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REPRESENTATIVES: Verrengia, Paolillo,
Sredzinski, Allie-Brennen,
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Hall, Hayes, Morin, Serra,
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Smith

UNKOWN: Security public hearing. We're going to get right to the public. We have two lists we're working off of. One for the public officials and then another list for the general public. What we historically do is we keep the first hour open for the elected officials and public officials followed by the public and then going back and forth. So, without further a due, the first list is Deputy Commissioner Nancy -- Nancy Navarette.

DEPUTY COMMISSIONER NAVARETTE: Good morning Representative Verrengia, Representative Sredzinski and distinguished members of the Public Safety and Security Committee. I am Deputy Commissioner Nancy Navarette of the Department of Mental Health and Addiction Services. I have with me Dr. Charles D. Kay who is RCMO of DMAS our Chief Medical Officer. I am here to testify on SB 428 an act concerning assisted outpatient treatment with certain persons with psychiatric disabilities. While our department respects the role the Public Safety and Security

Committee has been ensuring safety we have serious concerns regarding the content of this bill. This bill describes practices that are components of what is commonly referred to as outpatient commitment. The people we serve and those in our advocacy community refer to these practices as forced medication and as practices that do not respect individual choice regarding medical and behavioral healthcare. Over the past 20 years DMAS behavioral health to sum of care has evolved into an approach that is person centered and recovery oriented. The evolution has helped us understand that the relationship between the service provider and the individual is a collaborative one founded on mutual and thoughtful respect. Our experience in DMAS clients have informed us that treatment planning, coordination of care and discharge planning are most affective if developed with individual served taking the lead in the architecture of the plan. Ultimately telling a

treatment plan to a person's stated needs will be more successful. This plan may or may not include medication. In other words the delivery of behavior health services is one of engagement, not estrangement. Even when individual needs are complex. The tenants of outpatient commitment take a significant departure from those of the recovery movement and removes the desirable possibility of an individual's full participation and decisions regarding medication administration. Alarmingly this bill appears to be based on the misconception that individuals with mental illness are violent towards others. In fact the vast majority of individuals with mental illness are more likely to be victims of violence than perpetrators. A medical

analogy may illuminate some of DMASs thinking related to behavioral healthcare. Chronic high blood pressure, high cholesterol, or diabetes for example may be potentially life threatening. For a variety of reasons patients may not follow doctor's orders including a diet or medication regimen for these or other illnesses. Patients with uncontrolled glucose levels or cardiac symptoms seeking medical care are not forcibly medicated even if they are transported to emergency departments. Instead the medical community looks to provide incentives to help people develop, embrace, and reach their health goals. Outpatient commitment for the behavioral health client is contrary to these practices. I would also like to emphasize the high cost associated with implementation of this bill.

Resource intensive mechanisms that built the state and community levels would be required to implement the strategies outlined in this bill. Per this bill resources would be required for probate court, ambulance transportation, law enforcement support, emergency department, and supervisory agency staff. Connecticut has many programs that are nationally acclaimed. Some examples include community intervention teams who partner with local police departments to de-escalate behavioral health crisis in the community in support of housing programs that are for safe and affordable housing and care management to help persons with serious mental illness remain housed as active, responsible neighbors. DMASs system of care includes community support services, medication management, and peer support. All the services I am referencing emphasized an individual's choice the right to live in a community and to enjoy the privileges of

companionship. None of these programs involve force and they are affective. All of these programs engage the people we service and honor their choices while assuring their safety as well as the public's safety. An outpatient commitment statute would disrupt the collaborative relationship between caregivers and individuals and take human and fiscal resources away from evidence-based recovery-oriented treatment. It would not enhance critical care, community safety, or recovery support. Intervention to which a person does not consent creates distrust between the treatment system and those that it's built to serve. We ask that you not act favorably on the legislation before you. Thank you for the opportunity to address -- I thank you for the opportunity to address the committee on this important issue. Dr. DK do you have anything to add?

DR. CHARLOS: Thank you very much and good morning distinguished members of the Connecticut legislator especially the Public Safety and Security Commission. My name is Charles DK and I'm the medical director for DMAS. I'm going to support Deputy Commissioner's presentation with five quick points. Point number one, the name assisted efficient commitment is misleading. It's not assisted. It's actually involuntary assisted treatment. Individuals may not need the assistance, but they are forced by court order to participate in this care which leads to consequences so assisted is actually quite misleading. Second the capacity for consent it doesn't take into cognizance an individual's capacity to consent to medications or order forms of treatment. Even when an individual starts off lacking the capacity when they regain the

capacity in between treatment there's no capacity for them to resist or refuse the treatment that's been offered them. No capacity to consent or force treatment. Third it's effectiveness. Is this effective? In the literature the effectiveness is mixed and when people dig down what really works is a robust outpatient service program, such that this commitment does to not have a robust efficient system. It doesn't work. It's not effective in those areas. What are we talking about? Things like case management services, assertive community care, mobile crisis, care support services, housing support, access to medications most of which we are lucky to have in Connecticut. Not that we won't benefit from more but the fact of the matter is that outpatient commitment laws all it does is nothing if you don't have a robust efficient system and if you do have a robust outpatient system then it doesn't really matter whether you have the force of individuals to receive the care then what we, Deputy Commissioner has presented which is an opportunity for individuals to participate in an array of services that are present. That has been shown to be more affective than forcing individuals to do it. Third, bias. In the literature the only area where there has been robust funding and a lot of research around outpatient commitment which is inner city New York City shows that African Americans are three to eight times more likely to be subject to this law than others. Now we can come up with all kinds of rationale, but this is in fact what the literature shows. The final point I want to make is enforcement. How do you enforce this? An individual who is subject to this law refuses to take medication. The agency contacts the Safety -- Public Safety or the police to go get them. Now who

knows what could have in that initial interaction but if really everything went well an individual is brought to the private office and clinic how would you enforce treatment for them? Would you have to restrain them in the outpatient care at much risk to both the clinicians and the patient and ultimately what would happen is they would commit them to a hospital through an emergency certificate taking them to emergency rooms that are already stretched for these things and ultimately bringing them into a hospital where there are no beds so in fact their enforcement [Inaudible-00:09:57] is flawed. The effectiveness is questionable. There's a bias to it. There's a lack of dignity for the patients because they have no capacity to consent to get treatment and on top of it is couched under assisted when it's actually not assisted it's enforced treatment. Thank you very much.

REP. SREDZINSKI (112TH): Thank you doctor. Thank you Commissioner for being here. Any questions from the committee? Seeing none, thank you very much. We do have your written testimony so thank you. Next up is representative Brian Lanoue followed by First Selectman of Durham Lara Francis with Representative Kokoruda. And if I can just ask our clerks to change the alert tone on the alarm. We had a few people asking me if there's a fire in the building. [Laughter] So if we can make it a simple beep, beep, beep, that'd be great. Thank you Representative. Please go ahead.

REP. LANOUE (45TH): Thank you Representative Sredinski. Members of the Committee good morning. Today for the record I'm Representative Brian Lanoue from the 45th house district. I'm representation five towns of eastern Connecticut. I'm here to

testify in strong support of House Bill 5449 an act requiring the extension of the crisis initiative pilot program throughout the state. As all of you are aware the opioid crisis has impacted our state, our loved ones, our families. Many, many families throughout our state in a horrible way. It's cost over 1,100 people their lives from opioid overdoses just in 2019 alone however, there's one initiative the -- the crisis pilot initiative which is a collaboration between our state police, local police, and the mental health community which it attaches a mental health professional directly to the troupe. It's a pilot program and local departments have also latched on to it. It's where our law enforcement and our mental communities are working together to help combat this terrible epidemic and it's already been a success. I'd like to see this get expanded to the Troop D region in northeastern Connecticut and throughout the state of Connecticut overall and Miranda Mahoney is here with me. She'll be explaining the program a little more depth, but she's been there from the beginning. I would just like to say to you all, I understand there's going to be an additional financial resources that will be needed in order to extend this and I hope that the appropriations committee leadership will take this proposal into consideration while they make budget adjustments and can hopefully find ways to sew this into the state budget but I think if we all agreed if this is good sound public policy we can work together to find the mechanism in order to pay for it. With that said I'd like to introduce you to Miranda Mahoney the head of Griswold Pride the very first community where this was a successful pilot program was in Griswold. She was there from its inception and she

will share more of that program with you now so I will give over the rest of my time to her.

MIRANDA MAHONEY: Hello. Thank you. I'm the drug coordinator for the drug prevention coalition Griswold Pride. Work closely with the state police and the statewide narcotic taskforce to develop the crisis initiative.

REP. SREDZINSKI (112TH): Excuse me ma'am. Could you just restate your name real quick?

MIRANDA MAHONEY: Sure. Miranda Mahoney from Griswold Pride. At the time we're making headlines for the number of fatal overdoses per capita and the number of Narcan uses by the Connecticut state police unfortunately leaving the state in both categories. The crisis initiative brought new, much needed resource to our community a multi-prong comprehensive approach to combat the opioid epidemic. Together law enforcement make treatment prevention in the community entered into a partnership to work together to offer a path to recovery from a new and unlikely source, the police. From the start of crisis in May of 2017 through January 2020 534 people have been referred to the clinician. 474 follow up visits were conducted in the community. Griswold has seen progress since crisis started. Fatal overdoses significantly decreased from eight in 2017 to only four in 2019. Narcan uses by the state police have also decreased with ten in 2017 and only two in 2019. And larceny arrests a crime usually associated with addiction has also decreased from 76 in 2016 to 57 in 2019. Crisis will be available to all law enforcement statewide.

Town police departments can utilize the program as well, make referrals to the clinician. I work with two other towns departments in the northeast corner to develop similar programs and both have hit stumbling blocks. Crisis will bridge that gap. In closing the most important reason to expand this program isn't some alarming statistic. Programs like this change the culture among law enforcement and reduce the stigma associated with addiction. We're now focusing on the disease of addiction versus the crime of addiction. This is what we'll all do to increase access to treatment services. People will not be ashamed to seek the help they need. Please consider the impact that substance abuse have on our communities, the need for the new pass to treatment in recovery and the cultural change that crisis initiative brings and expand this program statewide. Remember everyone knows someone, loves someone, is someone, or has lost someone to the disease of addiction. Thank you.

REP. SREDZINSKI (112TH): Thank you very much. Any questions from the committee members? Any questions. Seeing none thank you very much Representative. Thank you for your time coming up here and testifying.

REP. LANOUE (45TH): Thank you for the accommodations. I appreciate it.

REP. SREDZINSKI (112TH): Absolutely. Representative Norene Kokoruda along with Lara Francis First Selectman of Durham followed by Joe Cassidy from DAS.

REP. KOKORUDA (101ST): Good morning. I want to thank the Chairs and the ranking and all the members of the committee for hearing us today. My name is

Norene Kokoruda. I'm the state rep for the 101st and with me today is the first selectwoman of Durham and also the president of the Durham Fair Committee Stan Mermot and I would like to yield my hand to them.

LARA FRANCIS: Good morning and thank you for the opportunity to support Senate Bill 407. My name is Lara Francis and I am the first selectman of the town of Durham, home of the Durham fair and proud partner with the Connecticut state police through the resident state trooper program. Last year the Durham Fair celebrated it's 100th fair and over 100 years of supporting and promoting agriculture in Connecticut. While other fairs have gone out of business the Durham Fair has endured despite the challenging economic conditions and rising operational cost. We have survived by diversifying the revenue stream and implementing creative cost containment measures such as the installation of solar panels to lower electric costs, leasing fair on properties, and most of all operating with no paid staff. In fact the Durham Fair depends on over 1700 volunteers many of whom work all year round to ensure that the four days of the fair fulfills our mission of good, clean, wholesome fun. Unfortunately the cost to ensure good, clean, wholesome, and safe fun has become untenable. This has threatened our ability to keep attendance at the Durham Fair affordable for families across Connecticut and beyond. If Senate Bill 407 passes the cost of Public Safety and Security for agricultural fairs across our state will be manageable. I want to publicly thank the Connecticut State Police and our Demhs Regional partners for their participation in our public

safety planning both of the Durham Fair and the Durham -- town of Durham all year round. They have been cooperative and creative to find ways to contain costs without hindering safety however, addressing emerging public safety threats have become more and more difficult. Lastly I would like to emphasize the importance of agricultural fairs and what they mean to our communities. The proceeds after expenses support our local civic organization and many town services. Participation through volunteers brings community -- builds community something that we need more today than ever. Agricultural fairs provide education, teaching the next generation of the importance of agriculture. This is done through exhibits and demonstrations ranging from livestock shows, fiber spinning, canning classes, produce competition, and many more. These life skills are alive and well in the communities that actively support agricultural fairs attracting exhibitors from around the state. Lastly agricultural fairs play an important role in tourism for our state hosting patrons from around New England and beyond. For our community it is a reason to come home. Many of our residents who have moved away use the Durham Fair to reconnect with family and friends, always heartwarming to see. I urge your support for SB 407 and invite you to the 2020 Durham Fair for good, clean, wholesome, safe, and hopefully more affordable fun.

DANIEL MERMOT: Good morning. My name is Daniel Mermot. Thank you Lara and I'd like to thank the committee as well for the consideration this morning.

REP. SREDZINSKI (112TH): Can you state your name for the record please?

DANIEL MERMOT: My name is Daniel Mermot. I'm the president of the Durham Fair. I have the honor of chairing that position for over eight years now and have been a member of the Durham Fair for over 30. In addition to holding the position of the president of the Durham Fair I'm also a director for the Association of the Connecticut Fairs so I'm essentially wearing two hats this morning with respect to this testimony. To begin with we appreciate the committee's consideration in request of time allotted to us today. I'm here today to request from the committee some consideration or mechanism to help defray some of the costs with respect to our state police cost for our affairs. Again I'm representing both the Durham Fair as well as the Association of Connecticut Fairs here today. The Connecticut -- the Connecticut Fairs represent a very significant impact to Connecticut tourism as well as our state economy in the state of Connecticut. The Durham Fair happens to be one of the largest mass gatherings in the state of Connecticut and as such we couldn't think of putting on our event without the assistance of the state police. We are fortunate to have an excellent report with both our resident state trooper and trooper in western Connecticut. For the consideration of helping defray these costs, the Durham Fair and all the country fairs in this state offers significant opportunity for the state of Connecticut from a tourism perspective and for the preservation of agriculture as well as providing some economic development opportunities for several counties throughout the state. Today we live in a fragile society where these state country fairs offer enough to provide our citizens a weekend as our first selectman said good, clean wholesome fun.

In a challenging economy the Durham fair in a non-profit organization that's faced with similar economic changes as the state of Connecticut. Some of these more notable changes are rising costs, declining agricultural conditions, public safety comi -- as one of the states largest mass gathering events and our entertainment cost. In 2019 we are proud to report the Durham Fair agricultural association celebrated our 100th fair. The Durham Fair is one of the largest agricultural non-profits all volunteer fair in the country. The fair is considered the largest of 20 major fairs as part of the Association of Connecticut Fairs and continues to celebrate a great heritage emphasizing education and agriculture for over 100 years. One of our most notable attributes of our fair is the continued dedication and enthusiasm of over 1,700 dedicated men and women volunteers from surrounding towns in Durham and Middlefield. Connecticut Magazine has awarded the Durham Fair the best country fair for multiple years. In 2017 the Durham Fair was awarded the Governor's Tourism Volunteer of the Year award from the Department of Tourism. The Durham Fair is owned and operated by the Durham Agricultural Fair Association a private non-profit organization that incorporated Connecticut laws without stockholders. The Durham Fair has no paid management or staff, a fact that the association is fiercely proud of. Annual membership in the association is obtained by purchasing a membership ticket. Our membership is limited to 300 people on a first come first served basis. We have attempted year over year to maintain our ticket prices for our fair goers. The association has 46 acres. The association leases with the town of Durham White's Farm for parking and from the town of Middlefield Strickland Farm also

for public parking. Regional District 13 also allows the association to use their parking facilities free of charge. The association rents additional land for parking from Durham landowners. In addition two major corporations Tilcon Tomasso and Anthem Blue Cross allow us to use their Wallingford properties for purposes of fairgoer parking.

REP. SREDZINSKI (112TH): Could you just wrap it up a minute? We're going to have time for questions. I appreciate consolidation. If you could summarize there will be questions from the panel.

DANIEL MERMOT: Sure. Okay so let me just go back to my conclusion. Thank you. We'd like to thank the committee for the consideration of this bill. Over the last couple of years we have met with many notable Connecticut agents attempted to hear our cause. Some of these agencies are the Office of Policy Management, the Office of Tourism, Department of Agriculture, and the Connecticut Department of Public Safety. The Durham Fair and its Association is proud to be part of the agricultural heritage in the state of Connecticut. Our community impact on local communities is beyond reproach. Country fairs play a very vital role in the state of Connecticut's rich farming and agricultural traditions. As the largest major fair and the member of the Association of Connecticut Fairs the combination of these fairs throughout the state has a significant impact on the state's cultural heritage as well as the significant impact on the state's tourism. Our state's county fair plays a vital role in future generations to keep agriculture heritage alive and well in our state so organizations like Future Farmers of America, 4-H communities organizations. Lastly the

community spirit generated by these fairs through the act of volunteerism speaks volumes regarding the types of citizens that reside in our great state. The only thing that I would just like to close with if I may, there are as part of the Connecticut Association of Fairs 20 major fairs and there are four district fairs, six 4-H fairs, and nine local grange fairs that start in early spring and run all the way through late fall. Thank you very much.

REP. SREDZINSKI (112TH): Thank you for your time. Thank you Representative. Thank you first First Selectman for being up here. The only question I had was is there a way you can quantify the economic impact of the Durham Fair specifically and then maybe the gentleman could summarize briefly what the economic impact is to the state of Connecticut on those fairs?

REP. KOKORUDA (101ST): So, the -- the money that during the Durham Fair many non-profit and local civic organizations use that as their main fundraising vehicle for the entire year. And the Durham Fair while they charge fees for outside vendors to come in, the fees for our local civic and local organizations, non-profit organizations get a drastically reduced fee to come in and be a vendor. And through that you added it up it's over --

DANIEL MERMOT: It's approximately \$200,000 just from the Durham Fair point of view that these non-profit organizations channel back into the community. I don't really know. I apologize. I don't know what the number is on behalf of all the Connecticut Association of Connecticut Fairs but it's probably significantly larger than that.

REP. KOKORUDA (101ST): That's the economic impact to our communities. The cost of public safety to operate the Durham Fair out of a \$2.3 million-dollar operating budget is over \$500,000 dollars and almost 50 percent of that is associated with the cost of the state police.

REP. SREDZINSKI (112TH): Thank you very much for your answers. Representative Kokoruda you want to add to that?

REP. KOKORUDA (101ST): Yes I would just like to add we have an entire Durham delegation that is behind this -- this legislation. Senator Cassano, Senator Cohen, Representative Candelora, and myself all represent the little town of Durham which we're very proud of but the, I just wanted to say the impact of this fee from our state troopers. They can't negotiate with the police force. They don't have a police force. They have our state police there, but it's gone from \$100,000 dollars to \$235,000 in ten years. You can see where it's 50 percent of the whole cost of running the whole operation and I think if we're asking for some financial relief for towns that are in the position who are doing such great things as running a pretty famous agricultural fair but don't have the opportunity to negotiate with their police force due to just the arrangement of their town but we appreciate you listening to us today.

REP. SREDZINSKI (112TH): Understood. Thank you Representative and again I appreciate the consolidation. Chairman Verrengia has a question.

CHAIRMAN VERRENGIA (20TH): Good morning and thank you for being here. I think I know the answer to this question but I'm going to ask it anyway. What

is the primary role of the police officers at these fairs?

REP. KOKORUDA (101ST): So via state statute they are responsible for creating the operational plan for public safety for the Durham Fair. They protect the perimeter. They do traffic control on the perimeter of the fair and they also do interior duties such as assisting with undercover police operations with underage drinking and drug use. They have troopers in the interior on bicycles roaming for interior security. In the role of planning moving up to the Durham Fair they do threat assessments through CFA to make sure there are no emerging exterior threats. They do background checks on our entertainment for example, etc.

LARA FRANCIS: Mr. Chairman may I add too there is also a volunteer, all volunteer committee that works right along with them as that are volunteers and they train for at least months before. I've talked to people that have worked on it and it's an incredible commitment by these volunteers.

CHAIRMAN VERRENGIA (20TH): And so, I have to imagine this has happened. I suspect that you have already reached out to the towns where these towns are held and had conversations asking for reimbursement, etc. Is that fair to say?

REP. KOKORUDA (101ST): You mean municipalities?

CHAIR VERRENGIA (20TH): Yes.

REP. KOKORUDA (101ST): From the association -- from the town of Durham's perspective no we do not have a line item that specifically supports the Durham Fair however, we have favorable lease agreements for them to use town property at no cost and our volunteer

fire department and our volunteer ambulance department participates all weekend long. Our public works department supports the Durham Fair leading up preparing our detour routes and our other town properties so there is support from the town already but there is no line item financially supporting the fair.

CHAIRMAN VERRENGIA (20TH): I am not familiar with all the fairs. I'm familiar with the Durham Fair. I've been there. It's a great experience but to your knowledge are the majority of these fairs in towns where there are resident state troopers or is it local police or a combination thereof.

DANIEL MERMOT: I'd say Chairman I'm guessing about 50 percent of the fairs use state police. Some have local police forces.

REP. VERRENGIA (20TH): And again in the incidences where it's not a state trooper or a resident trooper I would suspect that those towns that host these fairs have talked to the municipalities to see if they could bare -- I guess where I'm really trying to go with this is you're asking to pass a state statute and I understand that but it seems to me unless you've already exhausted all those avenues where the host towns and municipalities said no we're not bearing any of these costs or they're not looking at ways they can reduce the cost on these fairs, given the change and I think you said it sir where it went from I forgot what that number was 200 to 300,000. I forget but there's been a big increase we've seen over the years and as a result of those increases you know has there been conversations to adjust those rising costs?

REP. KOKORUDA (101ST): I think it would be difficult for me as it would be for any new line items to be added to our town budget. I think it would be difficult for me to get a new line item for this purpose in our municipal budget.

REP. VERRENGIA (20TH): I would suspect -- I don't mean to cut you off but I would believe that would be in every community not just in Durham.

REP. KOKORUDA (101ST): In every community.

REP. VERRENGIA (20TH): Not just in Durham. And those communities whether they're state troopers or local police officers.

LARA FRANCIS: Mr. Chairman may I just add something too? It was a surprise to me that these towns, that the fair committee is actually being asked to pay for more than 100 percent of these police officers. It goes way beyond just the overtime charges of what is expected when we bring each state trooper on.

REP. KOKORUDA (101ST): So the difference between a municipality with a police department and a trooper town is that there are -- would be in muni department some officers who would be on straight time, right because there's 24/7 coverage anyway where the difference with us is every trooper that's assigned to work a duty at the Durham Fair is on overtime and as you know that's a fully loaded charged out cost with total fringe, etc. We don't get to negotiate those fees and we don't get to negotiate who comes to the Durham Fair. There's a certain amount of sergeants that have to be there and then if we're on the statewide overtime list whoever pops up on that list gets assigned whether it's a trooper first class with one-year experience

or more. So there was a time where the Durham Fair when we first became a resident trooper town the bill for that was funneled through that municipality and it was charged at the municipal rate which at the time was 50 percent. Then it was changed to 85 percent. Then it was determined that that was the wrong way for that charge to be built and we went to the fully loaded and I think at this point we are at 113 percent of salary.

REP. VERRENGIA (20TH): Ok I'm good. Thank you.

