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# Submitted to the House Select Committee on Mass Violence Prevention And Community Safety

On Duty Number 4: Evaluate the ongoing and long-term workforce needs of the state related to cybersecurity, mental health, law enforcement, and related professionals

### **Introduction**

#### Before addressing workforce needs, we will attempt to put them in context.

The issue of violence is complex and multifaceted. While theories are abundant, we do not know causes. We only have correlations. While some point to mental health in relation to mass violence, the argument is circular.

As Skeem (Psychology, UC Irvine) and Mulvey (Psychiatry and Law Program, University of Pittsburgh) stated in the journal Criminology and Public Policy: "Exceptionalist policies in which serious mental illness is assumed to cause mass shootings will do little to prevent them—and will subject millions of nonviolent people with mental illness to stigma and unwarranted social control." 1

The authors point out the circular argument of mental illness and mass violence: "Why did this man do this terrible thing?" Because he is mentally ill. "And how do you know he is mentally ill?" Because he did this terrible thing."

Obviously, shunting suspected threats over to mental health will create mental health and law enforcement workforce needs, but there is no promise of success. As you will see later in this testimony, it could also create new cybersecurity workforce needs.

The *Mass Attacks in Public Spaces* reports from the US Secret Service's National Threat Assessment Center reveal a number of correlations to mass violence, and key among these correlations are certain stressors.<sup>2</sup>

One area where there seems to be a degree of consensus revolves around alleviating stressors and improving wellbeing in our communities. Later in this testimony we will point to some programs we feel have shown real promise.

Psychologist Abraham Harold Maslow proposed that if we failed to provide for basic needs like food, water, warmth, rest, safety, security, and belongingness; it could be difficult reach our full potential.<sup>3</sup>

This principle is in use, whether by design or as something inherent, in things like disaster relief and some community programs. It provides a simple guide and it seems to work.

We remain disappointed that the role of prescription and non-prescription drugs in these cases is still not being publicly explored.

This is not to say that everyone who commits suicide, domestic violence, hate crimes or mass violence is under the influence of psychotropic or other mind-altering substances. Far from it. Given that a significant number of mass violence perpetrators seemed to be on or recently off of psychotropics, or other mind-altering drugs, it needs exploration.

Researchers scoured the FDA Adverse Event Reporting System looking for reports of violence. 484 prescription drugs met their criteria. 31 were disproportionately associated with violence. These drugs, accounting for 79 percent of violence cases, included 25 psychotropic drugs. Their findings, published in Public Library of Science One, included 11 antidepressants, six sedative/hypnotics and three drugs for treatment of attention deficit hyperactivity disorder (ADHD). The specific cases of violence included: homicide, physical assaults, physical abuse, homicidal ideation, and cases described as violence-related symptoms.<sup>4</sup>

#### **Specific Workforce Issues**

<u>Cybersecurity-</u> We believe the new focus on threat assessment and school monitoring has the potential to create a substantial cybersecurity risk.

Since the passage of SB11 we've become much more aware of the use of digital surveillance in our public schools. Some school districts in our state are using companies that monitor e-mails, chats, homework assignments, creative writing assignments and more.<sup>5</sup> These products plug into Google's G Suite and Microsoft 365. Some are reported to track everything, including notifications from Twitter, Facebook, and Instagram accounts linked to a school email address.<sup>6</sup> Apparently personal journals are not off limits either.<sup>7</sup>

Barbara Fedders, from University of North Carolina School of Law addressed these programs in North Carolina Law Review, stating that the evidence that these programs keep children safe "is quite thin." She also pointed out issues of inequality: "...surveillance does not always operate equitably. The students most vulnerable to surveillance are from low-income families, and those most at risk of adverse outcomes from surveillance are Black and LGBTQ students."<sup>8</sup>

A number of media outlets have also questioned whether these programs work.<sup>9</sup>

Some surveillance companies now claim that they can use "artificial intelligence" or "machine learning" to assess whether children may be abusing substances, self-harming, or depressed.<sup>10</sup>

AI is not without bias. *Time Magazine* reported racial or gender bias had been uncovered in some AI systems "sold by tech giants like IBM, Microsoft, and Amazon." <sup>11</sup>

Given the digital transfer of so much sensitive, personal, and private data, we should not ignore potential for the release or misuse of this data.

Mental health AI or "Machine Learning" assessments pose another problem.

