

Testimony before the Public Health Committee
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Regarding SB 1089 An Act Concerning Mental Health Services

Testimony regarding Raised Bill 1089, An Act Concerning Mental Health Services Connecticut police officers are tasked with more and more duties and responsibilities every single year including many functions that put them into situations that they are not equipped or trained to handle. This year, Raised Bill 1089 add new unfunded training mandates that cash-strapped cities and towns will have to training schedules that are already packed and using training budgets that are woefully under-funded.

Our officers are expected to respond to a wide variety of medical and mental health emergencies. All medical calls with a potential for violence or with patients who have a history of violence require that police officers respond--this is the national training protocol of Emergency Medical Services and has been adopted by the Office of Emergency Medical Services. Local ambulance crews regularly request police officers to assist them with patients, a task that puts medical patients into potential police use-of-force situations and exposes the officers and their departments to civil liability. This happens regularly at group homes and nursing homes--even with frail, elderly Alzheimer's patients--because of the "scene safety protocols" adopted by OEMS. Police officers do not have ANY training in control and restraint of geriatric nursing home patients or the specialized restraint techniques used in group homes or facilities for special needs patients.

Police officers are constantly sent to mental health crisis situations--depression, suicidal thoughts, erratic behavior, or welfare checks on behalf of clinical staff who do not leave the mental health facility. In essence, police officers have become the mental health field workers--work that was formerly done by trained mental health orderlies who were not equipped with weapons--yet police officers do not receive ANY training in appropriate restraints for mentally ill people (straight-jackets, soft restraints). These calls can frequently lead to a police use-of-force because officers must subdue the individual and be mindful of the fact that their sidearm, Taser, OC spray, and baton are ACCESSIBLE to the mentally ill person while they are trying to subdue him. People often forget that the only thing that keeps a cop's gun in the holster is the cop--if he or she is disabled, the gun can easily be taken away. There have been numerous instances across the country where mentally ill patients were able to overpower police officers and gain access to their firearms--yet Connecticut has not addressed this and still requires police officers to attend to these calls.

Perhaps the needs of the mentally ill and those in crisis would be better served by having mental health professionals respond to these types of calls instead of sending police officers. Clinicians, nurses and orderlies who are trained in appropriate restraint techniques and have the necessary equipment would be better suited to these calls, unless the person had a weapon or had committed a crime, and there would be less

likelihood of a police use-of-force. EMS workers respond to these calls as well and carry restraint devices, required by Department of Public Health regulations, in every ambulance. Mental health and EMS workers have the same physical abilities as police officers--cops are NOT superhuman--and will have a much higher rate of success in getting the patient the help they need without having to use physical force or a police weapon.

I urge you to consider the issues that I have raised and take the steps necessary to help those in need of mental health services WITHOUT placing police officers in an untenable position where they may have to use force or police weapons to subdue them.

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