REP. SREDZINSKI (112TH): Thank you Representative. Any other questions from the committee? Representative Hayes.

REP. HAYES (51ST): Thank you Mr. Chairman. Thank you for being here to testify today. I'd like to start by saying I don't believe that a town that has a municipal police department could give you any officers as straight time. Officers are usually assigned to a certain sector or patrol route so I mean taking them off of that I don't think they could do it so it would be time and a half as well. How many state officers' troopers do you have there at a time?

REP. KOKORUDA (101ST): I don't have the total amount of actual troopers. I have hours here and last year we had 1,583 hours of trooper time.

REP. HAYES (51ST): Okay and you said that was about \$250,000. Is that right?

REP. KOKORUDA (101ST): About \$235,000.

REP. HAYES (51ST): And you said the fair has an operating budget of one and a half.

REP. KOKORUDA (101ST): \$2.2 million dollars.

REP. HAYES (51ST): \$2.2 million dollars so that \$250 is included in that operating cost, correct?

REP. KOKORUDA (101ST): Right. The total public safety total public safety with other aspects of public safety for the Durham Fair is about a half a million dollars.

REP. HAYES (51ST): Okay so I understand what your operating budget is. We talked about -- you talked about all of these areas in town that are giving you these parking areas. Do you collect fees off the parking? Is it free to park as well?

LARA FRANCIS: No, we charge a fee. They charge a fee, but the town doesn't take the charge. That's a lot of not for profits parking. Some private landowners but I don't believe there's any income for the fair with parking.

REP. HAYES (51ST): The fair doesn't take in any income from parking?

DANIEL MERMOT: Actually yes we do. We for folks that register online we offer online. The folks that don't, it's \$5 dollars and the revenue goes to the fair.

REP. HAYES (51ST): So how many people goes to your fair?

DANIEL MERMOT: An aggregate number would be 200 to 225,000. Usually our parking revenue is probably about \$60,000 in parking revenue.

REP. KOKORUDA (101ST): Most of the parking that's done if you have gone there you'll see all these private parking lots with people's facilities and a lot of them are tied to either civic groups, the volunteer firemen for instance, civic groups, or

families, or small businesses. That's the bulk of the parking.

DANIEL MERMOT: The other point I'd made with respect to the revenue is that a lot of that is offset because we're so landlocked in Durham and I'm speaking about the Durham Fair, everybody has to be shuttled in so our bussing cost and all of that you know helps the revenue we derive helps defray some of that.

REP. HAYES (51ST): Okay so I guess my bottom line is if your operating budget we have that number what would be the total income when we take the GATE receipts and the parking, the fees for the vendors that are coming in what's your total revenue end of this?

DANIEL MERMOT: The net is a couple \$100,000.

LARA FRANCIS: Dependent upon weather.

DANIEL MERMOT: Right. Absolutely.

LARA FRANCIS: There have been years it was just a fraction of that because of the weather.

REP. HAYES (51ST): Thank you for that. I guess my very last question would be the net revenue where does that go?

UNKNOWN: Treasurer of the [Inaudible-00:39:34] and also the past present. In 2018 we actually had a 50 on a credit we maintained in order to pay for the state police because we were paying off debt. The - when we have a positive net income part of it goes into a scholarship fund for Durham Middlefield students. We give \$25,000 dollars a year in scholarships which is not quite all of that cost of the fair. The other could go into maintaining

fairgrounds. Maintaining equipment. Right now we're kind of restricted on capital improvements because we just haven't paid down some debt.

REP. HAYES (51ST): Okay. I understand. It just sticks in my mind that we're going to ask the taxpayers of Connecticut to pay 15 percent of all the troopers at every fair in the state of Connecticut if this was to pass.

UNKNOWN: Well in my mind the -- right now the taxpayers in the state of Connecticut are making a profit off of us because the -- that factor 113 percent is to pay for the fringe benefits except possibly unemployment help there is no benefit that I know of that goes up because there's state troopers at the fair. That is not a percentage of income or the fee so that what we're paying is 113 percent is not what the fair, excuse me the state is paying out for those troopers being there.

REP. HAYES (51ST): Okay and I ran those budgets for a number of years with the municipal police department but when you take the 113 percent you also gotta understand when these officers, these troopers are making time and a half their pension rates are going up and everything so there are more expenses when you're at the overtime rate.

UNKNOWN: I understand that, but 113 percent means we're paying more for frinage than we're paying for the trooper herself and that's what this issue is about is the amount that we're paying [Inaudible-00:41:58].

REP. HAYES (51ST): I can sympathize with where you're coming from you know but the 15 percent is

sticking in the back of my head. I appreciate it.
Thank you for being here today.

REP. KOKORUDA (101ST): So, because of our non profit status we are required by the tax laws to only reinvest into the fair but then to donate the rest of the profits and in 2019 that was a total of \$204,839 dollars and in 2018 that was \$197,183 dollars going back into the community.

REP. HAYES (51ST): Thank you.

CHAIRMAN VERRENGIA (20TH): Thank you Representative.
Representative Serra.

REP. SERRA (33RD): Thank you Mr. Chairman. Mr. Chairman what I detect here I could be wrong but I've been around a while around the Durham Fair since I was a little kid which I really ask and I think and correct me what I hear it's about tourism and you're asking the state of Connecticut I'm assuming to kick in some money because these fairs throughout the state of Connecticut are economic for us and tourism so what I hear here is something that has to be at least put into our state budget to subsidize security for the spares. Since we all benefit its part of tourism. The other thing as you well know, and I know you do there's union contracts. There's negotiations. This is not going to get changed overnight. I come from Middletown and we have some of those situations with other functions that we run whether it's fireworks, sidewalk sale, car shows so I think where this has to go if this committee passes it is some kind of appropriation to the state of Connecticut saying this is all part of our tourism and to subsidize because these fairs throughout the state are

important to our citizens. Am I correct in making that assumption?

REP. KOKORUDA (101ST): Absolutely. As a matter of fact we do have support of the Middlesex Chamber of Commerce in support of this legislation for that very reason. They recognize that in our county as would be the same for all fairs and their respective counties is a big tourism drawer it adds income to our hotels and restaurants in the area. As I stated before people will travel and spend a couple of days to come to the Durham Fair in the state of Connecticut.

REP. SERRA (33RD): So I guess my advice to this committee of members of the legislature is this issue really should be somehow through leadership sent through the appropriations committee and the governor should be aware that we need to come up with some type of a plan that subsidizes these fairs especially from a security standpoint. We are all aware of what security is today in this country not only in the state of Connecticut, so I think it's incumbent upon our administration and all of us to at least keep you all in business. Thank you Mr. Chairman.

REP. SREDZINSKI (112TH): Thank you Representative. Any other questions from committee members. Seeing none thank you very much for coming up and providing the testimony. Next up is Joe Cassidy from DAS followed by Representative Bolinsky and House Republican Leader Themis Klarides.

JOE CASSIDY: Good morning Senator Bradley, Representative Verrengia, Representative Sredinski, and members of the Public Safety and Security Committee. My name is Joe Cassidy. I'm the state

building inspector and I have with me today Bill Abbott who is the state Fire Marshall. On behalf of the Department of Administrative Services I want to thank the committee for raising our two bills today. In the interest of time, I will just give you a couple highlights on these proposals and we can move on. House bill 5451 exempts small point of use water heaters government buildings, schools, hospitals, and certain other buildings from regulation under the state boiler code. These units are already exempt in occupancies under that code. This change will allow us to align our code with the ASME standard we adopt as the basis for our boiler code. Senator bill 427 makes changes to the fire safety and fire prevention codes to streamline applications for these codes for fire marshals. First it aligns the two authorities of the two codes based on age of buildings rather than on issue for operation being addressed. Second it establishes an administrative appeal step for the fire prevention code which it does not have now similar to the process of the fire safety code and the building code and third it deletes an outdated technical requirement that requires house power and battery backup for residential smoke detectors. This statutory requirement prevents us from allowing new wireless technology allowed under model codes to be implemented in our code used in the state of Connecticut. Thank you for your time and we'd be happy to answer any questions.

REP SREDIZINSKI (112TH): Thank you very much.

JOE CASSIDY: Thank you.

REP. SREDZINSKI (112TH): We do have your written testimony submitted so appreciate that. Any questions from committee members? Any questions from committee members? Any questions from committee members? Seeing none thank you very much for your time. Next up is well I don't see Representative Klarides here. I also don't see Representative Candelora here. Is Senator Leone still in the room? No? Okay. Is Chief Fox in the room? All right Chief Fox come on up.

CHIEF FOX: Good morning and thank you for the opportunity to join you today. My name is Aller Fox. I have the very great honor as serving as the Chief of Police in Enfield, Connecticut. Prior to that I served with the Connecticut State Police for 24 years retiring as the Colonel of that organization about two years ago. I join you today in support of raised House Bill number 5450 an act concerning emergency intervention by a police officer when a person suffers an opioid overdose. In summary I would offer to you that Connecticut general statute protective has not kept up with the current opioid issue. 17A-503 in summary allows law enforcement officers to detain an individual and transport them to a medical facility for care when that individual is suffering from a psychiatric condition. For example when they're suicidal, when they may be under the influence of alcohol and unable to care for themselves. The issue that we're confronted with in the year 2020 pertaining to opioid overdoses is that when an individual is resuscitated through the -- through the lifesaving administration of Narcan at that point they are arguably but practically of sound mind and individuals at that point who literally have been

within seconds of their demise look up and decline for their medical care. At this point under the terms of the Connecticut general protective custody we are relegating to controlling them and sometimes its successful and often times it is not to go to a medical facility where they might be able to seek additional assistance of a counseling or a restorative nature. It is extraordinarily frustrating and seems highly ineffective when we have individuals that overdose repeatedly. We've had instances in Enfield and in my state police career where individuals overdosed repeatedly within the same day and we are lacking this tool to be able to provide them with this assistance. To that end I would urge the modification of 17A-503 as is before you and 5450. Thank you.

REP. SREDZINSKI (112TH): Thank you Chief. Appreciate your time and your testimony on this issue. Representative Hall.

REP. HALL (59TH): Welcome to Chief Fox.

CHIEF FOX: Thank you.

REP. HALL (59TH): Great to see you here today and advocating for this particular bill. So, let me ask you a few questions. This has been a problem across the state that we've heard from many police departments that when they respond to an emergency call and we've also heard it from our EMS providers that they bring back these folks, these victims of opioids and they have no recourse but to let them walk away despite the pleadings of families to please transport them to the hospital and have them evaluated and it also allows time for the families to secure maybe some outpatient care or maybe even inpatient care for that matter to help with the

addiction. So, my question to you is what do our neighboring states do? Are they allowed like for example Massachusetts or Rhode Island? Do they allow their law enforcement to take these folks into protective custody and get them help at the nearest hospital?

CHIEF FOX: Thank you. The answer is that they do. The answer is that we are unfortunately lagging behind in this regard. Massachusetts is perhaps the best example of a -- of a statutory modification that has occurred that allows law enforcement to provide the services that we've described and that we're asking for today to attempt to eliminate or at least minimize these heart-breaking situations. To reference the earlier part of your comments that is exactly what we're seeing. We see family members. We see friends that are pleading for assistance and because at the moment of the opioid reversal at the time of the utilization of the Narcan that individual perhaps arguable but it certainly is our practice and I believe a professional practice to look at the individual and say at this moment that individual is of sound mind and is making an informed decision to decline medical care. You have a statute that allows us to direct that person to medical care for lesser situations, why would we not expand the statute to allow for greater situations where the threat is even more serious?

REP. HALL (59TH): Thank you for that answer. So and I just want to make the comment that our good Chief Fox also is an attorney so has studied these statutes extensively and the suggestion to the statute revision was proposed by yourself and I guess my other question is I know when I talk to other folks about this, most people assume that this

happens. That this person has been brought back from death by Narcanning them and they would immediately be transported to the hospital. Of course they would. I mean it almost seems like common sense thing. When I tell people that that's not the case that we cannot do that they're honestly surprised. I mean the shock is people are like that makes absolutely no sense whatsoever, so I think this is a common-sense change. I find it hard to believe anybody would argue against this change and the fact that we're going out multiple times sometimes to this same individual so not only is the individual endangering themselves more than one time but we have emergency providers that are flying across town putting the general public in danger multiple times so I feel like this proposed bill is so desperately needed and would save so many lives. I think this is really a no brainer for me and the fact that our neighboring states recognize this and have moved forward to change their statues to provide this care for folks I think we need to kind of step up and mirror their initiation of this whole process so I thank you for bringing this bill forward. I hope it passes out of this committee so we can talk to it on the floor in greater detail, but I think this is desperately needed and I thank you for advocating for this change.

CHIEF FOX: And we thank you for the support.

REP. SREDIZINSKI (112TH): Thank you Representative. Any other questions from committee members? Any other questions? Seeing none, thank you Chief for being here.

CHIEF FOX: Thanks. Appreciate it.

REP. SREDZINSKI (112TH): Next up is going to be House Republican Leader Themis Klarides and Representative Mitch Bolinsky followed by Senator Leone.

REP. KLARIDES (114TH): Thank you Mr. Chairman, ranking members, and the Public Safety Committee. Representative Bolinsky and I are here to testify on 5453. Some of you may have heard a little bit about this. It's an act concerning the Sandy Hook Worker's Assistant program and fund. Just for some brief background. Back when the Sandy Hook tragedy occurred we all as a legislature and in a bipartisan light put together bills to help the workers, the affected workers in Sandy Hook and the result of those and one -- one of the many parts of the bill said that the Office of Victim Services would administer a fund for some of the workers in Sandy Hook and the original bill covered education employees and then that was expanded to cover police employees and that changed at some point throughout and the original definition of affected persons was first responders, teachers, police, and others in the original bill. So the office of victim services within the judicial branch was monitoring and administrating those funds. At one point by word of the statute that we put in law that at a certain point the Office of Victim Services would then take the money that was in the fund and the administration of it and give it to a charity, put the control of it to a charity of their choice. They chose the ULA, the United Labor Agency which is the charitable arm of the AFL-CIO. They then as we understood continued to administer those funds and that is all we knew at the time until early 2019 Representative Bolinsky was contacted by some of his

constituents in Newtown that he represents saying that there were some issues with that fund and how the fund was being administered. He came to us. We said you should go to the Attorney General and have him investigate it. When he investigated that, he then reported back to the Attorney General's office he said now to provide you with a summary from the attorneys assigned to this matter and how and why we believe this issue has been resolved to our satisfaction. We didn't believe it was resolved to our satisfaction, so we then called the state auditors and we gave them that assignment. They then did their investigation and they came out with a report that said there was improper administration of those funds. Interestingly enough at that point we did a press conference public. The Attorney General then that very day said there are very serious problems that require review investigation where just a few months earlier they felt everything was resolved to their satisfaction. We then forwarded all the document within our control that the auditors gave us to the Chief State Attorney's office. The auditors then asked us if we wanted them to look into it in more specific ways and they have that now. The Attorney General said that he was going to be investigating it further and we have met with the ULA and the AFL-CIO and they have hired their own attorney to do their own internal audits and investigate this and they have certainly been cooperative in regards to this conversation. That's just a little bit of the background. I'd be happy to answer any other questions you might have but for now Representative Bolinsky is just going to talk about what this bill does and I will say when we discussed and tried to figure out where we should go with this I contacted all four leaders. They all

agreed that this was something they wanted to do so the four of us, Speaker of the House, Senate President, and the Majority leader and all, excuse me the Senate Republican leader are all in support of cosponsoring this particular bill because what we want to do is just make sure that these poor victims that were affected are getting the money that they should have gotten. Every one of us who was in the legislation when this happened lived through this. The victims, the families, the people who worked at the school, surrounding areas lived through it want it. We as legislators wanted to do whatever we could do to help them as best we could and unfortunately this money just got comingled with other areas. Now just to go back to what I said earlier the ULA the United Labor Agency is the charitable arm of the AFL-CIO. There was and everybody and these are not controverted facts. We've, as I said we've met the AFL-CIO. We've met with everybody involved and we all agree something happened and they are doing their best in trying to fix it and they are taking from the Chief State's attorney to the auditors to the Attorney General. Everybody is on the same page here so this is not an argued point but I tell you when you have victims in this state that we lovingly represent and we just want to make sure that their help with the money that was raised into those funds, the fact that they were comingled is just a horrific thing to me and this bill will do as much as we can to ensure that never happens again.

REP. SREDZINSKI (112TH): Great timing Representative. Representative Bolinsky, proceed.

REP. BOLINSKY (106TH): Thank you very much. I appreciate the opportunity to speak to the Public

Safety Committee and particularly grateful to the Chairs, Representative Verrengia, Senator Bradley, ranking members Sredzinski and Hwang. I hold in my hand a pen but it's not just a pen. This happens to be a pen that was given to me by Governor Malloy when we stood in the lobby of the capital and signed the Sandy Hook, the enabling legislation that created the Sandy Hook Worker's Assistance Program. It was not designed to be the primary victim's fund but it was one that was there to support the emotional traumas that first responders, teachers, and others -- the others that Representative Klarides refers to included people that were working in that building that were paraprofessionals as well. Librarians, people that were even custodians in the building because well I'm not going to get into it, but you know the trauma that was caused that day didn't just happen that day. It happens to be a long term generational process of healing so that said the fund was being administered with charitable donations that were received from all over the world to provide support to these people and it had a very clear charter and a very clear intention to devote that money to allowing folks that experienced something that no human being should ever experience to get on an emotionally normal life. The fund was used extensively in the first two to two and a half years or so and then the usage of the fund sort of dialed down. At that point there was the memorandum to my understanding which removed the money from the dedicated use under the administration under the Office of Victim Services and transferred it to ULA and the ULA initially upon receiving those funds did take care of six paraprofessionals. Spent about \$4500 dollars on copays and other things for PTSD type of things

and then the fund went silent. We discovered at the end of 2018 and began the inquiry in February of 19 that the funds had been emptied and used with the exception of the \$4300 dollars on things that really nobody could explain so essentially the funds were misdirected and we had active claims at that point in the beginning of 2019 from police officers and we have a current claim right now with a state police officer. The money that was committed to have been mistakenly misspent and was to be replaced. We have no evidence that's been done so the long and the short of it is this was a righteous bill for people that witnessed something that no person should ever witness and the money that was donated by people with very, very, big hearts from all over the world for this specific purpose must be returned.

REP. SREDZINSKI (112TH): Thank you Representative. Appreciate it. Any questions from the committee? Senator Hwang?

SENATOR HWANG (28TH): Thank you Mr. Chair. It's a different look. Thank you to the Chairs for allowing that different perspective. President Klarides thank you for raising and sharing the elaborate history of this. I think first and foremost has the money been restored into the current account because I'm getting conflicting stories that even though it was articulated to date the funds have not been replaced to the questioned account. Would that be correct or not and just for the record I'd just like to be able to get a point of clarification?

REP. THEMIS KLARIDES (114TH): We have not seen any evidence that it has. As I said before the organization has been very forthcoming. They have

been doing their own audits. They've been doing their own investigation but we have not seen those numbers and if they have them I'd like to see them but we have not seen them and you know Senator an important part of this bill as I mentioned before the original legislation included a program termination date you know and that's how it ended up going from the Office of Victim Services for the distribution and management of it to the ULA or whatever charity they chose at the time and this, our bill extends the program indefinitely. It also goes back to the original definition of affected persons. As I mentioned earlier first responders, teachers, police, etc. But I think most importantly it prohibits the comingling of the funds and I think that when this bill was written originally I guess maybe we were naive in not writing those actual words in the statute that the funds cannot be comingled with other funds but it was not explicitly prohibited in the original language and in this bill it specifically says comingling of funds is not allowed.

SENATOR HWANG (28TH): Thank you and I -- I actually still remember the House deliberation when I was a House member of that bill. It came on obviously one of the darkest events in the history of this state and I remember vividly that we collaborated together, democrats and republicans in a unified way to address the incredible outpouring of kindness from contributions from throughout the country if not the world and I remember that this was an unusual situation where we didn't have a real vehicle as a state to manage these kind of funds as they came through and we reached this conclusion. I still vividly remember the debate as to what do we

do to respectfully and dutifully manage these public funds that have been donated for a specific purpose and to really ensure that our state government created a vehicle to properly use this money to meet the needs of that horrific event. Did you think that purpose was served?

REP. KLARIDES (114TH): I think originally it was and I think ultimately it wasn't because you know the money was put in there for a purpose and it wasn't ultimately used for that purpose because there was comingling involved so that's why as soon as Representative Bolinsky brought it to me you know we followed the proper channels you know we went to the Attorney General's office. He found no wrongdoing. Then we weren't happy with that and we went to the auditors and they found improper action in regard to that and then we sent it to the Chief State's Attorney Office who sent it back to the auditor's office for more in depth investigation. And I'm hoping with this bill going forward as I said all four leaders agreeing on it. Like I said this is not a political issue. This is not a partisan issue. This is about victims that we have in the state of Connecticut in one of our darkest days doing at least our small part to help them in making sure this doesn't happen again. I mean obviously investigations are going on presently as to what went on and those are still happening. You know the money we need to make sure the money is there. But going forward this will then, part of the bill says it will go back to the Office of Victim services to administer it in the future and everybody is in agreement with that and it will also require regular reporting by the Office of Victim Services who will

be administering it which was not in the original bill.

REP. HWANG (28TH): And to you Representative Bolinsky are you aware of respecting confidentiality but are you aware of any individuals right now under the guidelines and qualifications that are in need of this fund to help them.

REP. BOLINSKY (106TH): Yes I am and there is an individual with a claim outstanding and it's my level duty to see that this is serviced in the way that it was intended so I don't want to only focus on the negative here. Yes we have a tragedy and Newtown will always have that and yes there was a misuse of some of this charitable money but the naive part of me wants to believe that it was a mistake so we're not here for punitive reasons. What we're here to do is to restore the spirit of the bill and this legislation before us in HB 5453 does it in a very, very, unique way because even though when we pass this legislation it was set forth the way most charitable trusts are set up. What we do here is we restore this money, but we also give the Office of Victim Services the ability, as a matter of fact we encourage them to select with the help of the legislature the most appropriate charity to administer the funds. I'm not here to amend this legislation but I will be steering this towards the Newtown-Sandy Hook Community Foundation which was the parent organization of the now defunct Sandy Worker's Assistance Program because they work with a complete and total immersion in -- in these matters and they do so in the most charitable way and charge not one cent of administration fee so one of the things that I found most disturbing in the way the funds had been used

after they transferred from OBS was in administering \$4553 dollars' worth of victim services the ULA took \$6500 in administration fees. That's not how the charities that were set up in Newtown work at all. They work in a strictly benevolent way, so they are the most appropriate place to put it but I'm not here to argue for that right now. I'm just here to put a place marker on it. This legislation allows us to make things right and it will actually set precedent for making things right for many many other organizations as we go forward into the future but right now we're dealing not only with the Sandy Hook Worker's Assistance program. Thank you very much.

SENATOR HWANG (28TH): What I am extremely concerned I want to thank the commiteeship for raising this bill and having the opportunity but what I'm just hearing right now is a sense of urgency for me is the fact that there is an outstanding claim for an individual impacted by that traumatic incident and that money should be used to provide supportive necessary services for that individual. One I'm concerned that the fact the money that was reported to be replaced is not in the account as of today and so I think there's a tremendous sense of urgency to ensure that anyone, not just that one set individual but that anyone under the intent of this account be cared for immediately. The second point and I think you raise a very interesting one is the fact that with us proposing with the proposal of this bill you're looking to kind of review and you are now suggesting an alternative organization that would be able to administer the remaining funds should it every get deposited but be able to share what this committee and the general public and the good work

that this organization does and that we don't run into another situation. Are there -- is that an organization that can be trusted with the public's contribution dollars that was the onset of this discussion?