It is not clear that the law requiring a school district to get written parental consent before conducting a psychological assessment of a child is broad enough to cover constant surveillance and "machine learning" assessments that work 24/7. Texas should ban the use of these new, controversial technologies in our schools.

Other companies are developing mental health apps. Some even claim to be able to determine your mental status by such things as speech patterns and how you swipe on your smart phone. "It's a recipe for disaster," said Ann Cavoukian, who spent three terms as Ontario's privacy commissioner and is now the distinguished expert-in-residence leading the Privacy by Design Centre of Excellence at Ryerson University in Toronto. "I say that as a psychologist," she explained in an interview. "The feeling of constantly being watched or monitored is the last thing you want." 12

Unlike medical suicide prediction, which has its own controversies, these other AI based systems appear to use "social" data.

Research Scholar Mason Marks pointed out that social suicide prediction is different: "In contrast, social suicide prediction typically occurs outside the healthcare system where it is almost completely unregulated, and corporations often maintain their prediction methods as proprietary trade secrets. Due to this lack of transparency, little is known about their safety or effectiveness. Nevertheless, unlike medical suicide prediction, which is primarily experimental, social suicide prediction is deployed globally to affect people's lives every day."<sup>13</sup>

Marks continues: "The risks include stigmatization of people with mental illness, the transfer of sensitive health data to third-parties such as advertisers and data brokers, unnecessary involuntary confinement, violent confrontations with police, exacerbation of mental health conditions, and paradoxical increases in suicide risk."

These types of apps have no place in schools.

<u>Mental Health Workforce</u>- Over the past several legislative sessions, Texas has funded Graduate Medical Education slots, also adopting a student loan repayment program for mental health professionals.<sup>14</sup> This is in addition to hundreds of

millions in other funding and services. It is clear that the number of psychiatrists in Texas has grown from 1,624 in 2009 to 2,280 in 2019. The number of psychologists in our state has increased by 29.2% since 2009. Since

Over more than a decade we've increased mental health funding by hundreds of millions, reduced or eliminated waiting lists for children at our publicly funded mental health centers, spent tens of millions on teen suicide prevention in our schools, we've funded depression screenings in well-child checkups. We've re-designed crisis services. Federally, we've seen the passage of mental health parity legislation, and the Affordable Care Act, causing the number of private inpatient psychiatric hospitals in our state to skyrocket. And in this time of greatly increased access to mental health care, teen suicide rates skyrocketed from a low of 7.5/100,000 in 2010 to peak at 13/100,000 in 2017 before settling at 11.9 in 2018.<sup>17</sup>

Budget, access, and workforce are not a proxy for lives saved.

Some groups believe that identifying people who appear risky and then shunting them into the mental health system could prevent violence. The mental health system cannot dependably prevent violence. Eric Harris and Dylan Klebold had juvenile justice involvement prior to the Columbine shooting. They went through a jail diversion program, received anger management services, did community service and had to agree not to own guns. <sup>18</sup> Eric Harris was also taking a psychiatric drug. <sup>19</sup> Seth Aaron Ator, the Odessa shooter also had considerable psychiatric history. <sup>20</sup> It is not clear whether he was in services at the time of the shooting. Nikolas Cruz had had hundreds of hours of therapy. <sup>21</sup> He also had medication history. <sup>22</sup> The White Settlement church shooter had been found incompetent to stand trial. <sup>23</sup>

Nearly all mass violence perpetrators experienced significant stressors prior to their crimes. Texas should address this by supporting community collaborations that address basic conditions.

Stressors such as financial and housing instability, relationship issues and law enforcement involvement seem to be present in virtually all mass attacks. There seems to be some level of agreement on alleviating stressors and creating wellbeing in our communities. Some of the programs below have considerable community buy in. With an upcoming budget that appears lean, enlisting the help of our communities could be a force multiplier. Here are some great examples:

<u>Community First Village</u>- This program, founded by Mobile Loaves and Fishes is an entire community dedicated to helping people transition out of homelessness. This nationally recognized program includes much collaboration including medical services, Austin/Travis County Integral Care and others.<sup>24</sup> In addition to acres of tiny homes and RV's for this population, there are also Air B&B units for people visiting Austin. It appears law enforcement is also a collaborator. We were to this program through their Travis County Sheriff's Department Liaison at the time.

With Austin's current homeless problems, which even the Governor has commented upon, we would like to see more programs like this.

