



Senator Eric D. Coleman
Representative Gerald Fox, III
Joint Committee on the Judiciary
Room 2500, Legislative Office Building
Hartford, CT 06106

March 29, 2012

Dear Senator Coleman, Representative Fox and members of the Judiciary,

We are writing to you to express our opposition of SB 452- An Act Concerning the Care and Treatment of Persons with Psychiatric Disabilities. The CT Alliance to Benefit Law Enforcement trains first responders, the officer on the street, in safe and effective ways of working with persons who are in psychiatric crisis in the community while connecting them to services in the community. This program, called "Crisis Intervention Teams" or CIT is funded by the CT Department of Addiction Services. More than just training, this program encourages partnerships between police, consumers of mental health services, their family members and treatment providers in order to link people in crisis to the help that they need, diverting them from the criminal justice system whenever appropriate.

We are concerned about his bill. Police are the de-facto gatekeepers to the mental health system. They already have difficult jobs. Our CIT trained officers (almost 1500 across the state) now assist people in psychiatric crisis through mostly peaceful means and less use of force. While there are always exceptions, CIT officers are most often able to de-escalate potentially volatile situations through the establishment of rapport and building trust. Many veteran CIT officers will often receive calls from persons in crisis once that trust has been established, and force is not needed to reconnect them to services if necessary. CIT works by enhancing the safety of the police officer, the person in crisis and the community.

The language of this bill leaves a lot open to interpretation. The "*likelihood* of danger to self or others" can be very subjective, even with medical training. If a person must be forced to go to the hospital and to take medication, it is likely that force will be needed in order to get him or her to the facility where the medication is to be administered. If a person in psychiatric crisis gets ill from side effects of the medication, or suffers from a delusion that the medication is poison, the potential for a violent confrontation is great. The potential for injury to the police officer, the person in crisis and bystanders is heightened. Depending upon how broadly SB 452 is interpreted in terms of likelihood and level of danger to self or others, we could be opening up a Pandora's box of increased civil litigation, injuries and even deaths of officers and persons in crisis.

We also must look at the likelihood of long term compliance when a medication regime is forced upon a person. How long can a person be forced to take medication against their will? What happens when that stipulation goes away?

In addition, in most jurisdictions, police cannot transport persons in psychiatric crisis – they must call an ambulance, adding to costs and causing more potential trauma to the patient and others.

A police officer can already take a person into custody after an arrest or under the narrow conditions of CGS 17-A 503. If there is no threat of forced medication, a well trained officer can safely link a person in psychiatric crisis to help in a manner that promotes respect and compassion. It can leave a person open to considering help when offered in this way. This promotes public safety more than anything else. Ask any CIT officer on the street.

Respectfully submitted by,

Inspector Kenneth Edwards, Jr., Office of the Chief State's Attorney; President, CABLE, Inc.

Lt. Jeffry Nixon, Waterford Police Department; Chairman of the Board, CABLE, Inc.