REP. BOLINSKY (106TH): Yes there is an organization that can be trusted but the other beautiful thing about this bill is it sets up a requirement for quarterly reporting which allows us to as a legislature, as stakeholders, it allows us to monitor activity. Obviously reback the personal information but at least we know that the funds are being used and at some point and time if a decision needs to be made to sunset some of the funds having the ability to involve the community foundation in the determination of where those should go are -- is equally important because they were funds that were contributed for a very specific person by people who contributed in the spirit of the original bill's intent.

SENATOR HWANG (28TH): Thank you and to House Minority Leader Klarides you had mentioned that it was a unified effort through the House Republican and the Republicans in the Senate and in the House to kind of do this due diligence work after this aftermath of the trade trust. Could you elaborate a little bit more about the processes that you have undertaken as part of the House and Senate Republican leadership to address this issue for one this particular incident but also any possible future fun entities that may be created to address specific needs.

REP. KLARIDES (114TH): Certainly Senator. So, Representative Bolinsky came to me and told us what

he had heard from his constituents. We suggested he report this to the Attorney General's office and have his office do an investigation as is his job. They did that. They came back with a letter that specifically said we believe the issue has been resolved to our satisfaction after full investigation. We were not satisfied with that answer because we didn't believe that to be the case so then we called the auditor as we know these are bipartisan auditors who audit agencies in different areas of state government. They took that case and they did their investigation. They came back with a report that said there was -- there was improper dealings within the management of the funds for the Sandy Hook Worker's Assistance Program. We then made that information public. After we did that the auditors asked us if we would like to do any further investigation and go into it more deeply and we said yes. Then we called the Chief State's Attorney Office and we reported it and sent the information up to the Chief State's Attorney's office to see if they were after they have a process by which they decide if something should be investigated or not. Then the Attorney General on the same day that we made the findings public all of a sudden decided that there were very serious problems that needed review and investigation which quite frankly should have been done six months earlier when we originally gave it to him. And then as I mentioned the ULA had hired their own attorney and is doing their own audits so there don't seem to be controverted facts here in regards to the fact that it happened, the comingling of the funds, the missing funds. Everybody seems to agree that there's a problem and we have to make sure we fix it and have to make sure the money is A. back into that account being used

for proper purposes but just as importantly just to make sure that going forward this doesn't happen again. This town is still active and so the funds are still going to be dispersed and be used by the victims of Sandy Hook so that's why we put the bill in with all four caucuses supporting it and we have regular reporting. We went back to the original intent of who can avail themselves to these funds. We made the timeframe indefinite, so it doesn't end. So originally there was a date certain that it ended for the Office of Victim Services administered these funds and then they needed to choose a charity to take over that administration so this will just be an indefinite timeframe. I would assume until there is no longer any funds in there. But I think for me this is a two-part process. One is making sure that the funds that are in there that got comingled are back in there and are being used for the proper purposes in which we all intended for them to be used. To make sure that going forward the people that need to avail themselves and should be availing themselves with these funds are able to do so. And actually three parts. Third part is making sure it doesn't happen again.

SENATOR HWANG (28TH): Thank you and thank you for that clarification. It's important not only to address the problem but also just as you've just very affectively provided solutions to these problems. That being said I'm on the point of complete disclosure. I am state senator representing the town of Fairfield and Newtown rather and I think it's important that this was an issue that hits the town personally but I also think for the whole state and I think this is a process that is critical and oh so for us to be able to find

out more about this so that we never ever allow it to happen again but also equally critical and urgent right now is if there is someone in need in our community and there are funds for it those funds should be made available immediately to care for those in need and also to follow up from the standpoint I know that Senator Fassano and I had written a letter to the Attorney General requesting more clarity and follow through in articulating what the next steps are after the diligent work that you and the House Republicans have initiated and I wanted to offer into record and share that on February 10 we did receive a letter from the Attorney General's office articulating that he is aware of our request to do a further due diligence on this issue and that as of Friday February 7, 2020 pursuant to Connecticut's general statute section 21A-175-190I the Attorney General's office has by authorization Commissioner of the Department of Consumer Protections subpoenaed financial records from the United Labor Agency-ULA financial institutions and that the Attorney General's office is also in the process of hiring forensics accounting firm to assist in the review of these records. Thank you for your interest in the matter. Per your request I'll keep you updated and advised of any future development in this matter. Very truly yours, Attorney General William Tong. So, I think because of your initiative, because of your diligence to ascertain the truth and because of your diligence to provide for the urgent need of those impacted by that tragic day we are at this step and I hope that it's a step forward to ensure one that we resolve this problem and get to the bottom of it and to ensure that in the future funds be set up to help those in need never go through this process so

I want to thank Mr. Chair for the indulgence in the questions and thank you very much for testifying today.

REP. SREDZINSKI (112TH): Thank you Senator. Representative Morin.

REP. MORIN (28TH): Thank you Mr. Chairman. Representative Klarides, Representative Bolinsky thank you for coming and testifying. I'll state this simply in the beginning I do support this bill and I appreciate your efforts in bringing it forward. Representative Klarides I appreciate your opening comments when you talked about you eluded that everybody was involved and in favor. You spoke with all the chamber leaders because sometimes I think and that's what I want to guard and I'm glad you said it because sometimes I don't want anything like this to get politicized and so I appreciate how you stated that and gone for it. Just if you would I was under the impression that the funds that had been taken had been replaced into the funds. Is that something that you can comment on because that's how I understand, and I thought I heard if I heard it correctly please let me know either the Senator or Representative Bolinsky said the funds had not been in yet. I'm not so sure about that.

REP. BOLINSKY (106TH): Thank you for the question Representative. Actually what I did say was that we have no evidence that the funds have been replaced so if they have been replaced through contact with the foundation that they have no idea how to access and we do have an active claim which as Senator Hwang pointed out it's an urgent matter that somebody would have to wait to have their claim serviced. Now they're not waiting for treatment.

That's all been taken care of. Right now we're trying to mop it up but we, there is no transparency in how to access the funds if they exist and we have no evidence that -- that they were replaced.

REP. KLARIDES (114TH): As I mentioned earlier we have met with the AFL-CIO in regards to this and they were from the very beginning open about the fact that they you know if anything was done wrong that they obviously had no part of that and they don't agree with it and they don't condone it and they've done their internal audit so I'll just report that. We were told that the money was put back in but that's part of the problem here because I guess there's confusion locally as to can they see the money in there like is it, does everybody that needs to know whether the money is in there or not sees it in there. I think that's the whole part you know the overreaching problems to this is there wasn't enough specific language to say it couldn't come in, so this bill has that specific language. There wasn't regular reporting recommendations. There was originally when the office of victim services had it there was required reporting but when it shifted to the charity which in this case was the ULA, there wasn't mandatory reporting requirements you know so I think those are all reasons why we may have gotten to this place and as I've mentioned before we want to make sure the money is where it needs to be and everybody that needs to access it is able to access it and I think there's some confusion as to that now but I mean I think everybody is working towards making sure the confusion is gone but going forward this doesn't happen again in this particular fund and it doesn't happen in other funds.

REP. MORIN (28TH): I couldn't agree with you more. I guess so is there a criteria because I think this bill is to keep this problem from occurring again correct? This bill doesn't address the criteria for people applying does it like if somebody needs assistance does this bill have anything in it that helps them because right now I heard what Representative Klarides brought forth which I fully agree with and you know both of us over here obviously I can't think of a day that was darker or a piece of legislation that was more important to be involved in but I heard the Representative Bolinsky speak about somebody that has an outstanding claim. Again I ask the people that are dealing with this if there are any outstanding claims they say no. They say that there was a claim that was denied so do you look at this as a structural this bill fixing that issue of maybe how claims are processed or denied or is it two separate things.

REP. KLARIDES (114TH): I will say this the original MOU between the MLA and the Office of Victim Services was originally limited to cover education employees okay. And then it was expanded to cover police. This proposal that we're discussing today would go back to the original definition of affected persons which would be first responders, teachers, police, and others as specified in the bill. I think locally there may be belief that the way the application process worked may not have been as smooth as it needed to be, but I don't think this bill contemplates changing that process. It makes sure that people know if they're in those affected groups they're able to access this money and go through the application process and everything that

they're supposed it. It's not changing the guts of the bill per say.

REP. MORIN (28TH): And I appreciate that. Your answer gives me more reason to support the bill. I just sometimes we get I was getting a sense that there was some sidebar things going on you know that were not that there was no money in the front to take care of a person that absolutely needs it. I don't see that as the case. I still think if somebody needs it we gotta do everything we can and the organization should do everything they can but it's two issues at least in some of the questioning seems to have gotten melded but your answers are spot on and I appreciate them and I'm happy to support this bill. Thank you.

REP. KLARIDES (114TH): Thank you Representative and just to kind of quickly respond to that. Whether somebody applied that needed it that didn't have the money occurred or not which I don't think actually occurred because there was money in there. It just wasn't enough money right? There were tens and tens of thousands of dollars that were supposed to be in that account that were somewhere else, and I don't know where that somewhere was. Nobody knows where that somewhere else was, but this body should be very concerned about the fact that it was somewhere else. So, I don't think the issue here is that somebody applied and didn't get the money. The issue was somebody could have applied and didn't get the money. Somebody applied and there wasn't enough money in there that should have been in there and that money was somewhere else. That's all we need to focus right now and to make sure that money is in there. Everybody knows that money is in there and

going forward there is no question as to where that money goes except for that one account.

REP. SREDZINSKI (112TH): Thank you Representative. Any other questions from committee members? The only one I wanted to -- Representative Genga.

REP. GENGA (10TH): Thank you for your testimony and also thank you for your proposal which is a good one regardless of any particular funds there ought to be some kind of reporting. Obviously it was lax back then. Just for clarity I want to go back to December 5th when this was announced. Couple of things. The auditors at that time reported it but they said there was no evidence of anybody being denied a claim. Is that accurate?

REP. KLARIDES (114TH): Correct.

REP. GENGA (10TH): Okay. The AFL-CIO president said he was very disappointed about it when they heard that they immediately held the meeting of the board that oversaw the fund and immediately restored \$103,712 dollars. Is that accurate?

REP. THEMIS KLARIDES (114TH): That is our understanding.

REP. GENGA (10TH): Okay thank you. I want to commend Representative Bolinsky for his diligence on this and his very worthy efforts to protect the Sandy Hook Fund.

REP. THEMIS KLARIDES (114TH): Thank you Representative. Representative Bolinsky's dogged pursuit was not going to stop until he had the answers, so we all thank him.

REP. SREDZINSKI (112TH): Thank you Representative. Any other questions from the committee? The only

question I have for you Representative Klarides and Representative Bolinsky is you mentioned three parts to this, and I think there's a fourth important part is the accountability. Honestly we all know that mistakes happen. Mistakes are made but that I believe that accountability. Do you know of any investigative piece that would be put towards this whether it's from the Attorney General, from the auditors, from the prosecutor, whatever it may be do you know of anyone who is being investigated on wrong doing?

REP. KLARIDES (114TH): I don't know who specifically is being investigated but I do know that we referred to the State's Attorney office as I mentioned earlier. The auditor's office asked us once they came back with the finding of improper comingling of funds they asked us if they wanted us because they have different levels of investigation apparently at the auditor's office and we said yes so they are further investigating that. They're in the middle of that now as I mentioned the Attorney General offices decided to take a second crack at this and the ULA has their own attorneys doing their audits. I would imagine that everybody involved in this that actually was touching the money that was in charge of the money was in charge of the administration anybody who had any part of it is being investigated or looked into.

REP. GENGA (10TH): Representative Bolinsky do you have something to add to that?

REP. BOLINSKY (106TH): Yes and I appreciate the concerns of the good representative who is no longer in the room but it's important to understand that this is just a matter of putting something right.

We're not looking for anything that is political or politicizable if there is such a word. This inquiry is taking quite a long time because we're soft shoeing all the way through this so that we don't turn it into something that becomes a finger pointing game. We have a specific mission as laid out by Public Act 13-1 and we want to return to that mission, and we want to with urgency take care of victims that come forward such as the person right now that we're trying to honor a claim for. We want to make it right. This bill makes it right and I strongly, strongly, strongly implore the committee to move this forward.

REP. SREDZINSKI (112TH): Thank you Representative. I believe there's one more question. Representative Genga.

REP. GENGA (10TH): One other thing I'd like to point out that December 5th when all this was exposed publicly the board I think it's United Labor that oversaw the fund made a public statement that they were hiring an independent attorney. That independent attorney would make his determination and based on that determination of that report and investigation that would give further direction to the board on whether to go forward with any kind of discipline and so forth. What I'm asking is if that's accurate to your knowledge and have you heard of anything regarding that investigation or inquired about it?

REP. THEMIS KLARIDES (114TH): Well as I mentioned earlier I met with the AFL-CIO after this occurred and we went through this whole discussion of what had happened and they as I have mentioned I think twice today they hired an attorney and they were

doing their audits and they were going through their process as is the auditor's office as is the attorney general as he expressed to us as is the chief state's attorney who has the case and I don't know what we haven't been informed what's going to have to happen with the chief attorney's case but everyone is looking into it and doing their own investigations and figuring out what went wrong. How did it go wrong? Who comingled the funds? Was it the treasurer? Was it the -- I don't know what people had actual legal ability to touch the money usually it's the treasurer in regards to different organizations with our candidate committees right? We don't touch the money, but our treasurers touch the money. I mean those are usually the people that get -- that get looked at first. I don't know that. I'm not involved in the investigations per say but everybody is doing their own investigation internally and externally to get the proper answers. But you know I will just add I know you had asked before about was the money put back. The only thing we do know and that's why this is a multilayer problem here is that the money has not been given back to the state and so if they have the money then why hasn't it been given back to the state? I'm not going to say that they have it or don't have it. I'm not going to point fingers in regards to it but if all of us don't have that specific answer when we've been involved in it all this time that just adds another layer to this so we just want to again as I will say time and time again we want to make sure that the victims -- this is about the victims and the response by this legislature to help those victims in the small way we can help them and the money was put in there directly to help them. That money should stay there to help them. I don't care

if when somebody applied to avail themselves to these funds whether all the money was there, or part of the money was there. If one dime wasn't there, there's a problem and that's what this bill is here to address.

REP BOLINSKY (106TH): And I might add there are several investigations going on. It is not in my opinion my responsibility nor that of anybody in our caucus to speculate on the status of any of those. We're grateful, tremendously grateful to the Attorney General's office for their investigation and their current injunctions and their forensic audit. We're tremendously grateful to the AFLCIO for enjoining an independent investigation. We are tremendously, maybe more than tremendously to the state auditors who turned over some stones that hadn't turned over and found some very, very interesting things and their forensic audit continues but because of confidentiality we don't actually know where they are in their auditing process nor should we. But the fact of the matter is the investigations are going on, on at least three levels and as a stakeholder at the risk of speaking for the foundation I'm grateful that there's so many eyes being put on this right now and we're so hard to get this right.

REP. GENGA (10TH): Thank you. Just one thing in response. There is an issue here that you are addressing while all those other questions are someplace else. When we bring up the subject, what we're doing, and why we're doing it and then these other questions come out it's only human nature for people to determine oh something else is going on here and that's what I'm looking for, the something else because we have a great responsibility a

standard beyond the normal to the general public because it's called trust and I don't care what caucus it is. Whoever it is should be dealt with appropriately and those who do whatever they do with good stead, good efforts, and good intentions should also be rewarded with good job.

REP. BOLINSKY (106TH): Representative Genga thank you so much. You and I and all of our leadership on both sides of the isle we're on the same page with this and as I just said we have to allow the audits. We have to allow the investigations to conclude for us. It's not our job nor do we, any of us have the information that would give us the right to speculate.

REP. SREDIZINSKI (112TH): Thank you Representatives. I appreciate you taking the time to testify. As the state representative for all of Monroe but a portion of Newtown including Sandy Hook I do appreciate you bringing this to our attention. Thank you very much. Next up is Senator Leone and then we will be beginning going to the public list where we are going to alternate between the public and the elected officials so Senator Leone is up next, and we will be switching to the public list.

SENATOR LEONE (27TH): Good afternoon Senator Bradley, Representative Verrengia as Chairs and to the ranking members and members of the committee. With your indulgence I have an official here from the city of Stanford here that would like to add some testimony so I will make my comments brief and with your indulgence I will let him explain a little bit more on this raised bill Senate Bill 428 an act concerning assisted outpatient treatment for certain persons with psychiatric disabilities. I just want

to thank the committee for raising this bill to have a public hearing so that we can sort of talk about the issue and what we potentially could do going forward to provide mental health assistance for those in need or for those that may require a little bit more intensive treatment. I understand there may be some opposition to the bill. As we go forward I'm happy to work with the committee members or any other folks to see if there's some common ground but this was an issue that was presented to me through the city based on a couple of local circumstances as well as the fact that this bill has been promoted in multiple other states, I believe over 40 states and counting so it seem to me that there might be something that we can work with here and I'm hopeful that we can do just that. But I understand and I'm willing to work with anyone to see if we can move forward. But with that let me hand it off to our Public Health and Safety Director from the City of Stanford Ted Jankowski and he can give you some little bit more clear information that might be helpful to the committee.

REP. SREDZINSKI (112TH): Thank you Senator and just state your name for the record please.

TED JANKOWSKI: Sure Ted Jankowski the director of Public Safety, Health, and Welfare in the city of Stanford. Thank you for having me here today. On behalf of the city of Stanford the Office of Public Safety, Health, and Welfare includes health, social services, police, fire, EMS, 911 communications as well as our city of Stanford mental health collaborative which we began last month. I'm asking you to look at this bill and consider accepting it exactly what Senator Leone said. Some people as a result have great difficult taking responsibility

for their own care and often reject outpatient treatment over to them on a voluntary basis. These individuals often commit suicide, become homeless, end up in jail or at time involved in acts of violence. Family member and caregivers often must stand by powerlessly and watch the loved ones and patients be decompensate the actual dangerousness before they are allowed to facilitate treatment. The Kendra's Law in New York which is designed only for the seriously mental ill person already accumulated multiple episodes for homelessness, incarceration, or hospitalization due to the inability to comply with treatment. Currently over 40 states have enacted similar legislation with great success. Assisted outpatients and our adjoining state of New York show many benefits. They are less likely to experience homelessness, arrested less often or incarcerated less, dramatic reductions in incidences of harmful behaviors.

Fewer recipients engaged in suicide attempts or physical harm to self. Fewer damaged or destroyed property and overall the average decrease in harmful behavior provide for improved safety, security, and quality of life for the individual, their family and loved ones as well as the community. The act is only for a small population. People who have inflicted or threatened to inflict serious injury on one or more occasions due to a diagnosed psychiatric disability. The act is proactive and allows intervention before someone decompensates to a point where civil commitment proceedings are warranted. There are many benefits to this bill. Again we've seen our neighbors in New York and we have experienced frustration in the city of Stamford. Family members and caregivers are often forced to

stand by helplessly before their loved ones and patients receive treatment. The approval of this bill will provide assisted outpatient treatment for certain people with mental illness who in view of their treatment history and present circumstances are unlikely to provide safely in the community without supervision and the legislation will extend the ability to help those whose mental illness puts them, loved ones, and others at risk. This fact will provide for improved safety, security, health, and welfare for constituents and residents and improve the quality of life for those this type of disability and for all those involved. Thank you.

REP. PISCOPO (76TH): Thank you Senator. Thank you for being here today. Any questions from committee members? Senator Bradley, proceed.

SENATOR BRADLEY (23RD): Thank you very much and thank you for being here. We greatly do appreciate it. I just want to get some logistical clarity of how would this legislation work as I understand what's black and white and what's presented before us in certain terms of the statute that we're discussing here but in terms of how it works with other states. If someone has refused or someone refuses psychiatric treatment or to take the medication prescribed to them, what would be the recourse that you would have as someone who is in charge of housing?

TED JANOWSKI: So, there is no like people think it would be incarceration no they would have to be evaluated at a hospital facility to check out their status. Most people when it's ordered by a judge or by the courts to follow this assisted outpatient treatment they do comply for reasons obviously that

are pretty obvious but from what I see if we invoke or we utilize this bill invoke something so much of the AOT this will put the owners not only on individuals who need that help but it will also put the onus on a mental health system to provide. We did start a mental health collaborative in Stamford in January and that was as a result of a mother who came and spoke to me as the Director of Public Safety. Her son had serious mental health issues. Schizophrenia and she was actually very frustrated with the entire system in terms at 23 it's very difficult for a mother to mandate that child followed the treatment that were recommended. Unfortunately this individual did die in police custody and it's something that we are passionate about in the mental health collaborative to follow through just hearing her and meeting with her and she was a mother who really looked out for the benefit of her son as much as possible. There are other incidents that we encounter in public safety.

I get morning reports every day which shows many mental health cases whether it's with EMS, with fire, or with our police department but it becomes a revolving door and one message that came out of this mental health collaborative is that we're seeing the same small number of patients or people with this type of disability they are going through the system and they are not receiving the care and the treatment that they require. I've also been approached by numerous other people, but I'll mention two more situations that will kind of reflect why this is so important. I have a brother -- a brother who is up there in age who is concerned about the health and well being of his sister. Sister does not take medications is not compliant

and is really a danger to herself and potentially to others as well as a case that was recently in the papers from August through now we had an individual who had mental health issues refuse to take medication. I did get involved in the court system through law enforcement, was able to post bond, went home, lived with relatives, ended up assaulting his father with a lead pipe and is now under arrest. The purpose of this is not to incarcerate people. It's actually to help them get on the road to recovery and make sure that they're not a harm to themselves or anyone else.

SENATOR BRADLEY (23RD): My question really goes to logistics, right? How would that work? How would this if we were to pass this and make this the law of the land in the city of Connecticut how would an organization like yourself implement this? Let's say you have somebody who suffers from whatever psychological disorder and does have an encounter with the police or does have an encounter with the landlord and the housing development department. How would they enforce this?

TED JANOWSKI: This would be part of the mental health system, our law enforcement as well as all other institutions that are involved including the other courts.

SENATOR BRADLEY (23RD): Someone lose housing because they're not compliant?

TED JANOWSKI: No.

SENATOR BRADLEY (23RD): And you're saying that they won't necessarily be arrested either for not complying?

TED JANOWSKI: In fact this bill can keep people out of the criminal justice system.

SENATOR BRADLEY (23RD): I'm familiar with what happened in Stamford which is an obviously very sad situation that happened with that gentleman who died in police custody who had a lengthy history of different mental disorders. Would this bill go and address some of those concerns in terms of enabling police officers, educating police officers when there are issues like that. I mean would have prevent the death of that particular young person who died in police custody.

TED JANOWSKI: Unfortunately I think it was a breakdown in the system. When I say the system the frustration expressed by the mother was that she felt that he was not getting the care that he deserved and needed for his mental health issues. Would it have prevented it? I think if we are able to have people follow their treatment regimen on a routine basis I think yes it would definitely help in the long run.

SENATOR BRADLEY (23RD): Any other questions from committee members? Okay. Seeing none thank you Senator.

TED JANOWSKI: Thank you and if I may in closing I just wanted to thank the committee members bringing this time. And again this is about exploring ways to provide greater access to mental health assistance throughout the whole system. It's obvious that there were some breaks and this bill is hopefully a tool for us to figure out how to fill in those gaps. And again it's all about making sure that people don't get into the court system. So, again we'll look forward to working with you and

anyone else that would be willing to help us move this forward. Thank you.