Restore Rundberg Project- This is another example of a community engagement campaign, where police, agencies and the community came together to make improvements in Rundberg neighborhood in North Austin. The purpose was clearly stated: "improve the quality of life, health, safety, education, and well-being of individuals living and working in the Rundberg neighborhood." The project brought together police, UT School of Social Work, and a number of churches and community groups. It appears to have been a successful collaboration. As someone who lives on the edge of this area, I can attest to the fact that the neighborhood feels safer than it did before the project. We hope that the positives can be strengthened and sustained.

<u>Lifeworks</u>- For years, Lifeworks has provided support services including housing, counseling, education and support services to homeless youth, youth transitioning out of foster care, foster care alumni, and likely to other populations. It's been a number of years since we've had contact with Lifeworks so we cannot attest to the array of services today. However, our previous experiences with youth serviced by Lifeworks was positive. It appeared to be the type of program that could help alleviate these kinds of stressors.

African American Youth Harvest- Our experience with this organization amounts to an event and a tour. But what we've seen is an organization that appears to collaborate really well with the community, and that provides a staggering array

of services. These include: Mentoring, computer lab that provides STEM learning programs, workforce assistance, parent programs, Urban University Summer Camp and more. <sup>27</sup>

These are just Austin based programs. Certainly, communities across our state have something to offer.

<u>Law Enforcement</u>- According to a 2019 report from the Police Executive Research Forum, law enforcement is experiencing a workforce crisis nationally. According to *Forbes*, this includes problems with both recruitment and retention. Recent incidents of improper use of force could certainly make it harder to recruit a diverse workforce.

Efforts to "de-fund" police and shift some of their duties to EMS or social service agencies create challenges in safety and rights protection.

At one time, some psychiatric hospitals retained private security companies, who would show up at people's houses with badges, uniforms, and official looking paperwork, taking "patients" into custody and transporting them to these hospitals.<sup>30</sup> In some cases, people were detained on the word of psychiatrists they'd never met. As it turned out, this was part of a massive fraud scheme.<sup>31</sup>

This is one reason Texas limits the power to detain to sworn peace officers.

This protection is still needed.

Just last year a psychiatric hospital company in Texas pled guilty to a criminal charge after years of allegations that it was holding patients against their will, injecting them with drugs and more.<sup>32</sup>

This year, without admitting wrongdoing, the nation's largest psychiatric hospital chain entered into a more than \$117 million settlement to resolve a number of investigations. Among allegations were questionable admissions of patients. And holding patients who no longer met criteria for inpatient services.<sup>33</sup>

Yes, there needs to be more and better training on use of force, de-escalation, and the protection of rights in mental health cases. But we believe police engagement with the community is a key ingredient to the creation of a more diverse law enforcement workforce.

## **Recommendations**

- Ensure a qualified workforce: Narrowly focus our schools on academics, emphasize STEM education.
- Protect student privacy: Prohibit the use of Mental Health AI and Mental Health apps in schools.
- Create a legislative committee to examine the extent to which school children are being monitored and assessed.
- If not already in statute, require schools to do a comprehensive cybersecurity audit.
- Relieve Stressors: Invest in community programs designed to alleviate stressors and improve neighborhoods. Explore
  police Risk Terrain Modeling and Community Policing to bring resources to disadvantaged communities and gain their
  involvement. Acceptance of police in the community might help to alleviate workforce problems.
- Grow a diverse law enforcement workforce: Help police become accepted by a more diverse community through
  improved training on use of force, restraint, mental health de-escalation, civil and mental health rights. Make them
  part of our communities.
- Understand the prevalence of mind-altering/psychotropic drugs in mass violence and suicide: Require Texas to test for and report prescription and non-prescription mind-altering drugs, including psychotropics, in cases of suicide, mass violence and hate crimes.
- Bring greater transparency: Require school systems to report the number, age, ethnicity, and demographics of children removed from schools and transported for mental health observation.
- Require public reporting of the number, age, ethnicity, and demographics of <u>all</u> mental health detentions including where they were initiated.

#### **End Notes:**

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- <sup>3</sup> https://www.simplypsychology.org/maslow.html
- <sup>4</sup> https://www.cchrint.org/pdfs/violence-report.pdf and Thomas J. Moore, Joseph Glenmullen, Curt D. Furbert, Prescription Drugs Associated with Reports of Violence Against Others, Public Library of Science ONE,

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