



Donald A. Neel
Board Chair

Luis B. Pérez, LCSW
President & CEO

Testimony before the Public Health Committee regarding:

**H.B. No. 5265 – AN ACT CONCERNING MENTAL HEALTH FIRST AID TRAINING
AND MEDWATCH PROGRAM INFORMATION**

**H.B. 5271 – AN ACT CONCERNING MENTAL HEALTH TRAINING IN
STATE AND LOCAL POLICE TRAINING PROGRAMS AND THE AVAILABILITY OF PROVIDERS OF
MENTAL HEALTH SERVICES ON AN ON-CALL BASIS**

February 24th, 2016

Senator Gerratana, Representative Ritter, and members of the Public Health Committee, my name is Suzi Craig and I am the Senior Director of Advocacy at Mental Health Connecticut. As an advocacy organization, direct service provider and educator, Mental Health Connecticut is on a mission to improve the mental health for all Connecticut residents.

I am here today to express our support for HB 5265 and offer support and suggestions for HB 5271.

Mental Health Connecticut supports HB 5265, AN ACT CONCERNING MENTAL HEALTH FIRST AID TRAINING AND MEDWATCH PROGRAM INFORMATION. This bill would require that recipients of “mental health first aid” training be provided with the web site address and toll-free telephone number for the federal Food and Drug Administration's safety information and adverse event reporting program known as MedWatch. This spring, our organization will offer Mental Health First Aid training to Litchfield County residents. Ensuring resources such as MedWatch are understood and actively used by our “First Aiders” will be a priority. MedWatch provides safety information on prescription medications and is a critical resource for understanding adverse medication effects and the steps people can take to address those effects.

Mental Health Connecticut also supports the concept of HB 5271, AN ACT CONCERNING MENTAL HEALTH TRAINING IN STATE AND LOCAL POLICE TRAINING PROGRAMS AND THE AVAILABILITY OF PROVIDERS OF MENTAL HEALTH SERVICES ON AN ON-CALL BASIS, but are concerned about implementation.

HB 5271 requires that police officers complete a minimum course of not less than two hours on handling incidents involving individuals affected with a serious mental health condition, and individuals with developmental disabilities. We believe two hours is an insufficient amount of training.

Law enforcement personnel need both basic information about the types of health conditions that exist and skills training so they can learn to effectively de-escalate and peacefully resolve highly emotional situations. According to the National Alliance on Mental Illness, one out of four people killed in officer-involved shootings in the United States is a person with a mental health condition. Data from the ACLU of Connecticut demonstrates that the majority of people who died after being Tased by police in Connecticut were experiencing mental health or substance-use-related crises.



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Full crisis intervention team training consists of 40 hours of training. Mental Health First Aid training requires completing 8 hours of a curriculum that includes: understanding and identifying the common risk factors and warning signs of specific types of mental health conditions (such as anxiety, depression, substance use, bipolar disorder, eating disorders, and schizophrenia), role-playing and simulations to demonstrate how to offer initial help in a mental health crisis, and resources that they can use to connect persons to the appropriate professional, peer, social, and self-help care.

We encourage you to view mental health training as an investment in the health and safety of our communities, as well as a potential investment in defraying the high cost of escalated situations where outcomes are jail, emergency rooms, or more calls to 911 which results in additional responses from our police departments.

HB 5271 would also require all police departments to contract with or employ a mental health services provider to be available on an on-call basis, twenty-four hours a day, seven days a week. This seems to be an unfunded municipal mandate, and may not provide the most cost-effective intervention needed for these kinds of situations. DMHAS already has on-call providers in place. As defined by DMHAS, their Crisis Intervention Team (CIT) “works directly with police officers to de-escalate situations involving people with behavioral health disorders. By pairing these mental health professionals with police officers, the CIT program provides greater opportunities to avoid arrest and criminal justice involvement by immediate assessment of mental health service needs and linkages to community resources.”

Existing funds do not allow DMHAS to operate the Crisis Intervention Team on a 24/7 basis. Also, working effectively in the front lines on the street, in the community, and in people’s homes requires specialized training. DMHAS’ on-call crisis intervention team is experienced in these situations. Rather than creating another new infrastructure, we believe it would be more sensible and fiscally responsible for the state to expand the existing on-call teams.

Thank you for your time and for your service.

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