REP. PISCOPO (76TH): Thank you Senator. Appreciate it. Thank you Mr. Jakowski. Next up is going to be a group that is willing to go together, consolidate. We're looking for Matthew Rowe, Carol Gee, Annette Bombacci, Brian Lay, and Doris Maldonado and I hope I apologize most of those names correctly. Only thing I will ask is that as you present obviously you will be limited to the three minutes for all of you since there's so many of you going together. If you could just state your name when you begin your statement. That way we can have our clerks record the proper testimony from the proper person. With that feel free to begin. Just yes, so you're each going to get three minutes. You're not going to be limited as a group, but I want you to do is state your name when you start your testimony. That way we know who is who when the good folks at CTN or our clerks need to assign a person to a testimony. With that feel free to begin.

MATTHEW ROWE: Good morning, Senator Bradley and members of the Public Safety and Security committee. My name is Matthew Rowe and I am a registered voter in Waterbury, Connecticut. I am here to testify against SB 428 an act concerning assisted outpatient treatment for certain persons with psychiatric disabilities. I suffer from schizoaffective disorder. The long and short of it is that I suffer from both major depression and psychosis. I suffered through 14 years of frequent hospitalizations. I finally ended up at the door of the Department of Mental Health and Addiction Services at Mental Health Connecticut Independent Center. It took a long time, but I'm finally

stabilized, and I have stayed out of the hospital for 4 years. I oppose SB 428 on the basis that a person should be given a choice and not be forced to take medication. I've seen both sides of this argument. I've been on and off medication for years. It took the efforts of a great home-based nursing service to help me to understand my medication. She gave me my medication daily for 10 years and have since graduated to taking my meds independently. I've found that structure helps me, and it took a long time to find what works. Choice is a human right. I would say that medications are not a cure-all and I have choices even while on medications. Community based interventions such as mobile crisis has helped me, but interventions must begin with trust and trust is a lesson best learned over time. If you go back to Psychology 101 and think about [Inaudible-01:54:41] needs which first starts with physiological needs such as air, food, shelter etc. The second one was the basic need for safety which includes both physical and psychological safety. Forcing someone into an involuntary commitment does not uphold basic human needs or rights. To me they come down to being chemical restraints if they're forced on someone. It's not too much to ask that people in the recovery community maintain these rights. Thank you.

REP. PISCOPO (76TH): Thank you. And who wants to go next?

BRIAN MURPHY: I'll go next. Hi, my name is Brian Murphy. I am here -- thank you Senator and Representatives for coming to listen to me. I'm here against SB 428. First of all, I think it breaks constitutional law. We're not a communistic or socialistic country and that is where they do

that. But I don't see it feasible either. You talk to any psychiatrist and they will tell you that there are people that take their medicine or don't take their medicine. Willingness is the key. Right now in the wintertime people get depressed and they stop taking their meds all right and I used to do volunteer work. That's where I got my gray hair and I used to have to bring them to the shelter. What I really think -- you have to develop a relationship with these people and I heard of a team a year and a half I was here that was in New Haven and there are people sleeping on the streets. We have two tent cities in Waterbury, and they tore them down but that's what we had because our only shelter is 100 years old and it's filled up in November. So, you know more has to -- I just don't understand - I know the last time we were here we were fighting for like \$40,000 dollars and you guys are giving \$100 million dollar grant to bioscience class at Yukon, you know and now we're concentrating on the infrastructure. The infrastructure was never taken care of because where was this money going to? The state of Connecticut collects enough taxes to spend its money. We'd like you to represent the people. That comes first. That comes first whether you know you're a democrat or republican and listen I've lived this all right. I went to a Mass last week; no this Sunday all right this guy lived out in a tent city for two years all righty and he ended up freezing to death. This happened years ago also on the train tracks. Somebody freezing to death and I think that what they were having -- what they were doing in New Haven works you know. It's on the streets that the people have the knowledge you know, and you got to reach out to these people. You've got to develop a relationship before they're going

to trust you okay and then something will be accomplished. If not nothing will be accomplished because if somebody refuses to take their medicine and by law patient's rights. Sorry. By law you -- you can't force them all right. Nothing will be accomplished but if like if the independent center I can't get around a lot. I have post traumatic brain injury that gives me seizures okay and other muscular problems all right, but I used to be able to do this and you don't reallocate to that nothing will be accomplished. And you know what I remember when I was here three years ago, and I could not believe it. \$40,000 dollars out of how much does the state collect and where are these grants going? Are the grants going to take care of the people or is it going to private interests or to keep certain people happy? I've seen it. I've lived it.

REP. PISCOPO (76TH): Thank you Brian. If the next person can just start off with their name, that would be much appreciated.

ANNETTE BOMBACI: Hello my name is Annette Bombacci and I'm here to testify on the SB 428 an act concerning outpatient treatment for certain persons with psychiatric disabilities. This is a sore subject for me because I don't think as mental health consumers we should be forced to take any medications by -- by any provider. I have bi-polar and PTSD, and chronic anxiety due to trauma when I was younger. I was molested. I was raped twice so when I got diagnosed I was bi-polar when I was 11 they said I didn't have it when I was born. Something snapped in my head because of all the trauma but I've been in the Waterbury ER from age 18 to 22 like a revolving door trying to hurt myself, suicide ideation, and if you don't listen to people

in the emergency room when you're in psych they tie you down with about five security guards and give you a needle and that should be stopped. I've never -- I've never tried to hurt anybody in the ER. I've never tried to hurt myself. I just wanted to go to the ER because I wanted help. Maybe it could have been inpatient. Maybe it could have been outpatient groups, but I've come a long way, so I don't think it's fair that doctors are like let me give you this let me give you that. You have no choice or you're going to lose your apartment. You have no choice. I'm not giving you spending money. I actually had a mild heart attack from a med they gave me to calm down in patient because it collided with my other meds. My blood pressure was 280 and back then I was only 20. I think that as legislators, consumers, and treatment people like doctors and APRNs we need to find a way to find the right medication for people but if they don't want it don't force it on them. I could see if you're going to the ER and you start punching security then you need to get -- you need to get something to calm down but if you go in there -- I've been in there with anxiety attacks and they're like we'll give you your medication and I'm like I've already took my medication and they're like what do you want us to do? But I'm a firm believer in recovery. I think that since I got out of DCF custody when I was 18 I used to be out of control, but I've never been arrested, never been on drugs, never been in trouble period. What I don't like is for someone to tell me how to live my life. I'm 42 years old. I have my parents but they give me advice, but they don't tell me go take this, do this, do that, do this. I want our consumers, my fellow consumers to feel comfortable to go to the ER, feel comfortable to go to the doctor and not

have the doctor to give them meds to gain weight, have heart trouble, have diabetes. At the Mental Health Connecticut I learned a lot. I learned how to come here and testify. I learned how to go to college. I'm almost done. I learned how to work, and we need more places like that but as far as forcing of medication I'm totally against it because it's my body. It's my temple. I'm not just going to say oh I'll take it. I'm not going to do that because it's not right. Thank you.

REP. PISCOPO (76TH): Thank you Annette.

CAROL GEE: Hello my name is Carol Grace Gee. I'm sorry yes I'm Carol Grace Gee. I'm here for the SB 428 an act concerning assistant outpatient treatment for certain persons with psychiatric disabilities. Good morning afternoon Senator Bradley, Representative Ferraro and Genga and members of the Public Safety and Security committee. I'm a registered voter and a member of Mental Health Connecticut. I am here to testify against SB 424 an act to administer outpatient treatment with certain persons with disabilities. I -- I've been involved Advocacy Unlimited for 20 years - uhm 18 years and I've been -- I've graduated Housatonic Community College with a mental health certificate. I've been involved with mental health and off medication; this year will be 20 years now and I know that if you know first of all you have to be on the right med. I have a successful story. I have -- I have accomplished these things and I'm a writer. I've written a book. I've had it publish. I'm still writing now. I'm doing a movie and I would not have been able to do these things if it was not for medication, the right medication and how to get somebody on the right medication is the mysterious

questions so I don't -- not only is medication -- not only is it you know getting someone on the right meds so it don't run them in the other direction. If you try to force somebody to take medication and they don't want to you're going to run them right in the opposite direction and you're going to have more people hospitalized and cost more money. It will be like putting people into the mental health system and going more hospitalization. If they're not -- if you don't - if somebody is not on the right meds and they're not comfortable they're going to run away from it. They're going to pose it and run away from it and it takes a while to put somebody on the right meds. Forced medication. That's -- you -- you can't possibly force somebody to take meds without knowing what meds is going to help them. That would be -- that would be just -- just going backwards to segregation days -- back to -- and you don't want to run those funds up again because then you'll be going backwards in funds too and you don't want the freedom -- you don't want our freedom. We as mental health -- members of our society we wouldn't want our freedom taken away and given -- and have to live some kind of life that involves other people. It would be like no different than going to a convalescent home when you're 80 years old. You don't want to be there, and people are telling you what to do. You don't want them telling you what to do and there's nothing you can do about it. That would be like chains that you'd be wearing for mental health medication being forced upon somebody. They're going to forced to do something they don't want to do. Those are chains. You don't want chains. You want people to be on the right meds and it takes time. It takes time to be on the right meds and that's all I have to say.

REP. PISCOPO (76TH): Thank you Carol.

CAROL GEE: You're welcome.

REP. PISCOPO (76TH): Next up.

DORIS MALDONADO: Good afternoon, Senator Bradley distinguished members of the Public Safety and Security Committee. My name is Doris Maldonado. I am a Latina with mental disabilities, traumatic brain injury, PTSD, single adoptive parent of twins with developmental disabilities and mental illness. I'm a certified teacher, Co-chair of the Key Department's Coalition, Guardian of Light for children of care, Developmental Disabilities Council, Cultural Incompetency Ambassador. Parents able to help Connecticut family board member. Connecticut Children's Medical Center family advisory council and behavioral team member. Yale program for recovery and community health at Latino Coletivo, Co-chair of the Unitarian Society of Hartford Accessibility and Inclusion ministry, Connecticut family first prevention and Connecticut's 2020 census complete town committee member. I'm here in opposition of SB 428. This bill is horrifically alarming on many levels especially for people of color. Today's political climate has climaxed every and all forms of stigmatization for my family and our communities. My sons and I and many neighbors continue to be targeted in seemingly subtle forms of genocide with forceable transfer and deliberate destruction of our underserved communities. We struggle daily from adverse childhood experiences through no fault of our own and yet our inalienable right to pursue happiness, earn a decent living, and contribute to society are consistently marginalized by others

pursuing survival of the fittest. Physical and mental health challenges regardless of visible or invisible disabilities need not apply. Many of us are voting members and will be counted in this year's census. According to the CDC, ACES are potentially dramatic events that occur in childhood. Nearly one in six adults surveyed across 25 states reported that they have experienced four or more types of ACES. Women in several racial ethnic minority groups were at greater risks at experiencing four or more types of ACES. ACES can also negatively impact education and job opportunities. My sons and I survived and we are resilient and living proof that chronic health problems, mental illness, and substance abuse because my sons and underwent detox at birth can be successfully be addressed and humanely supported with a proactive and community wrap around service drive and empowered with and by peers. Is Connecticut in a predicament to spend in involuntary outpatient commitment when there is no evidence-based literature that it is indeed successful. The trauma exacerbated by any violation to a person's human rights promise to expanse taxpayers and law enforcement and medical providers are staggering amounts of money and workforce that Connecticut is not prepared to combat. While speaking to the Black and Puerto Rican caucus recently DOC commissioner Rolin Cook expresses sincere concern at attempts being made to address the mental health population and the pipeline leading to incarceration. According to him there is no national model or protocol for mental health treatment notwithstanding the critically limited amount of physicians and psychiatrist for MAs for institutions. Our emergency rooms are beyond full capacity. I've

witnessed an aunt, a brilliant cousin that suffered domestic violence, domestic abuse by a partner and I've suffered domestic abuse by a partner who refused treatment and stigmatization at work when identified with bipolarity and other forms of mental illness. Some were left at the office of conservators and locked wards at New York's Bellevue and Jacobi Hospital only to be ostracized to be marred by experience of abuse and neglect when they were promised protection and treatment. Who can argue -- who can guarantee a happily ever after in Connecticut when no state, especially for people of color has yet to declare themselves a leader in successful evidence-based practice? Where will you as our protectors and leaders oppose a promise from 1999 to invest in housing and community services necessary to promote full community integration. \$13.6 million dollars went from the mental health to the general fund when hospitals close when nothing yet has been reinvested for our success. We have been set up for failure and have only survived because of non-profit organizations scraping to do the right thing. I fear for my sons. I hope to keep the promise to my sons that you will keep the promise that they will not be sent back into a broken system. Thank you for your time and your integrity.

REP. PISCOPO (76TH): Thank you Doris. Thank you for your testimony. Also to Matthew, Brian, Annette, and Carol. I know they've since left the room, but it does take a great person to come up here and talk about your struggles, talk about your life experience but that's exactly what we need as legislators. Obviously we all have friends, families that we may have mental health touch a part

of our life but it's important that we hear from those directly impacted by it, so I do definitely appreciate you taking the time. Are there any questions from committee members? Senator Bradley.

SENATOR BRADLEY (23RD): Back on those statements thank you very much for your testimony. My full-time job is being an attorney right? And I do criminal defense a lot of times and it pains me to see parents come in and have to pay for their children or their loved ones that they only way often times they get treatment is when they're in the criminal justice system where the court can mandate some of the things they're proposing here outside of the criminal justice system. I agree with you. I don't think that institutionalizing people is the way we should be helping them. Do you know of any models and not to put you on the spot but that can possibly illuminate us since you're an advocate in this field where it is successful where we can avoid the institutional component of mandating these things but yet help people get the treatment that they need?

DORIS MALDONADO: I can't give you exact models however in Connecticut alone I've experienced with my advocacy and all the groups that I've joined purposely to help and protect my sons we have seen successes and you've heard some successes and you will continue to hear. We have groups here that are willing and able. We have Keep The Promise is here, right here training our peers on how to speak for ourselves and how to promote that better life that we're all entitled to as human beings so there are models within Connecticut alone but we're scrapping without money that's being -- that hasn't been dispersed correctly or taken away so you will hear

there are many good models and many success stories here in our back yard.

SENATOR BRADLEY (23RD): Thank you.

REP. PISCOPO (76TH): Thank you Senator. Any other questions from committee members. Seeing none, Doris thank you again for coming up to testify. Next up on our list, the official's list is the first selectman of Harwinton Mik Criss followed by on the public list Greg Marchano.

MIK CRISS: Good afternoon Senators and Representatives for the Public Safety and Security Committee. It is my honor to be here. I'm here on behalf of CCM and the town of Harwinton. I've submitted testimony with examples in the testimony of Resident Trooper Cross for fair. This act is concerning agricultural fairs and state police officers. Right now the current law reads that we pay 100 percent the fair that would be passed down to the agricultural committee to pay 100 percent of those costs and as most of us know agricultural fairs around the state are dependent on weather. If you get like Harwinton has experienced in years past all the way up to current where a three-day fair gets dwindled down to one day to try to make any money out of that fair. The town as tried to assist over the years and become a better partner with all of our non profit organizations in our community to continue to strengthen those ties and continue to work with them and this act on behalf of CCM and the town of Harwinton would actually take the first step of getting there and what that would do was it would actually allow us to have a reimbursement rate of 85 percent which the town does share right now for resident state troopers. I would actually take the

bill and little further if the committee would indulge me a little bit as to take the bill a little bit further and ask that the committee allow for the town to use our resident state troopers that are assigned to our communities to use as regular detail at those fairs. That would save significant overtime charges and fringe benefit costs as we go forward because of the fact that those resident state troopers have that flexibility to be assigned by the First Selectman to different events here in town. Currently under the Department of Emergency Services and Public Protection contact the notice of resident troopers was mailed out this past year that the towns can no longer use resident state troopers the ones assigned to our communities to police the fairs which is ridiculous in my eyes.

The resident state trooper program as you know I've been down here before and testified that it was started out as we all preach about regionalization and this was actually a joint effort between the state and small communities to continue to fund police services like ours that can't afford full time police departments and that number has grown from the 70 percent reimbursement rate up to now 85 percent in years past have been proposed to go up to 100 percent. And as the first selectman it is my duty to provide these assistances and support to my community members and my troopers are more than willing to work these events as we go forward and continuing to work on the 85 percent reimbursement rate so talking with the ranking file they're more than willing to do that but this comes down to this will be the first step this Senate Bill 407 will be the first step in getting us to that 85 percent when it comes to agricultural fairs I think it's fair and

I think it's reasonable but like I said I would take it one step further and allow that flexibility within the contract of the communities that contract resident trooper program to allow those resident troopers to work that fair as well. It saves you money. It saves us money and it helps the agricultural society survive in these desperate times and we are so weather dependent on these types of fairs. Thank you.

REP. PISCOPO (76TH): Thank you and how important would you say the economic impact to your community is?

MIK CRISS: The economic impact is huge. The agricultural society commits more than half of its proceeds back to the community to help fuel assistance, to help fund our fruit pantries, help fund our youth service protection programs. They're one of our biggest contributors and I think that as they lose money they continue to have to tighten up those reigns and not contribute that money back into our community so they way the law is written is that if it's a town sponsored event, well technically it is a town sponsored event because all those funds come back to our community and reinvest in not only providing good safe environment for us as the town to hold events but also through good community outreach by that agricultural society who has gone above and beyond to support our people in need in our community.

REP. PISCOPO (76TH): Thank you very much. Any questions from committee members. Seeing none thank you first selectman for being here. I appreciate it.

MIK CRISS: Thank you. Appreciate it.

REP. PISCOPO (76TH): Greg Marchano followed by Representative Piscopo.

GREG MARCHANO: Hello my name is Greg Marchano. I wish a nice day to the committee members. Firstly I want to specify that Narcan is not a deterrent. It's not going to deter anyone from doing drugs anymore so add to that I oppose raised bill 5450 an act concerning emergency intervention by a police officer when a person suffers an opioid overdose. This bill in partial states any police officer who has reasonable cause that a person has psychiatric disabilities and is a danger to himself or herself or others or gravely disabled in need of immediate care and treatment and is in or is suffering from an apparent narcotics overdose and is in need of immediate care and treatment may take such person into custody and take or cause such person to be taken to a general hospital for emergency examination under this section. The officer shall execute a written request for emergency examination detailing the circumstance under which the person was taken into custody. And such request shall be left with the facility. Firstly the title states opioid overdose then the first sentence of the body of the exclamation of the bill stated a person having psychiatric need. That is a big difference of what the title states. It just opioid overdose. The language in the title is vague in comparison with the body of what the bill explains. Now lawmakers want police to do medical and psychological evaluations when professional have those abilities to evaluate such critical medical things such as EMTs. EMTs are randomly drug tested to be sure their determinations on such things are correct. Also with this bill the police will

confiscate the freedoms of the individual to be incarcerated. The proposed law states taken into custody means arrest. If I remember correctly when a police puts their hands on you they must continue with an arrest, otherwise police should not have their hands on you. With the excuse of reasonable cause to believe. Excuse me let me start over. I apologize. With the excuse of reasonable cause to believe a person has a certain disability opens the door for police to have a wide variety of excuses that can be used. Even if you had a police randomly drug tested to make sure they are acting under the proper state of mind while being on duty which doesn't happen the bill still not go through on the grounds police do not have medical background to make such decisions. Let police be police, not medical advisors or evaluators. And last but not least, what if something happens to the incarcerated individual and ends up with a permanent damage due to police medical or psychological reasonable belief? That's unauthorized practice of medicine. Also this law could create medical malpractice against police. Again police have a tough enough job. Let police be police.

SENATOR BRADLEY (23RD): Thank you Greg. Any questions from committee members? Seeing none thank you for taking the time to testify.

GREG MARCHANO: And one more thing. You're giving power beyond the scope of their duties you know just let them be police. Thank you for your time.

SENATOR BRADLEY (23RD): Thank you for your comments. Representative Piscopo. I believe he has a guest with him followed by Michael Bloom.

REP. PISCOPO (76TH): Thank you Mr. Chairman. Good afternoon. For the record my name is John Piscopo. I'm a state representative. One of the towns -- thank you Chairman, ranking members, and members of the committee for raising Senate Bill 407. I represent Harwinton one of the towns I represent so I wanted to speak in favor of that. It's home to I think in my humble opinion to the best agricultural fair in the northeast United States, so I wanted to speak very quickly in favor of that and you've heard testimony on that, and I've submitted written testimony and cosponsored the bill. I'm also here on bill, Senate Bill 428. Thank you very much for raising that also. We can't go anywhere, Rotary Club, Chamber, whatever even Town Hall without someone saying you have to do something for the mentally ill. I think this bill addresses that segment very small population of those that most need treatment. It's not a lot of people but it addresses those that most need treatment the most and I think that's what this bill is designed to do. The criteria is very strict, and the vetting is also very strict so I think that we can say we want to start there, and I think that bill takes a step towards treating those that most need the treatment. I'm accompanied here by this handsome guy. He's in full disclosure. He's my nephew and I wanted him to introduce himself.

DAN KNOWLTON: Hi, thank you for receiving me. My name is Daniel Knowlton. I'm the administrator of Park City Residential Care Home of Bridgeport and the Elton Residential Care Home in Waterbury. In the face of our closures of our mental health facilities we have absorbed a lot of residents and we've put up homes and services for a lot of

residents that are mentally ill. That being said this bill would only be a small portion of that -- that population. This bill that we're putting forward would be a tremendous boom to -- to Connecticut. We are one of three states that does not have a form of Kendra's Law so three out of the 50 states do not Kendra's Law or assisted outpatient treatment in place. What we -- what the findings of this treatment is, is that there's reduction of hospitalizations from 74 percent to 36 percent among the clientele. There's a reduction of arrests from 83 percent to 30 percent and three quarters of people that are put on this treatment they continue treatment voluntarily so with that being said we have an increasing amount of homelessness which this population would be addressed. 74 percent reduction in homelessness, 55 percent reduction in suicide, 48 percent reduction in substance abuse, 47 percent reduction in physical harm, and incarceration rates is 87 percent reduction among this small population of people. I deal with it firsthand as I see people they come to the facility and we're trying to offer a home and then something violent happens and this is after I've already come across mobile crisis. Very reactionary system we have in place and this would help a lot of people. Thank you.

SENATOR PISCOPO (76TH): Thank you Representative and thank you Dan for doing what you do. It's not an easy job. Are there any questions from committee members? Senator Bradley.

SENATOR BRADLEY (23RD): So I'm sure you heard the people who testified previously. I know you were sitting here attentively waiting for your turn. What do you say to that argument? There seems to be a concern that people could be displaced, that

people could be forced into custody in terms of being placed in a facility. Is that what your organization would provide would be a mandated kind of semi quasi incarceration scenario where people are not allowed to leave and are forced to stay in this facility until I know the law says 180 days. What if that's not sufficient? What if the person is still deemed to be a threat or harm to others? How long are we going to hold them in involuntarily?

REP. PISCOPO (76TH): So, they're actually not held involuntarily. It is out in the community and it assists them with living in the community. As it stands right now the population of people that would be addressed would have a recurring violent tendency and attack on people that are revolving doors. They go into the hospitals. They get stabilized. They come out. And some cases are probated to take the medication anyway so what this would change is from the reactionary standpoint to a very proactive standpoint to this small population of people that have these tendencies. It wouldn't be anyone that has no history of attacking people. It wouldn't be for suicide attempts, but it would actually be for people who come out thinking they don't need any treatment and who are resistant and who do not comply with the care plan in place.

SENATOR BRADLEY (23RD): Thank you Senator. Any other questions from committee members. If not Representative thank you. Do you want to add something?

