House Testimony in support of Senate Bills 637 and 638

Good morning,

My name is Leonard Swanson, and I am the crisis response manager at the Wayne State University Center for Behavioral Health and Justice out of its School of Social Work. I am an MSW who specializes in behavioral health and criminal legal systems, and I am also a NASW member.

My support of Senate bills 637 and 638 is both professional and personal: I have been through a mental health crisis when I was 21; I know what it's like. I was not in control of my thoughts, I was erratic, and I was convinced I was a messenger of God. The scariest part was that I had no fear of death. I actually walked into traffic to give up my life for the sake of full enlightenment. This is not normal, and it can happen to anyone. Thankfully, I was around people who looked after me during the crisis, my family helped me get back on my feet, and we connected to ongoing psychiatric care. I realize that without those supports, this episode – or the more minor ones that followed it – could have ended in tragedy. There are thousands of people like me who experience mental health crises in Michigan, many of them do not have these support systems, and many of their incidents do end in tragedy.

Once I got my feet on the ground, I pursued a career to improve our mental health crisis response systems – especially how they overlap with law enforcement and the criminal legal system. Now, ten years after my crisis, I am a researcher at a Center that works with law enforcement agencies, jails, courts, and behavioral health systems across the state, from Wayne county, to Berrien county, Muskegon county, Antrim county, and even up in Marquette county.

We talk with law enforcement officials about how they handle behavioral health crises, and we help them analyze their data. I've personally read over 3,000 police reports of suicide and mental health crises. And let me tell you, if you want someone to gain respect and empathy for the law enforcement profession, have them read about the same officers encountering gruesome crime scenes, constant tragedy and traumatic episodes on a regular basis. Our officers are tasked with shouldering this burden, plus responding with patience and compassion to others in need. Right now, they usually only have three options for resolving these crises:

- De-escalate and resolve the situation on the scene
- Transport to the emergency department
- Arrest and transport to jail

None of these options get people to ongoing mental health care after the crisis – care that proved critical for me and my family – and care that so many others desperately need. When people in crisis are taken to the local emergency department, one study showed they only got follow-up mental health care about 30% of the time; when a mobile crisis team is involved, 70% of people got follow-up care (Currier, 2010). This is not a criticism of law enforcement officers, nor the mental health clinicians, but our national failure to link the mental health crisis system with traditional 911 and law enforcement responses. Senate bills 637 and 638 make that link. The bills will bring mental health professionals - and the mental health system - into the field, alongside law enforcement, on a scale that this state has not yet seen.

These new models are popular among police, too. Eight different studies have reached out to police officers where co-response models have been established. They described how police appreciated the service and it reduced the amount of time they spent on mental health incidents (Abbot, 2011; Saunders & Marchik, 2007; Puntis et al., 2018). When co-response and mobile crisis models arrive on the scene, officers are freed up to do traditional police work. This makes sense, right? When we talk with law enforcement officials, one of the top concerns is lack of manpower: they're short staffed, and they're asked to do more with less. Bills 637 and 638 bring mental health specialists to the field and support our first responders.

Not only are mobile mental health crisis services popular and effective, studies also suggest these models can be cost-effective in the long term. One cost-benefit analysis compared a mobile crisis team to a traditional law enforcement response. They found that the average cost per case was 23 percent less for persons served by the mobile crisis team (Scott, 2000). These specialists have years of clinical training to recognize when cases do not warrant costly and traumatic psychiatric inpatient hospitalization which can avoid $1,000 per day charges on the taxpayer's dime.

Just four months ago, I got a stark reminder of how real these crises are. My childhood friend, Danny Buckingham, experienced a mental health crisis and he was shot and killed by the police in Hilo, HI. We had been close friends for 15 years, and he had no history of violence or aggression. He experienced delusions a decade ago, and he was hospitalized for a mental health crisis in Hawaii earlier this year. On June 18, 2021, his mother was flying from Ann Arbor to Hawaii to help him out. She landed to receive the news of his fatal encounter with the police. His family is still trying to figure out what happened. An investigation is ongoing. In any case - living through this grief, after my own personal experience, and my now professional background, has been rough.

Now, I'm not here to play a game of 'what if' about that particular incident, but all of my personal and professional experience tells me we can do better. Hawaii did not have the crisis response infrastructure to help my friend, and right now, neither does Michigan. Senate bills 637 and 638 would lend support to our first responders by bringing the mental health system out into the streets. We can help people in crisis on a scale we have not seen in this state before. And maybe, just maybe, crises like mine and Danny Buckingham's do not have to end in tragedy.

Thank you for your time,

Leonard Swanson, LLMSW
Crisis Response and Stabilization Manager
Wayne State University School of Social Work
Center for Behavioral Health and Justice
leonard.swanson@wayne.edu