



**Joint Committee on Judiciary**  
Senator Eric D. Coleman, Chair  
Representative Gerald M. Fox, Chair  
March 29, 2012, 10:00 a.m.

Testimony by Kristina Ragosta, Esq.  
Treatment Advocacy Center

**SB 452- AN ACT CONCERNING THE CARE AND TREATMENT  
OF PERSONS WITH PSYCHIATRIC DISABILITIES**

**Position: Neutral**

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Chairman Coleman, Chairman Fox, members of the committee:

My name is Kristina Ragosta, and I am legislative and policy counsel for the Treatment Advocacy Center in Arlington, Virginia. Although we support the concept of providing treatment to individuals overcome by mental illness, we neither support nor oppose SB 452.

The Treatment Advocacy Center is a national non-profit organization whose focus and expertise is on civil commitment laws (sometimes called involuntary commitment or assisted treatment). Our mission is to eliminate barriers to treatment for people with severe mental illnesses such as schizophrenia and bipolar disorder. I am here today to ensure that the effect of SB 452 is clear.

SB 452 is NOT an “involuntary outpatient commitment” bill (sometimes referred to as “IOC,” “[assisted outpatient treatment](#)” or “AOT”). Forty-four states have some form of AOT.<sup>1</sup> Connecticut is not one of them, and this bill will not change its status. What SB 452 will do is allow the court to appoint a conservator who has authority to consent to medication over objection for individuals who meet certain criteria. The distinction between SB 452 and AOT is:

- SB 452 provides for the court to appoint a third party with decision-making authority (conservator), whereas, in AOT, the judge issues a court order as the the substitute decision-maker.
- SB 452 addresses medication issues, whereas AOT laws typically utilize a court order to provide for a comprehensive treatment plan, which may include medication and, when implemented, require the individual patient to follow their treatment plan.
- AOT laws do not typically authorize the actual administration of medication. Rather, the purpose of the court order is to help individuals (often with a history of non-compliance) comply with treatment and facilitate more oversight in order to prevent costly and more intrusive interactions (i.e., jail or emergency room visits).

**A better strategy for addressing the issue of untreated mental illness is to reform your civil commitment code to provide an option of assisted outpatient treatment to those patients too ill to seek treatment voluntarily. If the committee is interested in an assisted outpatient treatment bill to create such a mechanism in this state, we would be happy to provide information and resources.**

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<sup>i</sup> Summary of state civil commitment laws. See [http://treatmentadvocacycenter.org/storage/documents/State\\_Standards\\_-\\_The\\_Chart-June\\_28\\_2011.pdf](http://treatmentadvocacycenter.org/storage/documents/State_Standards_-_The_Chart-June_28_2011.pdf)