

TESTIMONY BEFORE THE JUDICIARY COMMITTEE

APRIL 10, 2011

**IN OPPOSITION OF HB 6648 – An Act Concerning A Clinical Assessment
Of First-Time Offenders - - SUBMITTED BY: Alice B. Buttwell, New Milford, CT.**

Thank you for this opportunity to submit testimony concerning HB 6648 – An Act Concerning a Clinical Assessment of First-Time Offenders. I am **strongly opposed** to this bill because there is a Crisis Intervention Team in place that police can call to help the first-time offender. While it sounds like this bill has good intentions to help people, police officers are not clinicians, and depending on the situation, they already make referrals to Emergency Rooms. Also many first-time offenders already may have hidden disabilities, prior assessments, may already be in treatment, or have services and supports in place.

Connecticut already has a Crisis Intervention Training (CIT) in place but only certain towns have elected to receive the training that helps train and educate police officers who then partner with community mental health organizations and providers.

<http://www.cableweb.org/Information/Crisis%20Intervention%20Team%20Training.htm>

It would be a good disability awareness, education, training and prevention experience to partner with all Police Departments throughout the state to make use of this free training, while collaborating together in such matters to recognize and help citizens of all ages - children right up to our senior citizens, who are more vulnerable and many times have such invisible and hidden disabilities, or an onset of one at any given time.

There are first-time offenders who may already be getting services for mental health, neurological or or behavioral disabilities whose behavior may manifest in different ways such as medications that might have negative effects that, for example, might trigger aggression or the person has specific self-injurious behavior related to high anxiety that might accidentally cause injury to someone else who might be trying to help them, or even a person with a complex partial seizure disorder (something many people are not aware of that is neurological but not very common seizure disorder yet exhibits very different symptoms compared to grand mal seizures).

Depending upon the person and their disability/ies, it might make sense to set up a **confidential and secured voluntary** registry letting people know that if they have disabilities, they could voluntarily file certain confidential medical and emergency information, that includes a recent photo, with their local police department. This would need to be clearly emphasized that the purpose of this registry is for prevention and life saving circumstances and not to be set up to cause any stigma or harm to a person. Therefore, if and when a 911 call comes through for assistance related to that person, the police will already have specific information on that person and their specific disabilities, and some knowledge of what to expect in prevention or any potential negative impact. An example for team intervention would be calling an interpreter if it is known that the person is hearing impaired person, or a cognitive behaviorist if the person has a behavior disorder. A rapid response call can go out to the officers trained by CIT, as well as the Crises Emergency Team to collaborate in assisting the individual and/or anyone else involved. This registry could be made confidentially online connected to towns throughout the state in case there is an incident outside their town in another part of the state, that the collaborative team will also be ready to go out with the information and specific training needed in order to try and help the individual before even getting there to assess the situation. Gathering input from relevant people across the state concerning this would be really helpful.**

My 22-year old son is on the autism spectrum disorder with other complex special care needs that includes self-injurious biting. A major life-change transition, he returned back home on June 30, 2011 after over 6 years in various hospital and residential settings with specific clinical and support services funded through a state agency with a private provider. Unfortunately, the state contracted private provider suspended his services without warning nor back up services and supports, and the state agency and private provider wouldn't give us any limited or supplemental services until they made further changes to his program. When he came home, It never occurred to me to go the police station and give them a summary of his medical history nor introduce him to the police officers in our town. While his

self-injurious behavior decreased significantly when he returned and was living home, his level of anxiety elevated into an incident whereby I tried to help him in our home. Sadly to say, I tried to help stop him verbally and physically, and the incident lasted a little longer as I became injured while trying to help him. I called 911, the police came, then had two ambulances take each of us to the local emergency department. I was treated and released. He was sent to another hospital for overnight psychiatric observation and released home the next day. I reported this to his respective medical providers and state agency, and he was scheduled to see his medical clinicians

Ten days after this incident I got a call from an officer from the local police department informing me that he was going to arrest my son and wanted to come to our home and issue a summons. He indicated that it would be in place of coming to our home and placing him under arrest in handcuffs and bringing him down to the police station. Instead 3 officers came to my home and I was handed a summons (that I thought was just a warning) for his arrest for 'breach of peace-misdemeanor' and notice to appear in Superior Court the following day. I told him I didn't file any charges against my son. The police officer stated that my son attacked me. I made it clear that I had tried to stop him from harming himself and got injured in trying to do so, that is why I called 911 for help for both of us. And that he didn't attack me and that this was related to his disability that he has a history of. He said to me that "you need help. This would force the agencies to help you". I told him I have experience, education and training with families who have children with disabilities and special care needs in this region and around the state. I replied politely, but firmly, that "I already have been working with agencies and providers for services and help for my son and my family". Further to that I didn't feel that arresting my son was not the way to obtain services. I asked him what kind of training he had and he told me he got it at the Police Academy. I also stated that he (that officer) would cry if he knew the history of what had happened to my son and what he already had suffered through.