DAN KNOWLTON: Yes I've enclosed my testimony and with that I've enclosed a number of different informative reports, what -- what other states are

doing, and that should answer any further concerns so thank you very much.

SENATOR BRADLEY (23RD): Thank you Daniel. Thank you Representative. Appreciate it. Next up is Michael Bloom followed by Representative Kristin McCarthy Vahey with Chief MacNamara.

MICHEAL BLOOM: Good afternoon Chairs, rankings, and members of the Public Safety committee. My name is Michael Bloom. I am the executive direction of the Jewish Federation Association of Connecticut. We're an advocacy organization which advocates on issues important to the Jewish community. There are Jewish Federations in Hartford, New Haven, Southbury, New London, Bridgeport, Stamford, and Greenwich. We are here to respectfully request your support for Senate bill 410 an act establishing a unit within the division of state police to investigate hate crimes and criminal acts committed by extremist groups. The number one priority right now in the Jewish community is the rise in antisemitism which has been well documented by the antidefamation league and the FBI. Subsequent to that is protecting our Jewish institutions, our day schools, our JCCs, our federation buildings from that rise in antisemitism. Incidents of hate overall are on the rise in Connecticut, the country, and the world. Here locally there have been swastikas painted in countless high schools and parks all over this state. Kids are showing up in black face at high school football games. There have been Jewish and non-Jewish cemeteries that have been desecrated. Mosque in Berlin was shot up a couple of years ago. There was a fire in New Haven mosque less than a year ago. Members of Jewish community, this is not local but on our doorstep there have been dozens of

incidents where members of the Jewish community have been beaten, stabbed, shot and killed in New York City and New Jersey over the past six months. I do leave it up to guests to decide what they want and what they need. I will preface that because they are closer to this than I am but now is the time to give [Inaudible-02:34:22] and our state police and agencies the tools, the manpower, the software to investigate these crimes, and hopefully prevent them from happening. I know that message and convey that well. I do [Inaudible-02:34:26] that this unit, this newly unit can determine that could be a hate crime unit to not be able to investigate something or sometimes tough to tell and with that I hope you can support the bill.

REPRESENTATIVE PISCOPO (76TH): Thank you Michael. Senator Bradley.

SENATOR BRADLEY (23RD): Just quickly thank you again for everything you do for issues here. What would you say to parts of this bill that says well a lot of these things that you've cited, and a lot of these hate crimes are individuals acting kind of like this if you will and that are not particularly organized organizations right? So would this target help assist stop law enforcement and stopping a hate crime for a particular individual?

MICHAEL BLOOM: I would have to leave that up to officials who would know that closer than I can. Some people act as lone rangers and some people are part of widely accepted hate groups locally and nationally, so I think it's a little bit of A and a little bit of B. I would leave it up to DESPP and police to answer if this bill would help. I can't

imagine it would hurt. More resources to this is a good thing in my opinion.

REP. PISCOPO (76TH): Thank you and question from me. Would you recommend that this be extended to online investigations because as we know there's been sort of vile stuff being spewed online whether it's based in Connecticut or based somewhere in the world but affects Connecticut. Is that something you would support?

MICHAEL BLOOM: Yes with the preface of I know there's fine lines between free speech and certainly the ACLU will have something to say about that but in many instances there have been footprints online but if there was a way to do something about it while not affecting free speech then I would certainly have to be supportive of that.

REP. PISCOPO (76TH): Thank you very much. Again I think this is a very important function. Do you know if anyone in DESPP now is doing something like this role? I know that there's no special division that this bill would outline but do you know who would handle this if there was a complaint of allegation right now.

MICHAEL BLOOM: I'm sorry I don't know that right off hand. I'm happy to get that but I don't know that off hand.

REP. PISCOPO (76TH): Just curious to see because I would imagine that there are people working on this. I think it's a good idea to have a special division. As you know state police has been under a lot of retirement issues and a lot of staffing concerns, but I think this is a good bill. I appreciate you

taking the time to testify and speaking to us today.
DO we have written testimony from you?

MICHAEL BLOOM: Yes.

REP. PISCOPO (76TH): Okay thank you Mr. Bloom.
Appreciate it.

MICHAEL BLOOM: Thank you.

REP. PISCOPO (76TH): Next up is Representative
McCarthy Vahey with Chief Gary MacNamara followed by
Eric Chester.

REP. MCCARTHY VAHEY (80TH): Good afternoon
Representative Sredzinski, Senator Bradley, members
of the committee. It's great to be here with you
today. I'm here today in support of House bill 5452
an act concerning commissioning officers at
independent institutions of higher education and I
would like to turn it over to my former Chief and
now with Sacred Heart University Gary MacNamara.

GARY MACNAMARA: Members of the committee thank you
very much for allowing me to take some time to
discuss this bill. First of all it is House bill
5452 an act concerning commissioning police officers
at independent institutions of higher education.
Sacred Heart University is strongly in favor of this
bill and Sacred Heart is at a crossroads. We
currently have 46, unarmed non-sworn public safety
officers that provide safety and security for about
9,000 students, 1500 employees, and an untold number
of visitors that come to our campuses. So, colleges
similar to Sacred Heart University are a community
in and of themselves. They need services,
infrastructure and we basically are at times
comparable to some cities or towns within the state
of Connecticut. So since being founded in 1963 our

public safety demands like those in communities and I should say I'm the retired police chief in the town of Fairfield and currently executive director of Public Safety and Government Affairs at Sacred Heart University. Since 1963 our public safety services have evolved like public safety have evolved in all our communities. We are evolving to meet the demands of our Sacred Heart community and we are influenced by others by current trends, current training, and lessons learned from incidents at other universities so we are constantly reassessing resources, services, and infrastructure to ensure that our capabilities meet the needs of the community that we service. We have over the past several years worked in conjunction with our municipal partners to provide some armed presence on our campus and we are currently looking to establish an armed component ourselves. And this is why we are at that crossroads. There are two options for us. One is to establish an armed security force or the second option which this house bill will address is to provide a sworn public safety component and the reasons for the public safety component are few. One, we will meet the same standards that law enforcement does in the state of Connecticut because they will be sworn in commissioner through the commissioner of public safety. They will decrease liability by not relying on unique or proprietary training decisions that the university would make that may or may not conflict with the training of law enforcement officers. They will be certified through POST, the Police Officers Standards and Training Council. They will have a higher level of legal authority. They will be able to access national databases and intelligence information and if you recall Public Act 13-3 after the Sandy Hook

tragedy the state took great efforts to ensure that schools had the ability to do proper threat assessment. The ability for our officers to engage in those intelligence briefings and that information from computer database certainly enhances threat ability to take those unique threats and act upon it. We will be able to conduct traffic safety initiatives in support of the local law enforcement in the area specifically Fairfield and Bridgeport. We would be able to respond more quickly to emergency service calls in vehicles. We would be able to assist in preventing incidents. Sworn officers like the community policing models that we all demand within our communities allow us to have an intimate understanding of the community that we serve. We look to engage our students. We look to discuss issues with our students and continue to protect them in a partnership that will allow us to work together in that familiarity that we have with our institution. The state of Connecticut has already recognized in some aspects that sworn forces in private institutions are important. Currently under Connecticut General Statute 7-92 institutions such as Sacred Heart can work out arrangements and agreements with local municipalities to affectively accomplish portions of what this house bill will allow us to do. What we're asking to do and what is unique for Sacred Heart University is we cover the town of Fairfield, the city of Bridgeport, and we have property in Milford. This bill will allow us to provide that service and level of safety consistent with the standards of police training within the state of Connecticut and also overlap all those other communities. Thank you very much for listening and I will take certainly any questions you may have.

REP. SREDZINSKI (112TH): Thank you. Any questions from the committee. Senator Hwang? Senator Bradley.

SENATOR HWANG (28TH): Thank you for being here Chief. Nice to see you and it's a question which it really doesn't pertain to you because I know when you were the Chief of Fairfield you extended yourself greatly to know your, I guess not really your constituents but to know the residents of Bridgeport and interact with people who live in Bridgeport a neighboring city to your town. But my concern is this is that we talk a lot about community policing and in that I think that is a component in understanding who the residents are and who they within the bounds where people police right? So now the Sacred Heart Police Department or whatever university's police department will have arresting power outside of that university. Possibly residents of Bridgeport or Fairfield or Milford. How is that going to work? How would that go through this mission of community policing if those officers are usually just patrolling those particular campuses.

GARY MACNAMARA: So yes that's a very good question because we don't operate in a bubble and this is really isolated to our campus, our campus property and the surrounding areas. It wouldn't by passing this bill and allowing us to do that, that does not disengage our relationships with the city of Bridgeport specifically with residents of the city of Bridgeport let alone the city of Bridgeport Police Department in the town of Fairfield. I think it's important for a variety of reasons that and since there's public safety executive director continue to outreach within the city of Bridgeport

community as well as in the town of Fairfield community and by passing this law this requires us to work at MOU so we would be very limited in our ability to go within the city of Bridgeport to make arrests.

This bill, although that's a very important aspect and it really goes to the heart of law enforcement and policing in our societies these days. We have to continue to have communication. We have to continue to build trust and that only comes through engagement and understanding. This bill and the desire for Sacred Heart University is not so that we can go out and arrest people. Unfortunately there are times when interactions occur even when police aren't there the police have to be called and arrests have to be made. The main goal of this is not to arrest our students and not to arrest our visitors. The main goal of this is to be capable and prepared to respond to an emergency and to have the authority so that people will listen and understand when you're directed to do so by a police officer specifically in an emergency you'll do that so I recognize and appreciate that. I am not trying to encourage the or raise the level of concern in our communities of the mistrust that sometimes occurs with law enforcement. I basically look at this as an addition to that. My responsibility whether you pass this rule or not is to ensure that public safety at Sacred Heart University continues to engage the surrounding community. We have residents of students that frequent restaurants, bars, live in the neighborhoods of Bridgeport and Fairfield so this bill it helps facilitate certain things, but it doesn't change the responsibility

that we as a university has to outreach to make sure we're still communicating.

SENATOR BRADLEY (23RD): Thank you. Senator Hwang.

SENATOR HWANG (28TH): Thank you Mr. Chair. I want to thank Representative McCarthy Vahey for hosting former Chief MacNamara and Sacred Heart University. In regards to raising this bill I think one of the interesting parts is the fact that there's always a kind of a reaction in arming officers on a college campus but as particularly in this bill and in your testimony and also last year's presentation is some of our campuses have armed officers and not having the codification and certification requirement you have despaired standards and this is a cost that is willing to be born by each respected university to provide secure top like public safety considerations. Is that not the ultimate goal that is public safety of the students and faculty and administration staff members that work there on a college campus because as you said it is a unique situation. It is a bit of a bubble but it's also a fulcrum of emotions and challenges.

GREG MACNAMARA: So yeah we know that seconds matter in a crisis and we unfortunately also know that there is an ever-increasing threat of act of violence towards large gatherings small gatherings. We want to have this an option for us to be prepared to work with those other responding law enforcement officers. I think the misnomer is that maybe in the past Sacred Heart some universities have addressed this over times and we saw it after the Sandy Hook tragedy. What are we doing when we introduce law enforcement or police into our schools and into some communities that were not really comfortable with

what is it going to look like? I think if we look over time the model of school resource officer is a good one to kind of look at for this regard. And if you speak to people on campus, specifically Sacred Heart University they're welcoming that because they recognize the need for it. There's some growing pains with it. What will it look like? The questions of are you going to arrest students always come up and the concerns of that go on. I'm not looking -- we're not looking to replace student discipline and student services but I think if you talk to people on campus I think they acknowledge the fact that we are trending towards at least having some armed component on campus and that's what we're looking to accomplish.

When I was the chief in Fairfield, and I know the chief in Bridgeport and other surrounding communities we always train with each other. We always respond together with each other because we know that their resources are limited. This is an opportunity for Sacred Heart to contribute to those limited resources. Seconds matter in an emergency. If we have a car accident on campus at Fairfield at Sacred Heart University we are calling either Bridgeport or Fairfield Police Department to come drive from something else that they could be doing to fill out an accident report. If we have sworn component on campus they can certainly take some of that burden away. That's not the priority but it certainly opens up some opportunity for us to take away some of the demands of resources in our surrounding communities.

REP. MCCARTHY VAHEY: I believe Senator you are asking about the consistency across different universities as well. I think there are, I don't

have the specific information and perhaps Chief MacNamara also does know. I think you're right that there are different situations at different universities and I think that the plus side of this bill is that it gets at that consistency and ensures that there's the training is uniform across the board whether you're at a university or part of a municipal source so I think you're the heart of your question is about consistency and I think that is what this bill will address.

SENATOR HWANG (28TH): Thank you very much and it is very helpful to get that clarification. I think the second point is also to if you could elaborate in more detail in your past experience as the Chief of Police and oh so what this additional standard of certification means from the standpoint of the requirements and the higher standard of training, arms training but also experience that comes on board to a college campus setting and share with the committee in regards to this truly is a university's effort to raise the level of expertise and experience and ensuring that whenever an emergency situation occurs seconds matter and experience and certification that you are articulating and requesting in this bill is paramount.

GREG MACNAMARA: So with regards to the standards we all know that the police standards within the state of Connecticut from post are probably some of the best in the country and it's not because I was a police officer although that may be part of it but it certainly if you look at the standards Connecticut's model of the way in which they conduct training for law enforcement officers is a very high standard and we're also very adaptive meaning that the concerns that are brought forward incidences

that occur they're always reviewing training to ensure that the training is the utmost professional and from a law enforcement perspective when talk about the use of force as one example of it officers are trained and required to train regularly in their use of firearms. More importantly than that they are trained when not to use their firearms. These firearms are obviously very dangerous so the training they receive with regards to firearms use is very significant in what not to do. I think the other aspect Senator and I apologize sometimes for the last question.

Maybe I sected a little too much. I think the other aspect when you start talking about community policing is our students and our staff are a community in and of themselves. The Fairfield police we hire to have an officer on standby during certain hours of the day on an overtime basis but when we need police to come on campus we're calling either Bridgeport or Fairfield to come on campus. There is very little community policing occurring there. Our students are not gathering more relationships with the Bridgeport police department because they fly in, handle an incident, and then they fly out. This is our ability to implement professional trained to the standard that every other police officer has to their high standard and engage the students so that they have respect for authority that authority understands Sacred Heart University that there is a community aspect of it so that we understand that community so that we know that when I fraternity is holding an event that they can go there and engage that community. It's far beyond just preventing violence. It's also establishing the relationships to prevent that

violence, so our students are comfortable with that role in our community.

SENATOR HWANG (28TH): When your officers are certified it is a higher standard of requirement, of training, of accountability so as incidents may occur as unfortunate as they may be having your certified officers on campus with the requirement of the certification requirements that are necessary to be at that level does it not provide a greater level of accountability in regards to the standards that you are held on to because that is one of the other issues I think are positive on this bill is should there be unfortunate circumstances that occur off of campus and we've had incidents in the state of Connecticut. A certified officer is held to a much higher standard in regards to their peer and the certification organizations than just simply a staff officer on a college campus. Would that be a fair statement?

GRE MACNAMARA: It would. I mean I wouldn't want to diminish the professionalism and training that armed nonsworn on other campuses have but I think yeah it's important to note that. That we are going to have an armed presence on Sacred Heart University. The question we have is whether or not that's going to be sworn or not and the ability of having it to be sworn would be that the state of Connecticut has high standards for law enforcement officers. You are still continuously debating new standards and new requirements that you want to have for law enforcement officers. We would be required to meet those standards. We would fall under in some regards under the commissioner of DESP. He or she, he at the time but he or she would be the one who would commissioner us, so we are under the standards

that you demand of law enforcement officers so that we're not kind of going in this direction or another direction. We are going to have armed component on campus. What we are saying to you is that we agree the standards of a police officer in the state of Connecticut are high. It's a high bar to meet and it should be. We want to be part of that so that we're not below that. We're providing that same service and as laws change and as regulations change regarding law enforcement officers in the state of Connecticut those same regulation requirements, those same training demands, those same demands that you demand of any police officer in the state of Connecticut would be the same demands instantly that would be put upon Sacred Heart University.

SENATOR HWANG (28TH): Thank you Chief and I want to compliment you for your diligence and your persistence in this legislation. It has been a process from last year of what we learned and gotten input and suggestions from many of the shareholders and would it be safe to say that the MOU component was a nod to ensuring that every community that affects independent colleges and public colleges in our change would be collaborating with their local town and legislative leaders in ensuring that everybody is buying into this and that MOU addresses some of the potential concerns that may have risen in the past.

GREG MACNAMARA: Yeah I think that's really important. I think in the bill as it exists there's a requirement that we enter into with the MOU with the communities that we are going to. So in other words the town of Fairfield and the city of Bridgeport. That's a really big component of it.

We cannot do this without the partnership of the city of Bridgeport. I think that what we've learned over the year with this discussion is that that is an important component of it and that's an important component to demand within the bill to ensure that yes if you grant us this authority you can't do that without the cooperation knowledge and the understanding of law enforcement units that are already in those municipalities. That's very important.

SENATOR HWANG (28TH): In addition to that I want to add that you have developed a collaborative relationship with the town of Easton as well as Trumble as well and we don't want to miss them as collaborative partners with Sacred Heart University. And that being said ultimately I think as we articulated with the local communities but you've also got the collaboration and the input from our state association of police chiefs to be able to offer you input in crafting a deal that meets all the shareholders concerns. Would you agree with that statement?

GREG MACNAMARA: Yeah I think that's important to know that the chief's association is in agreement with this and they are encouraging this, and they support this as well as our surrounding communities. I think if you look at it our internal operation at Sacred Heart University supports it. The surround law enforcement entities support it. The association of itself supports it and even some degree some students welcome the sight of public safety on campus and like I said we contract out with a police officer from the town of Fairfield on an overtime basis, so we have not heard any objections. There

is no one in this sphere of discussion that has come out in great opposition to that.

SENATOR HWANG (28TH): Thank you and that's due to your hard work and the collaboration that you've in outreaching to those various entities to make sure we have a bill that accounts for all the concerns and the needs of all the shareholders in this so I want to thank you for appearing here today. I want to thank Representative McCarthy Vahey for hosting you and thank you Mr. Chair.

SENATOR BRADLEY (23RD): Senator Hall I was told you might have a question.

REP. HALL (59TH): Welcome Chief. I have a couple of quick questions. First I want to say I support the bill 100 percent. I think it's a great idea. I think we need post certified officers on all the campuses quite frankly across the state of Connecticut. I'm a huge advocate of putting police in schools. We have our schools in Enfield with our local police officers that actually rotate through them on a regular basis, so every single elementary school, Jr. High, and High school have officers in them. So, I support the idea 100 percent. The only concern I have and you probably have addressed this with the Chief association I'm sure is as you know post positions are like the golden ticket that each department seeks regularly so we do have a shortage of those slots as you know I'm sure well aware from your days as serving as the police chief so I know through our local department we are always struggling to get those slots so my question to you is do you envision a tiered system where obviously municipalities would get first fight at these slots or do you think that you know a campus police

officer should bump out a local municipality that may be shorthanded. I would just kind of like to get those items on those limited spots.

GREG MACNAMARA: That's a great question and what you describe in Enfield is fantastic because it is important that we collaborate with school children. So, I do not anticipate at least in Sacred Heart's model of sending officers to the academy. We anticipate bringing in officers who are retiring from other positions and interviewing them and ensuring that they fit the school model. Being a police officer in a school as I can attest to is quite different than being a police officer not in a school because the demands are different. It's still professional and it's still communication but the demands are different so what we anticipate is bringing officers who are still capable of being an officer. They still have to meet the demands physically, emotionally, and mentally but they also have moved on from other departments and again we have 46 current public safety officers in general. I don't anticipate hiring 46 officers. I anticipate if this passes to bring in a few officers on each shift so that we have a sworn component.

We will still have our non-sworn component. This will just enhance that so we really look at our model of being police officers who have served in other communities who are looking to move on and will be interviewed or applied for these positions. Couple reasons why. Police officers who are fresh out of the academy have a whole living concept of what law enforcement is like. They want to stop cars. They want to engage in traffic safety and whatever variety of other law enforcement things. We're looking for officers who really understand

their role. Not that the newer ones can't but we are certainly looking to do that.

REP. HALL (59TH): That's -- that's wonderful. I -- I think that's the perfect group of people to be on campus. I know you're probably aware that when we initially rolled out our safety plan for our schools. That's exactly who we hired. We hired folks who were ready to retire and were at the end of that particular career but wanted to still stay involved in the community in law enforcement and they turned out to be the most wonderful addition to the schools and were very well received by the way. Initial roll out there was some nervousness about the guns being in the schools but I think after the relationship was built between those officers and students and teachers they -- they certainly didn't want to let them go so there was a great report that was developed and I'm sure this program would work out the exact same way so I fully support it and thank you for bringing it forward. Thank you Representative.

REP. BRADLEY (23RD): We said Representative Smith was next. I don't know if you want to indulge JP or a quick statement for you man.

UNKNOWN: I just wanted to thank you Chief and Representative for coming up here. I wanted to recognize the chairs because last year had a lot of momentum and it was getting ready to be called. It made it through committee as you probably know however, because of incidents that happened statewide there was a lot of concern about more police on college campuses so as a result the chairs made a promise on the floor of the House which I will never forget and said listed we're going to

bring this back next year. Without even me asking to do it both Senator Bradley and Representative Verrengia brought it back, raised the bills, no questions asked so I wanted to thank them for doing that and thank you for continuing your support of this bill. Thank you for the indulgence Representative Smith.

REP. SMITH (48TH): Thank you Mr. Chair. Thank you Representative. Thank you both for testifying today. So, sort of building off of Representative Hall's questions. It occurred to me to just ask you whether you had a percentage of officers now who formerly had serviced as municipal state officers so a ready group, a nucleus of certified officers that almost on day one could start filling the role that you're looking to fill.

GREG MACNAMARA: Yeah we do actually. We have a retired, well I'm retired but we have a retired Captain from the Milford Police Department. We have a retired detective from the Fairfield Police Department as well as retired officers from Seymour Stratford and I think that's all at this point but we do yeah right now we know that as this moves forward there are plenty of transitions occurring within law enforcement that I am sure that we will get ample supply of individuals for a variety of reasons who are looking to transition to law enforcement and public safety on a campus. I should know that those officers I listed would still have to go through the process so it's not day one I mean and then we start the process of ensuring that they still meet the standards and needs that we want them to meet and all police officers should meet in the state.

REP. SMITH (48TH): So you basically got some building blocks in place which is great, and I echo the representative's sentiments and support the bill also. Thank you.

REP. BRADLEY (23RD): Any more questions from members of the committee. Seeing none thank you very much for your testimony. Thank you Representative for being here. Next on the list is Erik Chester. And we are going to adhere to the three-minute rule if the clerk would be so kind.

