundreds of thousands of Americans.

Once again, I would like to thank the Committee for inviting me to testify. I hope my testimony will be useful.

John F. Campbell