I was so surprised that instead of getting help and support, we got more stress, time constraints and financial burden placed on my son and my family. I found out from the court that police officers can make such an arrest for domestic violence if they perceive it to be so. However, it wasn't domestic violence, it was related to his disability, and why did they wait ten days to issue an arrest warrant while placing him on a court list for next day appearance.

I took my son to the Superior Court and the judge ordered him to have a competency evaluation and then return back to court after the evaluation was completed. Everyone at the Court treated us with respect and courtesy. About 2 weeks later we travelled to Bridgeport and spent most of the day on the road and at a provider getting the evaluation. Both the public defender and the prosecutor told us this happens all the time, that people with disabilities get brought in for some type of charge made by police, the judge asks what are they doing here, then the judge orders them to go for a competency evaluation, then they return back to the court, the assessor testifies they are not restorable to stand trial and thus found incompetent. The charges are dropped and the person is free to leave. The person has up to 18 months to work on becoming restorable to stand trial. My son was found to be not restorable to stand trial, saying he was incompetent and they dropped the charges. I feel that they are better served getting the help and services and supports they need for their disability and quality of living. However, in our case, the judge ordered my son to be remanded over to the care and custody of the exact state agency we had been working with since August 2010. This has led to a different set of circumstances that I will not elaborate here since it is not related to this bill. The outcome was not amenable to the kinds of help we received and became quite contrary to what the officer who insisted that by his arresting our son and sending him to court for a domestic violence charge, this would force an agency to help, instead compounded more complicated trauma, tragic and financial circumstances for my son and our family. During the entire time concerning the court appearances and evaluation process, our son was very polite, well-behaved, and cooperative. Another aspect of this is I didn't know that police reports are written up like they do for car accidents. I was informed that the state agency and probate court got a copy of this police record. When I found out about it, I went to the Police Station and asked for a copy of the record so I could read exactly what the police officer had written about the incident, as well as have it for my home file and share it with a Committee who had planned to write a bill (see below)*. Instead the Police Records Clerk informed me that once the case is dropped, they delete the

records from the file. However, in all fairness, I don't know if this was also removed from the state agency and the probate court since the case was dropped and deleted from police records.

The entire process was very traumatizing and unnecessary whereby the entire situation could have been handled differently had the CIT been involved. It was very stressful and anxiety-provoking for our son and family and also presented a financial and time constraint burden on us. In addition, all of this was ineffective as it actually worked against us, and cost the state and taxpayers a lot of money in state employee time, wages and related expenses across the board.

As previously stated, the impact of all of this has now snowballed into a much more costly and emotional and traumatic family situation. We are paying a very high price for something that could have been handled in a different and alternative way such as mentioned above and in other testimonies.

Lastly, through networking with people I deal with throughout the state, I found out that a *Senator, who is also a police officer, had been approached by a family in his town who already had a similar experience. His legislative aide informed me that there are numerous families across the state that this has happened to and they have heard our story over and over from these families in similar situations related to a family member's disability.** They organized a committee to eventually put together legislation to stop circumstances like this from happening. I asked if I could join the committee across the state in order to write a bill to help our vulnerable family members and others who have disabilities. Unfortunately, they have put their efforts on hold due to other time commitments. This will continue to be very traumatizing and costly to people with disabilities, their families, as well as to the state of CT and taxpayers.

I urge you to please DO NOT pass this HB 6648 bill but look to alternative ways to help our vulnerable citizens.

FYI, while I am testifying as a parent of a young adult with disabilities and special care needs, I wanted to note that I work part-time as a Family Support Consultant for the NW Medical Home Initiative for Children & Youth with Special Care Needs, and I am an appointed member by the former governor, Jodi Rell, on the CT Family Support Council, a legislatively-mandated Council. I also had worked part-time as the NorthWest Regional Coordinator for the CT Family Support Network for some 9 years, also working with families raising children with special care needs and disabilities and providers who help them.

Respectfully yours,

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