ERIK CHESTER: Good afternoon Senator Bradley and members of the Public Safety and Security Committee. My name is Erik Chester and I am here as the spokesperson for the John J. Driscoll United Labor Agency, an independent non-profit organization. Thank you for the opportunity to testify this afternoon in support of House Bill 5453, an act concerning the Sandy Hook Worker's Assistance program and fund. It is important to state at the outset that everyone at the ULA and those associated with it recognize the importance of providing assistance to those affected by the tragedy that occurred at Sandy Hook Elementary School. As we have recently passed the seven-year anniversary we should all remain mindful of the struggles that many people continue to face and we should of course do all that we can to support them through that. The state ordered the report I believe it was dated 12/4/19 came as a shock and disappointment to the Board of United Labor Agency. As soon as the board learned of the auditor's report the board met and took immediate corrective action. The individual who the board believes was primarily responsible for the mismanagement of the funds resigned in lieu of facing termination. Every dollar that should have

been in the fund was replaced and is in the fund. All \$103,713 dollars is currently available to any worker who has been impacted by the tragedy at Sandy Hook and is otherwise eligible to receive those funds and access that program. And if this bill is passed and signed into law that money, all of it is ready to be transferred back to the state of Connecticut for its administration of the fund. We appreciate the work of the state auditors as well as the ongoing investigation of the state auditors and the ongoing investigation of the Attorney General's office. DOA has used the results of the initial investigation and the auditor's report to put in policies and procedures to ensure that nothing like this happens again. I wanted to just make a few remarks in response to the testimony of Representatives Klarides and Bolinsky. I would first just say at the outset that the DOA appreciates and thanks them for shining a light on this. We're certainly not running from it. We're running to it. A couple of things I want to echo Representative Klarides remarks that this is not a partisan issue nor should it be. This is an issue about providing assistance to people who were impacted by the tragedy at Sandy Hook and the ULA remains committed to that goal. We have cooperated and continue to cooperate with the two ongoing investigations. That is the investigation by the Attorney General's office and the investigation by the state auditors. I will not be commenting on specifics of those investigations because they are ongoing. There were some questions from committee members about specifics and I am confident that the results of those investigations will answer all questions. I can tell you that both investigations have been exhausted. They have been at the office

of the ULA regularly. We anticipate that those investigations will conclude relatively soon.

SENATOR BRADLEY (23RD): Could you just summarize your statement and then the committee members have questions. Thank you.

ERIK CHESTER: One other thing. Two other things, rather. As far as evidence that as to whether or not the money has been replaced I can tell you that that evidence does exist. All the money has been replaced and is in that account and -- and is there for anyone who needs to access it. And regarding any outstanding claims. There were questions about that during the testimony of the two representatives in support of the bill. As was referenced in the state auditor's report no one who sought access to the funds was denied. That stated conclusively in the auditor's report and that remains the case and what also remains the case is that the funds are there for anyone who is eligible to access those funds and if there's anyone out there who is an eligible person under the act who needs access to those funds they're there and they should apply and make a claim for those funds.

SENATOR BRADLEY (23RD): Thank you Mr. Chester. Is there any questions from members of the committee? Seeing none thank you for your testimony. Oh was there a hand. Yes Representative Genga.

REP. GENGA (10TH): Thank you for your testimony. Appreciate it. Just to follow up because I had some questions of the two individuals who were here before, and I think you cleared those up but is it fair to say that short statement that the fund is made whole. Nobody has been denied and, well there

has been some improper activity the fund has met its purpose.

ERIC CHESTER: All three of those statements are accurate.

REP. GENGA (10TH): Thank you. That's all I need.

SENATOR BRADLEY (23RD): Any further questions from members of the committee. Seeing none thank you very much.

ERIK CHESTER: Thank you.

SENATOR BRADLEY (23RD): Next is Linda Lentini. Just a reminder in the room we do have a lengthy list here, so we just want to be cognizant of the few minute rule. I'm sure the committee members will ask questions if they need further indulgence. Thank you. Ms. Lentini.

LINDA LENTINI: Good afternoon Senators and Representatives my name is Linda Lentini. I am from Plainville, Connecticut and I am here to oppose SB number 428. I am a voting person in Plainville. I plan to actively keep voting. I also the director of Healing from Within and by Advocacy Unlimited. I have been opposing this bill for the past 12 years since I've been working at Advocacy Unlimited and I will keep opposing it every time it's reintroduced because I believe that force is against our basic human rights. Force versus choice which is a big thing in my life whenever I go, and I do groups I always invite people to participate. I don't force people. I have forced in my life and anything I've ever been forced to do I don't want to do. I am opposed to it. I think that there's other options versus medications. There's a person that actually submitted testimony on the affects of medications,

Robert Whitaker. He wrote the book Anatomy of an Epidemic. I'm also a person with lived experience. I've been homeless. I've been incarcerated and I've been institutionalized so I have been forced a number of times. Today the things that I do to make sure that I don't end up back there is mind body practices and those things mean a lot to me. Breath, body, mind are three things that we all have within us and those are the three things that I keep -- that I do on a daily basis to make sure I stay out of those things. Out of institutions. Out of being homeless and out of being back incarcerated. All three of those things empowers somebody with the ability to understand that you have within you the ability to heal. A lot of people that go into the mental health system unfortunately have faced some type of traumatic experience in their life and when they face that guess what we all react in certain ways and that's how we end up doing something that we end up incarcerated. Being traumatized in our lives means that we react to something. I think that everyone in this room has had some traumatic experience in their life and how you react to it is just a survival skill making sure that we have the ability to heal is something that we all want to have. I think that anybody in this room if you've ever been forced to take a medication by your physician and you decided that medication didn't work you stopped taking that medication. This bill would allow people to just be forced to take a medication that they don't believe helps them so I actually worked with somebody that recently was diagnosed with cancer and they were doing chemo and they did not believe that the chemo helped them so the chemo didn't so if you don't believe that's what is being introduced into your body is going to help

then it's not going to help so that's with the medications that's being forced on people that are going to be involuntarily medicated under this bill which is not a good thing. Trauma related to force we're all traumatized when we're forced to do something so this is expensive and not affective.

SENATOR BRADLEY (23RD): Thank you. Is there questions by members of the committee? Seeing none thank you very much for your testimony today.

LINDA LENTINI: Thank you.

SENATOR BRADLEY (23RD): And I'll return my Chairmanship to --

REP.SREDIZINSKI (112TH): Thank you Senator. Next up is Paul Acker followed by Rebecca Miller.

PAUL ACKER: Good afternoon my name is Paul Acker. I am the Senior Policy Advisor for Advocacy Unlimited and a member of the Keep The Promise Coalition. I am here opposed to SB 428. There's been three main studies on involuntary outpatient commitment and each one of them have shown no statistical difference -- significant difference that one works more than the other and that's being compared to a court order with intensive services. You know the guy earlier that was here talked a bit about Oh my God it reduces violence. It reduces all these things and while his numbers are accurate like for instance the number that it reduces violence by 55 percent. What he doesn't tell you is that the number before the study was nine and the number after the study was four so that is a 55 percent reduction but what he doesn't tell you is that over 93 percent of the people weren't violent. You know as I say in my testimony it would take 27

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involuntary outpatient commitment orders to prevent one instance of homelessness. It would 85 to prevent one rehospitalization and it would take 238 involuntary outpatient commitment orders to prevent one arrest. This is a very expensive program. It will take funds away from a system that's already strapped. Coergen which IOC is is actually the exact opposite of treatment. It's punishment. It gets seen as punishment and so any therapist worth his salt will tell you this is about an alliance. This is about us in this together and this goes directly against that. People have talked about the racial disparity earlier. If you're African American you are five times more likely to have an involuntary commitment order put against you. If you're Hispanic that's two and a half times. In my years of working in the system I have yet to hear a person say thank God they forced me to take meds. Usually the people talk about the partnership, the connection, the communities that they have been brought into that have that transformative power. Hope is transformative. Force is not. And again all SB 428 does is ignore these best practices and separate someone that has been been diagnosed with a mental illness from their inalienable rights. It's costly in the states that have this. Only 70 percent of the states enforce it and so I hope this committee will kill this bill because like I've been doing this for many, many years and I will keep doing it because it does not work. Thank you.

REP. SREDZINSKI (112TH): Thank you Mr. Ecker. Any questions from the committee. Representative Morin.

REP. MORIN (28TH): Thank you Mr. Chairman. Paul good to see you. Thanks for coming up. I guess not so much a question but I've worked with Paul more

years either of us can count on a whole host of issues and one thing I can share to this committee is his unwavering dedication and willingness to learn above and beyond what's even going on in any particular piece of legislation so when Paul comes and talks on a behalf of a group of people. It gives me pause, more pause than maybe somebody else that might be in this position because I know where he comes from and the constant efforts that he's made to work on behalf of people with mental health and disabilities and addiction issues. So, Paul is there anything you missed on because I think it's important for this committee to hear your point of view and I'm very much interested you know I've talked to you on the side as well about more on this issue because it's come before us numerous times and you know --

PAUL ECKERT: This is my fourth or fifth time on this very bill.

REP. MORIN (28TH): You know when we hear it here about hey this is going to help people because there's violence issues and it's going to keep people safer that sounds good. Right? It sounds good. You hear that but then when you talk about in reality what's happening to patients, never mind patients people just like you and me and that brings it to a different level so I hope that you can whoever is going to be pushing forward with this that they take more time to talk to you and some of the folks that they brought with you.

PAUL ECKERT: Yeah thank you and I speak from this from my own experience because I've had treatment forced on me and it didn't work. It made the system very adversarial to me. It actually set me back

because the system an us versus them and I - I agree so much because we are talking about people and I think sometimes the problem is we start to look at people as the homeless, the mentally ill forgetting that they're people and we end up seeing them as the problem but to me these people are the canaries in the coalmine. They're telling us that there's something wrong with society as it's functioning and they're having a difficult time living in that and so our answer to that seems to be but you're the problem. You're ill and if we could just get you to take care of yourself and make better decisions and we all have the right to make really bad decisions. I mean I think all of you, but Henry ran opposed, right? What were the people who voted against you thinking? Henry won't get that joke because have you had an opponent in the last ten years?

[Laughter]

REP. MORIN (28TH): So let's touch base Paul. So to help with the fears of the people that are concerned about whatever safety issue they're talking about how do we -- is there a way and maybe it's not in this particular room but is there a way to address those types of issues without somebody saying hey we're forcing you to take a medication. Maybe there's something else out there that I'm not thinking of.

PAUL ECKERT: I definitely believe that we can sit and have that conversation. I think it's more conversation before this turn into an anti-vax testimony.

REP. MORIN (28TH): Don't say that.

PAUL ECKERT: Yeah I know. I saw the fear in your eyes but yeah I mean there's definitely things that

we can talk about with this. AU has a program called Community Bridger in which we connect with people who have a hard time connecting with the service system and we think that you know when someone has been traumatized. When someone has had a real trauma experience the last thing they're going to give you is their trust and it takes time and the thing is we get very impatient with people and you can't expedite humans. You can't. You need to take the time. You need to sit down and you need to have these conversations and instead of trying to convince them that there's an elephant in the room work with the problems that they see instead of the problems that you think that they don't see.

REP. MORIN (28TH): Well I appreciate as always Paul you taking the time and during your advocacy work. It's greatly appreciated.

PAUL ECKERT: Thank you.

REP. SREDZINSKI (112TH): Thank you Representative. Any further questions from committee members? Representative Genga.

REP. GENGA (10TH): Thank you Mr. Chairman. Paul great seeing you here.

PAUL ECKERT: Great seeing you.

REP. GENGA (10TH): I know you just about as long as I've been here, and I remember and go back with you and you've been very consistent, and nobody can walk in somebody else's shoes and explain some intricate things. Like you said about sitting somebody down and getting trust. Well I was a parent of five and I understand that. That's something that just doesn't happen. You build that trust is what you're talking about here so I take what you said very

literally and I -- your testimony hits home with me so I support what you're saying here and what you're trying to accomplish because we're all trying to accomplish the same thing. Yours is based on judgement and good reason and experience and you can't beat that. Thank you.

PAUL ECKERT: Thank you.

REP. SREDZINSKI (112TH): Thank you Representative. Any other questions from committee members. Seeing none Mr. Eckert thank you for your time.

PAUL ECKERT: Thank you.

REP. SREDZINSKI (112TH): Rebecca Miller followed by Robert Pearston.

REBECCA MILLER: Good afternoon. My name is Dr. Rebecca Miller. I am an assistant professor at Yale University at the Department Psychiatry, a licensed clinical psychologist at the Connecticut Mental Health Center in New Haven, Connecticut. My testimony here is strictly as a private citizen today but I'm here to oppose bill 428. I'm a career single mother and I have had psychosis that resulted in my being involuntary hospitalized. I also have young onset Parkinson's Disease which is why you see me shaking right now. The Bill 428, I urge you to reject it. This legislation is not supported by the evidence and it is not improve quality of life and instead might drive people away from seeking the care that they need. My person story is one of those illustrations and I've heard other amazing stories today. I first became psychotic at age 19. I was working at a deli in Boston and was hospitalized. My parents thought I would never come back to being me and would never have a life worth

living. My doctor told me you need to reduce stress and you need to take these medications for the rest of your life. I didn't follow either directive. I worked very hard with the support of family and friends, financial resources, and was able to return to school and eventually earn my P.H.D. I was lucky. I was fierce. I was privileged. All those are true. I use medications on and off also as a flexible tool but I decided how and when and what is also true is that many people are misdiagnosed. Psychiatry is better than it was years ago when homosexuality was in the DSM, but we are still working towards understanding and accurately diagnosing mental disorders. Introducing involuntary commitment is ill advised especially when the relationship between people have shown to be the most healing thing. This legislation is not supported by the evidence. Not supported by research findings as Paul outlined. And as well they've never pulled apart the idea of legally compelling treatment and actually offering more services to say that to have more services is better does not support the legal component. In fact I think we actually need to compel the service system to offer better services. Services that are recovery oriented, trauma informed, culturally responsive. Connecticut and the other two states in the country that don't have outpatient commitment are among the highest rated mental health systems in all of the 50 states according to Mental Health American. This legislation is not something that will improve quality of care and instead can drive more people away from the care we need. In addition as we mentioned earlier there is significant racial implications as a society we are still working towards eliminating racism and so is the profession

of psychiatry. Research finds that black men are more likely to be misdiagnosed with a psychotic disorder, more likely to be prescribed long acting injectable medications and black and brown people are more likely to be subjected to these laws perpetuating discriminations and health disparities. These are not things happening in the past fifty. These are happening now. We all acknowledge we want to do better at supporting people with mental illness. We cannot sacrifice personal liberty for the illusion of safety. We cannot perpetuate racial biased through this law. We need to continue offering more flexible, creative supports for people who are in the community. That is where our money is better spent. I urge you to respect this bill and find other ways to improve -- continue to improve psychiatric care in the state of Connecticut.

REP. SREDZINSKI (112TH): Thank you Dr. Miller. Any questions from committee members? Any question. Seeing none thank you for taking the time to share your testimony. Like I said before it is very valuable to hear from those who are living with this every day and are part of the system so thank you very much. Next up is Robert Pearston followed by Lisa Windom.

ROBERT PEARSTON: Good afternoon Senator Bradley and Representative Verrengia and the rest of the committee. My name is Robert Pearston. I am registered and vote in East Berlin. My representative is Joe Aresimowicz and my Senator Gennaro Bizzarro. I serve on the Board of Directors of the Connecticut Chapter of the National Alliance on Mental Illness. I also serve on the coordinating committee for Keep the Promise coalition with Paul. I'm here today to speak in opposition to Senate Bill

428 the bill in particular and the concept of involuntary outpatient commitment generally. Involuntary outpatient commitment is a real and accepted term for what this bill proposes. They did a cosmetic change and called it assisted outpatient treatment. IOC or AOT simply does not work. It's incredibly expensive if implemented properly and is a violation of the human rights of the patient. Forced treatment increases resistance to services and according to a grand review of studies this is a quote "did not prove that treatment works better in the presence of coercion or that treatment will not work in the absence of coercion". Where they have been able to demonstrate positive affects from involuntary outpatient it's the involuntary services that are loaded after that where I think you see the affect. The 2005 - 2006 budget for Kendra's Law operations in New York was \$32 million dollars and in that same budget there was an additional \$125 million to expand case management and increase mental health services. In addition the bill as written sets an incredibly low bar for chemically restraining an individual against their will. All that's required is a family member or this is a quote from the bill "an individual identified by a person as being concerned with such person's welfare" and a doctor. Any doctor. It can be a chiropractor. It can be a podiatrist. No psychologist, psychiatrist, or mental health professional is necessary. What follows the probate court judgement involves sending agency personnel to the individual in the community to observe them and their living conditions as opposed to trying to build a trust with the person while the coerce them into taking their medication. Medication alone is not affective. Robust and trusting plan is required

also and put a fiscal note on this bill. If it's realistic it's going to be scary. Thank you.

REP. SREDZINSKI (112TH): Thank you for your testimony. Any questions from committee members? Seeing none thank you Mr. Pearston for your time today. Next up is Lisa Windom followed by Tom Burke.

LISA WINDOM: Good afternoon Senator Bradley, members of the committee. I'm Lisa Windom. Just wanted to get that one right. I am the executive director of the Connecticut State Office of the National Alliance on Mental Illness. NAMI is the nation's largest mental health organization dedicated to building better lives for millions of Americans affected by mental illness. NAMI Connecticut has been providing support for its education programs and advocacy for people including children with mental health conditions and their loved ones for 35 years. I'm here today to oppose Senate Bill 428 an act concerning assisted outpatient treatment or as it is better know involuntary outpatient commitment. NAMI Connecticut opposes this bill because it will damage the relationship between people and their healthcare providers as well as drive people away from treatment. Mental health is integral to overall health and well being and should not be treated differently than other health conditions. We do not use legal force to make someone take medications for illnesses. Medication is the most frequently used form of forced treatment. Severe adverse drug affects contribute to a shorter lifespan for people living with mental health conditions. Recovery oriented services have better long-term outcomes. Connecticut is a national leader in recovery-oriented services that have

consistently generated positive outcomes without coercion or intruding on the rights of people who are members of the class protected by the state constitution. Involuntary outpatient commitment would be a giant step backwards. The evidence-based practices Connecticut has instituted to reduced hospitalization and homelessness include peer support interventions in which people with lived experience engage other people whose needs are not being met by the current service system. Through such programs as Peer Bridger and the NAMI connection recovery support groups. Expanded outreach and support for persons with intensive needs through assertive community treatment teams and programs like Melissa's Project. Specialized NAMI young adult connection community support groups for peoples age 18-24. Wellness programs that support personal health through nutrition, mindfulness training, yoga and other positive activities, crisis intervention trainings provided by the Connecticut Alliance to benefit law enforcement and partnership with NAMI Connecticut and alternatives to incarceration. Instead of enacting involuntary outpatient commitment Connecticut should be expanding options for recovery-oriented services especially for people covered by commercial insurance including young adults covered under their parents' plans. Involuntary outpatient commitment does not address the fundamental problems with access to mental health services especially for young adults and forced treatment doesn't do anything to address the coverage gap. I urge you to note against this harmful legislation.

REP. SREDIZINSKI (112TH): Thank you Linda. Thank you for wrapping up right at the end there. I apologize for the last name spelling I had here. Listen with the last name Sredzinski I get it all the time so I'm sensitive to it. I understand but thank you for taking the time to share your testimony. Are there any questions from the committee? Senator Hwang.

SENATOR HWANG (28TH): Thank you. Thank you for your testimony. I just want to share that many of our members have different committee obligations and we're running in and out. I want to thank you for the work of NAMI and want to thank all the various members of the organization who came and testified. Your thoughts and concerns are very much valued so thank you for being here.

LISA WINDOM: Thank you Senator Hwang.

REP. SREDZINSKI (112TH): Any other questions from committee members. Seeing none thank you Lisa again.

LISA WINDOM: Thank you.

REP. SREDZINSKI (112TH): Next up is Tom Burr followed by Kathy Flathery.

TOM BURR: Yes good afternoon members of the Public Safety and Security committee. My name is Tom Burr. I'm a Glastonbury resident and I'm also the community affiliate relations manager for the state office of NAMI, the National Alliance on Mental Illness. Lisa just went over the main thrust of our position on this so I'm not going to regurgitate our opposition to the details on SB 428. What I want to do though is share a story on how forced treatment can have a hugely negative impact on an individual. In this case my son who up until developing bi-polar

disorder during his senior year in high school had been a regular honor student and was a member of his school wrestling team and up until he got sick with this devastating mental illness he was just like the all American kid. He was on a trajectory to go off to college, earn a degree, get a good paying job and live the American dream but all that changed during his senior year in high school and he was a mess to put it frankly with bi-polar disorder in every sense of the word. If you're not familiar with bipolar disorder it's marked by things like psychosis mania that is frightening not only for the individual experiencing it but for the parents to watch their child who is no longer there and suicidal depression and John unfortunately attempted suicide more times than I could count because I lost track but it was frightening and unfortunately during this timeframe of repeated hospitalizations and at times incarceration and homelessness where things just looked horribly dark for us as a family he was at times forcibly medicated and forcibly restrained which absolutely put him at odds with seeking medical help for his condition. The average timeframe for someone with bipolar disorder to enter a meaningful recovery is 2-5 years. It took John eight years. He was already suffering from trauma but being forcibly medicated and forcibly restrained just simply added to that trauma and again put a huge distrust in him against the medical community. Now the good news is he's doing fantastic now. He's been clean and sober for 14 years. He's been working steadily during this time. He bought his own home nine years ago. He's got a wife and a child, my first grandchild. I'll show you pictures later if you want to see them and his life has regained the trajectory it had been on before he got

sick but he was a wreck for eight years and there were times during that eight year span than if the phone rang after 10 o'clock at night I was afraid to answer the phone because honestly I thought it was going to be the police telling me where to go to identify his body. But thankfully with the help of NAMI is an organization that helped me and my wife deal with his illness and some of the support and training we got he is now in a much better place but it wasn't because he was forcibly medicated and it wasn't because he was restrained at times. It was in spite of that, so I urge you do not pass this legislation. Like Paul I've been here too many times over the past 15 or so years having to explain why this is such a bad idea and at this point I thank you for your time and I'll take any questions you might have.

REP. SREDZINSKI (112TH): Thank you, Tom. Appreciate the story. I'm glad to hear that your son is doing much better.

TOM BURR: He's just one of many.

REP. SREDZINSKI (112TH): Undoubtedly because he had such supportive parents but thank you very much. Any questions from the committee? Representative Genga.

REP. GENGA (10TH): Thank you Mr. Chairman. Personal story that you lived through. This goes to what I said earlier about not being able to follow or live in somebody else's shoes. After all these years and what you went through could you share what you think were the key, just a few key things to bring your son to where he is today because I think that's important. The bill may not be but we have a chance to learn about this situation.

TOM BURR: Well I appreciate that. There's a couple of things that I think helped him turn it around. One is he availed himself of some trauma focused therapies which at that time seemed like they were kind of new but I think it really helped him a lot to kind of process the trauma that he had been through as a young child that his mother and I were not even aware of. He didn't share this with us until after he was an adult so we couldn't have helped him with that because we didn't know but those trauma focused therapies helped immensely. Working with some of his peers and some support group situations helped him out tremendously. In his case just living a healthy lifestyle really helped him out tremendously, you know diet, exercise, sleep. All of that and the awareness that he was -- had an illness he couldn't just keep denying you know that awareness took a while but when he finally got it and said I don't want to live like this anymore that was a real turning point for him but year the peer support services that are available are somewhat limited right now. We could do a much better job at funding those. If we were going to do something positive with money that would be a great thing to do but yeah those are the things that helped him turn around. Thank you for asking.

REP. GENGA (10TH): Thank you and you probably left out something just because you are so humble but the support system he had at home, the family.

TOM BURR: Well you know you're right. I don't like to harp on that but I will tell you that if it wasn't for the NAMI family to family class I don't know that my wife and I would have been able to help him because honestly before we took the class and really understood the breadth of the illness and

understood how we can best support him on his path to recovery we were like at odds with each other on how best to handle him and his illness and nudge him in the right direction. In fact that's an evidence based training for families and caregivers because it shows that there are the right approach and the wrong approach and I say evidence based because they actually did the research and when they did the research they found the control group of the caregivers who didn't take the training, what would usually happen is the loved one with the illness would end up completely estranged from their parents and the parents would usually get divorced and all its aftermath would literally blow the family unit apart and that's why I owe a debt to NAMI as an organization and one of the reasons I'm here today speaking on their behalf is for the help that they gave me and my family. That's a debt I can never repay because they saved us. They absolutely saved us.

