

Silver Spring Justice Coalition Statement On Council Member Hucker's Special Appropriation to HHS

The Silver Spring Justice Coalition (SSJC) supports a community mental health model to respond to 911 calls where individuals may be suffering from mental health crises or related mental health issues. SSJC was formed after the police killing of a man who faced mental illness, Robert White, in 2018 and our coalition continues to advocate for non-violent and non-racist mental health crisis intervention after the recent police killing of Finan Behre who was in distress at that time.

The coalition urges the County Council to create a multi-culturally appropriate Montgomery County model based on Crisis Assistance Helping Out on the Street (CAHOOTS) a mental health crisis intervention program in Eugene, OR that has been emulated across the country.

SSJC demands a fully-funded program supporting 24/7 response capacity in all districts of the county. The program should be staffed by licensed mental health professionals, including, but not limited to, licensed social workers, professional counselors and marriage and family therapists who are fully linguistically and culturally attuned to our diverse county population.

Mental health professionals should also staff dispatch through 911 in order to ensure that a community mental health team is deployed on mental health emergency calls. Dispatchers should be trained to work in tandem with mental health dispatchers, and first responders should be trained to know when to contact the community mental health response team.

We propose a safer, more humane, and culturally appropriate response to mental health crises in our county. The county community mental health response team should be part of the Montgomery County Department of Health and Human Services, fully funded by cost-savings from money reallocated from MCPD. SSJC rejects any model that includes officers from the Montgomery County Police Department as part of any response related to mental health.

SSJC urges the Council to seek input from impacted communities for the development and implementation of the program. In addition, we demand public access to data to evaluate the program on an annual basis and the creation of a working group of impacted people to work closely with the mental health team staff to ensure that implementation meets community needs and is responsive to cultural and racial barriers to accessing mental health care.

Finally we propose a community-wide public education program to inform the public about how to access the emergency mental health team. We highly recommend that the County adopt peer health educator and peer counselor

approaches that have worked to create greater trust and access to mental health services in other jurisdictions.