REP. GENGA (10TH): Thank you.

TOM BURR: You're welcome. Thank you.

REP. SREDZINSKI (112TH): Thank you Representative. Senator Hwang.

SENATOR HWANG (28TH): Thank you. Thank you Mr. Burr. Congrats on being a grandparent. You know you've shared a story that impacts so many other families.

TOM BURR: Everyone knows someone Senator.

SENATOR HWANG (28TH): Everyone knows someone, and we have a tremendous amount of work that is needed still on the issue of social stigma. Maybe not the general population but internally within various

family members and the challenge that they have in blaming themselves that they could have done something different but the immense social stigma is one of the challenges that we have in addressing this important issue and it's a compliment to you because your work continues for you after your son's successful recovery and leading a productive and engaging life always recognizing that it's lurking in the shadow. I know you've been after it because I get many of the advocacy emails from you which I read every one of them.

TOM BURR: I appreciate that.

SENATOR HWANG (28TH): I think one of things one of the myths I think is important for us to dispel and I don't know the root of this original bill but it is important for the general public to be aware that those that struggle from mental health and are impacted by it are more likely to be victims of violence. More likely to have been bullied. And it is important for people to understand and remove the perception and the fear that those that struggle with mental health are to be feared. Could you share some of the statistics relevant to that and be able to dispel some of the myth that has built up around that.

TOM BURR: You know I don't know the exact number but you're absolutely right. IN fact that assistant commissioner for DEMAS was here earlier at the beginning of the hearing and actually said that, that you know people with mental health conditions are far more likely to be victims of violence than perpetrators. I don't know the exact number though. I could research it for you and get back to you but it's significant. It's night and day. Again the

popular perception is if you have a mental health condition you have a propensity towards violence and that is absolutely not true. I mean they're not mutually exclusive when you have one in five people in the United States dealing with a mental health condition. Some of them are going to be violent because they're not mutually exclusive but they tend to be the rare exception as opposed to the rule so thank you for bringing that up.

SENATOR HWANG (28TH): Absolutely and as I talked about the social stigma that in itself is challenging enough but I think you cited one of the important values of NAMI. Not only from the advocacy that all of your members have demonstrated here today but also a sense of community.

TOM BURR: We are a family.

SENATOR HWANG (28TH): A sense that as you talk about the incredible challenges and the struggle, the emotional turmoil that parents and loved ones have when their families are impacted by mental illness. That struggle and feeling as though you are alone and as I've attended many NAMI meetings the reality that in cognizant recognition that there's so many others like you going through the same experience. There is a sense of comfort. There is a sense of a pathway. When these individuals say to you oh yeah I've been through that and I'm appreciative that's what NAMI does and one of the fascinating things I've found is also the fact that despite this polarizing environment that we live in that those that have tremendous need for mental health support could care less if you're republican or democrat.

TOM BURR: Amen!

SENATOR HWANG (28TH): And it's really important to recognize the critical role that we are here to support and we are here to help people heal and to find pathways of moving forward so I want to compliment NAMI for their incredible mission, their supportive people like yourselves and many others that will be impacted by this and your mission is sharp, laser focused that we're here to help people with need and help those families and loved ones adapt in many others in the future because it's an ailment that doesn't see any shortage coming up.

TOM BURR: No in fact the trends unfortunately are all going in the wrong direction between the opioid crisis which is associated not only with substance abuse with mental illness but also the teen vaping crisis and the increase in youth and young adult suicide. All the trends are going in the wrong direction and that's one of their big frustrations because NAMI at one point or I should say that Connecticut at one point arguably had the best public mental health system in the country and because of the cuts that have had to happen because of the economies and fiscal issues here in Connecticut they have cut almost a fifth of the DEMAS budget in the last 10 years all while everything else is going up the things that we need to address are going up so it's not a good situation so while I really appreciate the kind words about the organization I'd much more appreciate some funding in this space because we do a lot of good things here in Connecticut. We spend a lot of money on some really good things that really impact people and help people's lives. There's just not enough of it.

SENATOR HWANG (28TH): Well keep up the emails and thank you very much Mr. Burr. Thank you for being here.

REP. SREDZINSKI (112TH): Thank you Senator. Any other questions from committee members. Representative Ferraro.

REP. FERRARO (117TH): Thank you Mr. Chair and I missed a lot of the testimony on this particular bill, but I've been told that most of it was not good so I'm just curious.

UNKNOWN: Most of it was opposed. Let's leave it there.

REP. FERRARO (117TH): Okay. And I'm just curious because you know when you see a bill that says an act concerning assisted outpatient treatment for certain persons with psychiatric disabilities you'd like to think that there's something in it that would be helpful. Is there anything in this bill that you saw would be good or something that would be helpful.

TOM BURR: I'm trying to think of a good analogy here but it -- it starts with something that's absolutely unacceptable which is infringing upon the civil rights of people with mental health conditions and forcibly medicating them so anything that comes after that, some of the potentially increase for services while I would love to see that I don't want to see what predicates it and that is the forced medication and the violation of civil rights. That's a non-started for most of the folks in the room here, especially for the mental health and advocacy community but we would love to see more money in the space that we know work. There's a lot

of evidence-based trainings we know work. Peer services work. We just need more of it so thank you for that.

REP. FERRARO (117TH): I appreciate the answer and I kind of suspected that from the premise on out it was something that people could not support but obviously this is an issue that is very important and as you said needs more resources and it would be a good idea maybe in the future or in future sessions maybe to come up with a proposal or something that we can get behind to kind of help this. As you know in this building the biggest battle we have is finding the funds for just about anything but you know when you get to situations like this you almost can't not support something like this and to say you don't have the money for something like this is not good enough so maybe we can figure out something in the future. Thank you and thank you Mr. Chair.

REP. SREDZINSKI (112TH): Thank you Representative Ferraro. Any other questions from the committee? Seeing none thank you very much for your testimony.

TOM BURR: Thank you.

REP. SREDZINSKI (112TH): Kathy Flatherty followed by Joe Markley.

KATHY FLATHERTY: Somebody's still missing their glasses from earlier this morning. Odd. Good afternoon members of the Public Safety and Security Committee. My name is Kathleen Flatherty. I'm the executive director of Connecticut Legal Rights Project. Also here on behalf of the Keep The Promise Coalition and the Cross-Disability Lifespan Alliance to join my colleagues in opposition to

Senate Bill 428. The idea and the name of the bill assisted outpatient treatment sounds like it's helpful because it assists people in getting treatment but what it really is, is involuntary outpatient commitment and it represents a deprivation of peoples' civil rights and civil liberties. I submitted five pages of written testimony which will eventually make it online. I will make this short. It starts with the review of 25 years of history of bills like this being considered in this building and rejected each and every time. You started with a task force back in 96. This task force said we needed to look at it some more. Two bills come up in 2000. Both make it out of judiciary and die in appropriations. 2013 young adult behavioral task force can't reach a consensus. Sandy Hook Advisory Commission can't reach a consensus. A bill comes up again in 2016. It was raised in judiciary and never made it out of committee and here we are again in 2020 and there is something to be said about doing the same thing over and over again and expecting a different result. I would urge you that this be the last time you consider a bill like this. It is a step backwards and it relies on really two premises that are very, very false that underly it. One is you've already heard people talk about the real false link that is based on discriminatory views and misperceptions with people living with mental health conditions that we are violent and it also relies on the ability of psychiatrist to predict violence which they cannot do and they have to admit they cannot do and it also assumes that the pills magically work for everybody and that if somebody is choosing not to take medication that they're doing that as a symptoms of their mental illness but not because the

pills don't work. I speak from that on personal experience. I am somebody who essentially was forced to comply with medication for the better part of the first nine years I was admitted to practice in the Connecticut Bar. I was admitted conditionally to the bar and the conditions on my admission were that I comply with the treatment recommended by my physician and that I submit a letter to the statewide bar council every six months in January and June and my doctor had to submit a letter every January and June. I went through 20 years of trying 32 different medications and while they may have brought down the mania they kept me locked in a low-grade depression. I tried to kill myself multiple times while taking the medications the doctors recommended. People thinks the stuff works and it frankly doesn't. I have not been on medication the last five years. I have had a job change in those last five years. Medication is not the solution. Just want to note that in my testimony the UN special repertoire on torture noted that forced psychiatric treatment can be torture. People have shared their experiences. You know I just want to -- at this point I'll open it up to questions but really the big problem is, is that this legislature decades of governors have failed to keep the promise. When you close the large state hospitals you promise reinvest the money and the savings in the community-based system of care. That promise has never been kept. For a very short period of time after Sandy Hook there was an influx of money to the system, but the reality is that our system is under resourced. And when you have people who want care who can't get it you really have no business ordering and forcing people into a system where basically I heard you asked about the

logistics earlier. This bill would require already stretched community nonprofit agencies to send people to peoples' house to watch them take a pill. That's what we would be spending our money on and we don't have the time for that. We don't have the money and I just urge you to kill it again dead this time.

REP. SREDZINSKI (112TH): Any questions from committee members? Senator Hwang.

SENATOR HWANG (28TH): Thank you Mr. Chair. Kathy it's great to see you again. I just came back from the housing committee where I got a dose of Rafe. Now I'm back to it's great to hear your passion and thank you for sharing your personal stories. I think that when you made that conclusion, Connecticut legal services benefited from your passion and expertise and would be remiss in this building without your input. With that being said I think that you share a terrific history lesson in regards to the progression of this bill and the continual reappearance just like Jason on Friday the 13th but I think it' an important philosophical point that the way to treatment, the way to care for those individuals impacted by this is to keep the promise and the promise is based not only purely on a clinical basis in an institutional structure but with supporting, loving, and caring appropriate support so I want to thank you for your advocacy. I think all the advocates that came out and spoke very passionately and shared their stories are not simply sharing their courageous own stories, but they are oh so speaking for many others that aren't here to be able to speak. So again I've had the pleasure of interacting with you on many other policies and you are a true champion for the people you are

advocating for whether blue, white, democrat, republican. I think it's a passion that's reiterated again. What is right is right and what is critical to are for the needed community that needs our support is what is most important, and you do that along with Rafe so it's another prop to you and thank you for being here. Thank you.

KATHY FLATHERTY: Thank you so much for your kind words. I just want to respond because I would be very remiss, and my Board of Directors would be very upset with me. All of our agencies have very similar names. Rafe works for Connecticut Legal Services. I am the Executive Director of Connecticut Legal Rights Project. I just needed to put that on the record, but I really do very much appreciate and the thing that I really want people to understand if I may be so bold just to take a few minutes more time. I don't want to discount the perspective of people who think differently on this issue and I understand why this proposal keeps coming back. People see a problem and they think they have a solution. The reality is, is that Connecticut legislature has rejected this solution several times not simply because of money but because the reality is, is that there a whole lot of unintended consequences and it's not going to work. It's not a wise investment of your resources and they're very limited resources and it definitely thwarts that therapeutic alliance between clinician and clients or clinician and patient and nobody likes it. You know I also think that people don't realize what happens if the person doesn't take their medication and something happens. Well you're going to get brought to a hospital. Everybody assumes that a psych hospital is better than jail.

For those of us who have been in them you get restrained. You get forcibly medicated. You get shot up and doped up with hard-core medications to knock you out. You know when we talk about ending solitary confinement within DOC because we recognize the damage it does, psychiatric hospitals depend on seclusion and restraint as a technique every day so there's a lot of things, there's a reason the passion is here and it's because I've lived a lot of those experiences.

REP. SREDZINSKI (112TH): Thank you. Any other questions from committee members? Senator Bradley.

SENATOR BRADLEY (23RD): Just quickly what would you say to the argument that 40 states plus have similar law enacted and people use that model and people say look it's working so great for other states.

KATHY FLATHERLY: Well, I think Paul pointed to some of it. You know you talk about a 55 percent decrease and you're talking going from eight people to four I think in a lot of those states that have the laws on the book they don't actually implement the program so they have the laws on the book so they can get a good grade from the treatment advocacy center. As far as I'm concerned the advocacy that Connecticut has from them is the badge of honor because it simply if you don't have patient involuntary outpatient commitment on your books you're guaranteed a failing score so frankly there are times it's good to be an outlier. There are other issues in which Connecticut is an outlier which is some of the other work that CLRP is involved in but I am proud of our Department of Mental Health and Addiction Services for the last 25 years of standing up for us, the people that they're serving saying

you guys don't think it helps you so we're not going to force it on you so I would just really kind of as I think Paul kind of said it you know why do you guys run unopposed. We're voting for you and you know nobody really is a single-issue thing within mental health because so many people have different issues but there is a reason that Connecticut stands out as a system of person-centered recovery-oriented care.

REP. SREDZINSKI (112TH): Thank you Senator. Any other questions from committee members. Seeing none Kathy thank you so much for your time.

KATHY FLATHERLY: Thank you so much.

REP. SREDZINSKI (112TH): Next up is Joe Markley followed by Heemer Drake. Welcome back Senator.

JOE MARKLEY: Thank you very much Chairman. It's a pleasure to be with you and the members of the committee. My name is Joe Markley. I am the communications liaison for companions and homemakers. With me is our general council Martin Asevedo and I am here to speak in support of Bill number 409 which I very much thank the committee for having raised. And to give you a quick history of the situation, last year the Department of Social Services in the implementer that they proposed included what they described as a ban on non-compete contracts in the home care field. There was some discussion opposition to it and in the end to our surprise and alarm the provision reappeared actually in the budget, section 305 of the governor's budget which was passed and signed so this ban was passed. The first thing you need to understand is non-compete agreements have never been an issue in the homecare field. Our caregivers have always been

welcome to work for other companies simultaneously to have their own clients on the side. In fact we encourage them to do it because we want them to have enough work to keep them engaged in the industry. What the department described as a band on none competed agreements in truth was a ban on what we would call non solicitation agreement and that's a very different thing. The contracts we had with our caregivers said you can work with whoever you want to, and you can have clients. We have no restriction on geography or on time. The only thing we ask is that you not take our active clients, the people we introduce you to and then either bring them with you to a different agency or take them off the books and make them into your private clients. That kind of agreement is commong in many industries and it's also legal in the homecare field in every state but Connecticut so far as we understand. What this Bill 409 would do would restore our right to have a non-solicitation agreement with our caregivers and by doing that to protect the investment that we make in them in training and to protect the match that we make between the caregivers and the clients which really is the main asset of our corporation so I hope that you will support this and move this forward and I'd be happy to answer any questions you might have about us.

REP. SREDZINSKI (112TH): Thank you very much, Mr. Markley. Any questions from committee members?
Senator Bradley.

SENATOR BRADLEY (23RD): Just quickly, could you describe to this committee some of the investment that you made with your employees in terms of training and how you kind of prepared them to be able to function in that role?

JOE MARKLEY: I'm going to let Martin who has been with the company for many years step in and give a little background on that.

REP. SREDZINSKI (112TH): Not a problem. Just identify yourself Martin please.

MARTIN ACVEDO: Attorney Martin Acvedo. There's a great deal that goes into training caregivers. Well first of all you have to consider the fact that we spend a great deal of time for money attracting clients, nurturing that relationship, also attracting qualified caregivers. We send vans, you know to different locations throughout the state to recruit these folks. We treat them like employees which is how they should be treated, not as independent contractors. We pay for worker's compensation on employment. We do all of those deductions. We treat them like you know employees and we celebrate the fact that they're employees so we spent a great deal we do spend a great deal of effort nurturing relationships both with the client and caregiver so what this does simply protect you know it is a very reasonable agreement. It's you know grounded on the fact that as a matter of fundamental fairness when a company has spent so much time and effort and money at creating this -- this very special bond, this match between client and caregiver. Fundamental fairness dictates you shouldn't be able to just walk away and take that investment away from the company. Our agreement is in place during the course of the employment relationship and then for six months thereafter and then after that you can do whatever you want to do but -- but it's a very narrow agreement and what it does is again it preserves the stability and agency model of homecare in Connecticut and we ask the

committee to please move this bill forward because it's fundamental to the stability of the agency model to the homecare community, the clients, the caregivers in general so we thank you for your time.

SENATOR BRADLEY (23RD): Just quickly if I may Mr. Chair. Through you. In regards to reasonable provisions this is not my area of expertise I know that generally when you have a non-soliciting non-compete agreement you want to also limit it geographically right? So this employee for example if your business is in Bridgeport and you're soliciting business in Hartford and that's in an area that you would generally advertise or solicit business from then that employee would be free to go outside of your geographical area of operation is that correct?

MARTIN ACVEDO: Let me answer it this way. What Joe said is very much true. There is a fundamental difference in non-compete and non-solicit patients. In fact you sometimes have to blame the lawyers for using the language not compete you know generically and we probably as lawyers we probably should do a better job at distinguishing that there's a fundamental difference between the two types of contracts but your point these matters of geographical restrictions and time they are associated for the most part with non-competes. You cannot compete. You cannot work for another agency in a particular county or in a particular geographic location, etc., etc. But as Joe pointed out we don't have an objection against non-competes. They should be outlawed and in fact we encourage our folks our people our caregivers to work for as many agencies as possible. But again it's mostly in the area of non-competes with this geographic concern

comes into play not so much in the non-solicitation arena. I hope that answers your question. Thank you.

REP. SREDZINSKI (112TH): Thank you Senator. Any other questions? Senator Hwang.

SENATOR HWANG (28TH): Welcome back Senator Markley. I don't know if people remember the history of you running I think in 1984.

JOE MARKLEY: I think it was 1884. [Laughter]

SENATOR HWANG (28TH): Well, nevertheless welcome back and I think the other thing that people don't understand is that you're distant cousin to the writer Hack Your Wack. Would that be correct? There you go. I did my homework, didn't I Joe?

JOE MARKLEY: Absolutely not so far as I know Senator. I'll accept it if you say so.

SENATOR HWANG (28TH): Well, that's what I read. See, you can't always believe everything you read right? But more importantly when you look at this non-compete and what said earlier is the narrow ban of clientless, so you're not opposed to the current existing statute of an existing statute of a non-compete clause. You would like to narrow that ban to solicitation of previous clients. Would that be correct?

JOE MARKLEY: We're not opposed to a non-compete law if that's what it is. Our feeling is that what was passed specifically to apply to the homecare industry not to apply to any other industry in Connecticut. It goes beyond a non-compete ban which we would be fine with to banning a contract which prohibits solicitation and as Martin was explaining

really the difference is this. We don't mind that you can be dealing with one of our clients in one house and one of our competitors' clients in the next house and we're perfectly comfortable with that. All we're saying is if we send you to somebody's house and create a relationship with that person we don't want a caregiver to take that person away from us from our business over to another business or off the books and make them into a private client. I will just say briefly on and off I've worked as a tutor usually for high school students preparing for SATs and I've always worked for a company and if the company sends me to a house to tutor a kid and goes through the process of training me in how to teach them and doing an investigation to make sure I'm safe to be sent out for the job and so forth and I arrive at the kitchen table and say listen let's cut out the middle man. Just get me directly and we won't have to worry about the company. It would be good in the short term but in the long term it would destroy the tutoring industry and of course I think it would be morally ethically wrong for me to do that as well.

SENATOR HWANG (28TH): Then if you could allow me to fill a hypothetical out as we know the homecare industry is unique in its relationship with the caregiver as well as the individual being cared for and they build a very strong dependent interconnected relationship and one of the arguments have always been said that relationship is far more critical to the well being of the patient than the business entity of what you just described so if you could be able to offer a rebuttal to that from a standpoint that someone that has cared for someone virtually an extended family of those individuals

being cared for and they make a decision to seek a different venue of business or different business entirely, would they just forsake that relationship just because of the corporate connection? What would say to that from a standpoint of ultimately the quality of patient care and its relationship and I'm just throwing out a hypothetical and I defer to you massive awards.

JOE MARKLEY: Hey Senator I appreciate it and I appreciate the fact that maybe you have framed the question in the most difficult way because I think it's something that we can answer so to say affectively because this is a very close relationship I might add that I think tutoring is a close relationship too but it's arguable that what's a stake is not as great. Okay let's say that it's very important that the caregiver-client relationship be preserved. The question would be why would it be ruptured. As long as the caregiver is working with the company, the client is working with the company both those parties are happy. Presumably there's no reason why there would be a need to change. Likewise if the caregiver said I want to be working for company X, we'd say fine work with company X just keep working with that client through our company. The only circumstance that I can see the relationship being ruptured. I can really think of two. One is if the caregiver said I want to leave the company more often than not to take this person off as a private client. That's not something that's necessary for the caregiver to do. That's something the caregiver is doing perhaps because they see a fiscal advantage in it not because something has changed. The other situation is an important one to keep in mind which is what if

we had reason to dismiss the caregiver? The problem with this is that the clients one of the reasons the agencies are valuable is because they provide oversight. We might know things that are going on with other clients of the caregivers which give us pause about the decisions to have that person in our employ. I would say it's a service to the client at that point to say that this person is not fit to be a caregiver and therefore isn't working for us any longer. That said, the restriction on soliciting a client only lasts six months after the end of employment so at that point that person could always return to a client and say I'm on my own now would you come to me and we have no restriction on that. I hope that answers the question.

SENATOR HWANG (28TH): No. Thank you Mr. Chair. I appreciate it and welcome back to the legislature Senator Markley. Thank you.

SENATOR BRADLEY (23RD): Thank you, Senator. Any other questions from committee members? Representative Smith.

REP. SMITH (48TH): Thank you Mr. Chair. Thank you for your testimony today. So, I'm looking at this here. Solicitation isn't defying so it seems as though a caregiver who worked for two different providers could conceivably have different non-solicitation agreements which define solicitation differently would it be preferable to have a within this piece of legislation the definition of solicitation so that it's standardized across all providers

JOE MARKLEY: I'd say that clarity is always better especially in statutory matters. I think that working in the industry and being a lawyer I

understand what solicitation means. It means roughly don't say to your client hey let's get away from this company and go someplace else but I do welcome clarification on the meaning of any particular word in the statute that will assist in the interpretation of the same should an interpretation be needed whether by reason you know of a dispute that goes into a court setting or you know just day to day interpretation of a specific provision so you know of course we welcome clarity if such clarity is needed.

REP. SMITH (48TH): Yeah thank you for your answer. I think most people would say I know what solicitation means but I've also seen it defined differently so beauty is in the eye of the beholder and it just seemed better to me to have a bright line on what it actually means in this particular instance. Thank you.

SENATOR BRADLEY (23RD): Thank you Mr. Smith, Representative Smith. Sorry. Representative Genga.

REP. GENGA (10TH): Thank you, Mr. Chairman. Thank you for your testimony. As I looked at this bill and the different parts of it. I asked myself this questions what problem is being resolved here?

JOE MARKLEY: It restores the ability of the company and the caregivers. The agencies and the caregivers to enter into a contract which prohibits the solicitation of existing clients. We have seen since this law went into affect last year a certain number of people leave under circumstances which led us to believe that is was a case of taking people off the books essentially. And I would say remember when that happens the caregiver themselves lose the benefits that Martin mentioned before. Our

caregivers are regular employees. We pay withholding on them, worker's compensation, unemployment benefits, and all those things. We also as an agency provide backup for the clients. If the caregiver can't make it to work even on very short notice we get somebody there. We think that this agency model for homecare is -- is the most popular model for homecare in Connecticut for a reason. People like the security that it gives them and caregivers like the security. We feel that the change in law that took place last year is ultimately a threat to the existence to this model and as I said no other state has taken the step of saying that we cannot protect the relationships that we create between the two people. We also have no generally had to force these non-solicitation agreements. People understand that they've made the agreement and they honor. In cases where the agreements were enforced where they were not honored it usually wasn't a legal problem. It was something that we worked out with the employee and the clients directly so it would restore a situation that existed for decades and that in my opinion never had a need to be changed and that's why we've asked the committee to consider the bill.

REP. GENGA (10TH): Thank you. I heard what you said before. Suppose that you dismiss an employee and they're caregiver for xyz and one of those clients wishes to continue with that caregiver how does this affect that individual client and the caregiver?

JOE MARKLEY: If there were non-solicitation agreement in affect my understanding would be that they would be restricted for a period of six months.

REP. GENGA (10TH): So, let me get this -- this is important to me. If you dismiss somebody and they're working with a client that client cannot use that caregiver for six months?

JOE MARKLEY: That would be the legal requirement and we would -- we've certainly not always enforced the agreements. It might depend on the circumstances but as I said one of the reasons we're not dismissing affective caregivers without cause. We're looking for caregivers and good ones all the time. The danger would be, let's say this if a caregiver were behaving improperly with one client we would not want to assume that that was all the improper behavior there was going to be. We couldn't tolerate it and we wouldn't want to expose other clients to that risk.

REP. GENGA (10TH): I have a problem with that in that the client itself should be determining and you can say all these protections and reasons and causes but there's the old relationship between individuals whenever the company is and whoever the caregiver is but if the client wants that person, willing to stick with that person and they can't that's a definite fault in this bill.

JOE MARKLEY: I would say that we're talking about a very narrow aspect of the bill and I would also say that you would have to be clear in your mind what you're saying. In other words if it's somebody were stealing from one caregiver for example, the client wouldn't know that. It's not something that we would inform them on. We would just dismiss the caregiver. I don't know that it's in the client's interest to be able to immediately to continue that relationship. The six months would give them time

to find another person. Obviously the agency would provide another person immediately.

REP. GENGA (10TH): Maybe I misunderstood. When you say it would be six months for the client to find another person. I thought you were saying they couldn't compete for six months.

JOE BERKLEY: They could not work for a client of that they were introduced to by our agency for six months.

REP. GENGA (10TH): For six months.

JOE MARKLEY: Yes.

REP. GENGA (10TH): Okay so you're taking that away. You're taking that flexibility and I find fault with that. You gotta be very careful with non-compete clauses. I've seen those and I've see here where we've made laws on the media for example where we would be restricting individuals from working and we don't want to be about that. We want to be about jobs and protection and rights. I wouldn't want to take that right away from the client. If the client says I'm satisfied I think that's more than enough. I think that's the decision that should be made. If after consultation with you and your company they still want to do that with whatever you can provide legally I think that belongs to the client. I think you're taking that away from the public. That's a public right.

JOE MARKLEY: Well as I said this kind of - this kind of restriction on solicitation is applies is legal for virtually every industry. I was talking about it in terms of tutoring. If you talk about real estate. If you talk about lawyers taking clients out of firms. It's one thing to say what I think of

a non-compete clause would be to say if you work for my company you can't work for another company or can't work for another company in this field for a certain number of time -- a certain amount of time or you can't work for a company in this field in a certain geographic area. We accept all those restrictions on that kind of non-compete. What we're saying is if I have -- if I'm a real estate agent and I get a listing and I go to a different firm I can't take that listing to the other firm with me and again that's a protection to the firm that you're working for. One might say it restricts the freedom of the person who has given you the listing but that's something that's inherent in the contract that's been made at the time of the employment and also the contract that's made at the time of the listing. I think the same thing is true here. What we're asking is simply that such contracts be -- allowed to be in existence and I think that you have -- I think you have to go to be quite honest Representative to a pretty narrow exception. An exception isn't really one that actually comes up in real life and we deal with thousands and thousands of clients and thousands and thousands of caregivers at any given moment. I don't think it's a real-world problem.

REP. GENGA (10TH): The difference between your explanation to me about real estate or if it's we just heard one in public health doctor which you can't I think it's a -- right now it's a thirty mile radius that they cannot practice within whatever organization they're working for whether it's a hospital or another doctor and relationship, individual relationship. You can't beat that and with a caregiver and with a client that's everything

so I definitely would not support this. Senator Berkley I understand your situation but coming from where I come from no.

JOE MARKLEY: I don't expect to get them all Representative.

SENATOR BRADLEY (23RD): Thank you. Representative Gonzalez.

REP. GONZALEZ (3RD): Thank you. I'm listening to him and I do have also some concerns. I deal with a lot of seniors in my district and I know that sometimes a home companion or caregivers they are working for a company they are paying \$10 dollars an hour or \$12 dollars an hour and then after eight hours, if they have to stay during the night they are getting paid \$4 dollars an hour now which I was very surprised to hear that after eight hours you don't get paid \$10 dollars or \$12 dollars an hour you just get paid \$4 dollars or \$5 dollars an hour in which I said that that's unbelievable and that's very unfair but anyway because all these caregivers are facing that kind of problem they are not getting paid right they want to leave the company but they are so close to the patient and it's really nice that they're having problems providing because they said if I -- I don't know what to do so they ask me that question whether they - if they can quit this company and move to another company that will pay better and if they can take the patient with them so you're saying that you're saying that they're not going to be able to do that. You quit the job. You cannot ask another company to work for you to work with that the same patient that you was working before when you was working with that company. Is that what you're saying?

JOE MARKLEY: We would say you certainly can go to another company and you can always be working for another company with the clients that the company gives you but for a period of six months you cannot take one of our clients away and take them to another company. That would be the restriction on solicitation.

REP. GONZALEZ (3RD): And I'm saying and Representative Genga was saying I think that in my opinion you are depriving that client that is used to this worker to be with them because they are better used to them. They have to stay in the house. The family are happy with this caregiver and with you doing it away is you know the client will suffer in a way because now that client is used to this client now that client has to start getting adjusted to another person just because this law. I'll say I think that Representative Genga can agree with him and I think that's not fair especially when you have to deal with seniors because your company even though that that -- even though that caregiver leave your company and take that client away from you I don't think that you're gonna get in a way you're gonna get so hurt you know because you're losing one client and I understand -- I understand that maybe you say one after another after another but the thing is there is permission for that because I think that most of the problem areas you know how much are they getting paid and how they are treating, the company are treating those caregivers and I think that the solution here is well start treating the companion and the caregiver you know better so you know that way you don't have that kind of problem you don't have employees leaving and taking -- taking clients because listen I heard so

many caregivers and its unbelievable and my opinion it's very abusive that after eight hours they are getting paid four dollars an hour, five dollars an hour. When the live in their house, they are staying overnight after the eight hours. They stay like Monday and they are Monday, Tuesday, Wednesday, and Thursday but then during the night even though the day are 24 hours there they only ten hours they are getting paid \$11, \$12 dollars an hour so you know I think that -- that it's in all fairness here.

JOE MARKLEY: I appreciate the question and let me say to both of you because I think you've made a very good point. Keep in mind that this relationship which you put great value on and I think rightly. The fact that a client and a caregiver develop a bond. That a client decides this is a caregiver who they really want to have serving them. It's a relationship that has been created by the agency. In other words it was the agency that introduced these two people to one another, and I would say that something that I learned. I've dealt with companions and homemakers as a legislature on the human services committee for many years, but I've learned much more about the company since I've been there, and the creation of that bond is not a random thing. It's not that the company just says what's the next name on the list? We have people who understand both the needs of the clients and the talents of the caregivers who make a very conscious decision about who fits into what situation, who is available at the times, who is geographically convenient and all that and then we put the training into that's necessary for that particular circumstance. Different people require

different kinds of training. Some people doesn't require much training of the caregivers at all. Others it requires a great deal. We have prepared that caregiver to be the qualified person to work with that client and I think that's of value that after the fact to say oh well they've got a nice relationship. It's like a matchmaking service. Don't forget the company that brought the couple together in the first place.

REP. GONZALEZ (3RD): Yet I'm seeing you're giving the job to the person but you're not creating that relationship. That relationship is created between the worker and the patient. You're just giving that worker a job and giving them training but that relationship is being created by the worker and the patient and in my opinion I think that it will be, it's kind of cool when you have to deal with a senior that don't have no family and that senior is dealing with that person and trusts that person and now whatever reason she has to leave the job now it's very unfair that the patient has to now to start new again. Me personal I don't like the bill. I -- I think that -- that especially right now home companionships and caregivers are for seniors and seniors work all their life and now it's time for us to take care of them and if that's the way we have to take care of them being fair with them and trying to please them in a way because they feel comfortable because I heard about workers who are really good and the patient they don't complain but then on the other side patients that are complaining about the workers they go home and the seniors they have to serve them. They just sit down with the phone. Now what is going to happen if the -- if the person complain and now the worker say okay now

she's complaining so I'm going to move along and I'm going to go somewhere else what's going to happen with your company. Then tell me what is going to be [Inaudible-04:38:33]?

JOE MARKLEY: I think one of the advantages of having an agency as opposed to simply clients directly hiring caregivers is that you have a place where an unhappy client can go and say there's a problem with this caregiver and that can be a difficult thing I would say for a senior to do sometimes. You have somebody in your home who's been coming in who you're accustomed to dealing with and you might even reach the state of having fear about if you were hiring them directly about firing them about saying this relationship has to come to an end but the company, by monitoring the relationship can watch out for the interest of the senior citizen and -- and if there is a problem it's not -- it doesn't fall to the senior necessarily to have to deal directly to the caregiver, not at all. It falls to the agency to have to deal with a caregiver and find a caregiver that suits them. I'd go back to the fact that we have a very high satisfaction. The company has been successful because people feel that they get the kind of care they want. One reason is because we have a lot of caregivers available and we have a deep understanding of what it is that they bring to the job and we can make matches that grow into the kinds of relationships that you talk about. Not every relationship can grow. You have to have something fundamental there for to start with and I think we are good with providing that fundament and our caregivers are good at making it grow.

REP. GONZALEZ (3RD): I still don't support that. Thank you.

JOE MARKLEY: It's a pleasure to speak with you Representative.

REP. GONZALEZ (3RD): And you.

SENATOR HWANG (28TH): Thank you Representative Gonzalez. Representative Morin please.

REP. MORIN (28TH): Joe this isn't you know -- this isn't even hypothetical. Going back on this issue I'm not sure where I am on the bill, but I do and to some degree I do get it from the agency's perspective. We use - we went through this situation with a family member and one of the things that I appreciated, and many people said oh you're going to spend too much money. You're gonna do this but there is an inherited benefit to utilizing one of these agencies. You eluded to your regular person becomes ill. Almost immediately another person is on the way. When you're worried about your loved one and ensuring that they're cared for that's very important and I actually respect that and you worry about people poaching employees and such and clients fair. That's a fair point. The area where I get a little like and maybe it's an emotional thing because it's personal but there is a real bond right now between my loved one and the person that comes to care for them and the benefit, the health benefit we have seen just from having that person there is remarkable so for whatever reason, it could be a myriad of reasons. Termination for something else, better job offer somewhere else. That does create a problem for me because I've seen the something where we were, what looked to be dire straights to my loved one being properly cared for while I'm not around and so I -- I'm struggling with this Joe and for that one reason

you know I don't want to go I would never go you know I would not be comfortable if the worker went off and said hey come on the side. I wouldn't be comfortable with that because I like the protections that are offered that if something does go wrong there is an agency behind it for lack of better terms liability but help me get through this because right now that's the one thing that's really giving me [Inaudible-04:42:42].

JOE MARKLEY: Thank you again Representative. Since I have failed to persuade my other former colleagues I will let Martin take it from a different angle.

REP. MORIN (28TH): Well, you got me from saying I didn't like the bill at all to saying hey it's got some merit so hey don't cut yourself short.

JOE MARKLEY: And I think it's beyond persuading. I think it's a matter of education as well but you're correct I mean that's a very valid concern but you know we pass laws here and it's about you know trade offs and there's a balancing act and you know again you know this bill does not impede the right of an agency and a client to negotiate so I think we have to keep that in mind you know it's not that the existence of the law says that's it case shut. You cannot take you know the employee. Yes it's important to make sure that that right is restored because again it's a fundamental right of a company to protect its good will. Otherwise we wouldn't have businesses and businesses wouldn't be hiring people and right now you gotta keep in mind and I want to go back to your point for a second. Somebody raised the issue of a caregiver you know wanting to go to a client but we gotta think about that very carefully. When a caregiver says I'm

gonna go and I'm gonna go on my own and take care of a client what's happening there? We are losing the protection of an agency that is serving as an employer of record so now you're unwittingly creating an employer/employee relationship with the client with the elderly client so now the elderly client, how is that elderly client going to be able to perform withholdings or pay for unemployment insurance or pay for worker's compensation insurance and that employee loses the protection as an employee so I think it's important it's not as simple as oh the caregiver she should have the right to go and serve somebody but again we gotta be careful about the potential for underground economy and this legislative body has in the past has expressed a great deal of concern with what happens with underground economy such as the mis personification of caregivers. They're not independent contractors. They're employees and they should be treated as such.

REP. MORIN (28TH): I think I said that. I agree with you. I understand that point. You know it's nothing, not everything is going to get solved in this and I'll close with this comment. I've been very pleased. That being said I know many people that get to a point this and I don't begrudge the company but it's not an inexpensive solution to our problem because insurance isn't covering it. It's a significant amount of money. We pay it because we see the value of it but there are some people that have come to me and said Russ I got no more money. I don't know what to do and I can't afford this and if your insurance isn't helping you and you know what's the next best option so what becomes the next best option, if I could speak best option is that

many people say we are going to have to go this route right we're going to have to go to the person that's doing it under the table. We're going to have to go look for a cheaper option or we cut the amount of time and I could tell you this I don't know how we would deal with that if we didn't have this thing so I'm not -- I hope you understand I'm not necessarily against you guys. I am using a service and I -- and I see a great value to it. I'm just having a really hard time understanding how this is going to affect the client in the long run, but I promise you this. I'll spend more time learning about it and talking to people and I appreciate you coming here and testifying.

JOE MARKLEY: I appreciate the question and obviously we're ready to help any way we can in trying to bring clarity on it. One thing I would say about all this too is we -- we have if - if we cannot protect the match that we make in our business we run the risk of eventually dwindling into being a referral agency affectively sending out people on jobs and then losing them and the agencies have been very affective not simply on the private pay side but on the Medicaid side as well as part of the home care program for the elderly and in that sense whatever the cost of the service may be it's been a tremendous savings in being a significant part of keeping people at home compared to what nursing home costs are.

SENATOR HWANG (28TH): Thank you Representative Genga followed by Representative Gonzalez.

REP. GENGA (10TH): Thank you. Senator you just brought up something about relationships. You created one today because Representative Gonzalez

and I finally agree on something. [Laughter] I only talked about that specific part of the bill. The other parts of the bill are okay with me, but I would, and this is for the lawyer are we at hire and fire at will state?

JOE MARKLEY: I guess we are to some extent.

REP. GENGA (10TH): So my questions was very specifically, very narrow to the company separating from the employee and having that advantage and this company has done whatever can do it whenever for whatever but what happens to the employee? The employee had a relationship, yeah it was started with the company. The company said we don't value you anymore, but the client says we value you and that's where my difference is. I want to make it very clear if you can find a way to get around that, that's fine with me. I get the business part.

MARTIN ACVEDO: And I understand the concern, but I think you now we also have to think about the fact that employment relationships and contractual relationships are key. It's a fundamental aspect of society. I mean we need the certainty that there is a contract that is going to protect all of that effort that the company has put together in creating that match because Joe talked about a match. This is not simply about having a list of caregivers on your left hand and another and a list of clients on your right hand and saying okay who's next. Suzy Q goes with Ms. Jones. No it's an art. Bringing together people. Creating that relationship. Looking at the attributes between the person who is going to need a particular type of care and the employee who we think is going to be able to deliver that care in a dignified professional way. That has

a great deal of value. This is what enables us to hire other caregivers to especially the economy, the current one so I think it's important to think there is you know there is these contracts have a value in society. They enable us as private employers to generate jobs because we have the financial security to be able to invest in the hiring of people, so I think it's important to keep in mind again this is not permanent and ban. Eventually after the passage of six months that caregiver is going to have the right to go back and say to the client you know what if you're still interested come with me so it's a reasonable time. It's not a permanent ban. There has to be a balance. Just because it's a company wanting a contract there's nothing to various with that. It's just you know our ability to protect that important good will and the -- and the agency model. I cannot emphasize more the dangers of you know I know it sounds great that a caregiver can go to a client and take the client away but it's what happens once that relationship the protections that the employee has working for an agency are lost and the client is put in jeopardy because now that client becomes what we call an accidental employer. An employer that is now responsible for a whole host of legal responsibilities that that client, that elderly person is not equipped to handle.

REP. GENGA (10TH): I would just say that I agree with you accept and that's where you as a client as you're representing your client are not going to give in but who has the last say and that is too burdensome for me. Hire and fire at will, yeah but six months you can't do anything with our clients. If the client finds that out I understand you don't want people going to your employees going to clients

and that should be but on the other hand you cut the cord but you also want to have more of the piece of the apple and I don't agree with that and I won't agree with that. I've watched this since I've been in here and Senator Markley perhaps if you were on the other side you would see about the non-compete part where individuals are put at a big burden. We have changed non-compete clauses here to make it so certain professions could not which negated any contracts and I will tell you that we had doctors testify in a public health regarding a doctor who can't compete for a year within 30 miles who said look we have reasons why they may not get along or whatever but we're short primary physicians and we need that and there's a problem if you continue with that non-compete clause. That's why I was asking about the problem here and I appreciate what you're saying. I appreciate the other parts of the bill. I appreciate the service and all the things that you do. Not a problem with it whatsoever. It's valuable. Very valuable but when you get down to that relationship I'm with the client.

MARTIN ACVEDO: And I respect that position Representative. We also have to think about the fact that again this is not -- we don't have a problem -- the industry don't have a problem with non-competes. Caregivers should be able to go and work for other agencies, for other clients as long as it wasn't the client that they were introduced to for a reasonable amount of time, but they can go and work for any of the 600 agencies that exist in Connecticut.

REP. GONZALEZ (3RD): I think that when they work in this relationship because I cannot agree anymore when you said about if you - if you are on the other

side I know you will see differently but I will say I got a question for you. You're talking about the caregivers, home companions. I think that everything is going to work the same. Now let's say that I own less than the other -- a different angle -- let's say that I come to a barber shop or a hair salon. I hire a worker and that worker start having a relationship, a good relationship with this other person, goes there cut my hair I like it and in the end that's the one that I want to cut my hair all the time that I come here. Now that worker decide to work somewhere else because they will pay better so in a way what you're saying is no you can go to whatever you want but that client is going to stay here. When to stop that time to stay there so in a way what you're doing here in a way it's open a big problem here. We pass this and then we're going to have other companies and they say wait a minute I can't lose my client and if they pass that bill I will do the same thing and in a way there are going to be people forcing in services when they are not happy with so again I think that I will stick with the client because the client I think that they should have the last word. And thank you for your time. Thank you.

SENATOR BRADLEY (23RD): Any remark to that Mr. Markley or are we all set.

JOE MARKLEY: You know I would go back to the example I gave you before Representative which is I was sent into homes and also taught classes for young people that were preparing for college boards and so I was on the other side of it in that sense and in fact sometimes I used to think I was in the class. I knew how much the kids were paying for the course and I knew how much I was getting paid and I thought

gee one of those kids sustain my whole salary and the other kids are all profit to the company and I certainly could have taken the kids and said let's just go down to the library and we'll cut out the middle man and you could pay me better and I could charge you less. The trouble is first of all I wouldn't have felt it was ethical because it was the company that gave me the opportunity to be with those kids in the first place and the second thing about it is I could have done it once but then I would never have had a company that was going to introduce me to the next set of kids. Also the company did train me very much like companions and homemakers. The company trained me on techniques on the college board choices. The company did a check on my background to make sure I was safe to be dealing with the kids and so on and so forth. It seemed to me that the restriction that they asked, and their restriction was much greater. They didn't say -- it wasn't simply a case of saying you can't take those kids they did indeed say you can't go to work for one of the other college board companies, etc. Leave that part of it aside but the taking of the kids that introduce me to for the purpose of tutoring them would strike me as an unethical thing to do and if I wanted to go into business for myself at some point in it when the contractual obligations were done I could do that. It's a little different I suppose when you talk about a barber shop. I haven't been to a barber shop myself for a while. [Laughter] As I recall you can -- you don't have any contract with the barbershop. You can wake up one day and say I'm going to go to Bob's barbershop and another day you go to Jack's barber shop. So, whatever the relationship to the barbershop might have with its barbers its one thing. It doesn't

habit with the clients in the same thing that either a tutoring service or a home care company does where you say I'm signing up with this company and I think that's a distinction of what's going in this business and in other businesses so I -- I don't know that I ever hoped to convince you of anything but I'm always interested in knowing your reaction.

REP. GONZALEZ (3RD): Well Senator thank you very much for that answer but again it's about relationships and when -- when we talk to the barbershop and we talk about caregiver the caregiver that relationship is stronger than a barbershop so my point is, is very clear. Relationship with a home companion or caregiver is stronger and still I will fight for the person I would like for her to cut my hair to imagine. Thank you very much Senator.

JOE MARKLEY: Thank you Representative.

SENATOR BRADLEY (23RD): Thank you both very much. Thank you all and as we may disagree on some issues it's great to see the professional debate that we have so I appreciate that from everybody on the committee and testifying so thank you Senator Markley. Next up is Heemer Drake followed by John Shulasky.

HEATHER DRAKE: After all that I am glad to be able to start with a little bit of humor. My name is Heather, not Heemer so if we can --

SENATOR BRADLEY (23RD): I promise you Heather it says H-E-E-M-E-R on this list. I apologize for not getting your name right.

HEATHER DRAKE: Drake is good.

SENATOR BRADLEY (23RD): Very good. Ms. Drake please proceed.

HEATHER DRAKE: [Laughter] I appreciate this opportunity everyone. I know I've walked into a rather seesaw affect over here but I am a caregiver with companions and homemakers. I am in favor of this particular bill and I am also very, very serious about my clients as well, however there is one aspect to this whole view of it that might not have had light shed on it and that is it takes a good amount of time to establish a relationship with a client and/or family depending on who it is and if a caregiver has a propensity to be a certain way that's not proper they're going to be that way with whomever they're working with. They're not necessarily going to have sticky fingers over here and not sticky fingers over there so if the caregiver is let go for that reason 90 percent of the time all the clients they had are probably guessing it happened anyway and don't have a problem with that. What they do have a very important problem with is when that trust and continuity is broke up frankly they hate change. They don't want to change an agency unless the care is poor, so they want to keep with their caregiver. They do have those relationships and they would want to keep them. The respect that I also I'm talking about is I do respect all the work that goes into the agency establishing the client in the first place and I have very dear clients that I am very close with and consider friends and family that I would not have had if it weren't for the agency and if other caregivers are able to just on their own pull and -- and draw people away down the road I may lose my job. Down the road. I do have a care for the

clients. That's what I'm here for so I am in favor of maintaining the agency so that the caregivers have a backup and the client has a backup.

SENATOR BRADLEY (23RD): Thank you Heather. Appreciate your testimony. Any questions from the committee? Representative Genga.

REP. GENGA (10TH): Thank you. Thank you for your testimony. Based on what I heard before I was sitting here thinking how we could satisfy both sides on this and as a caregiver let me ask you this question if I could. Would the non-compete clause if we had in affect if the employee leaves cut separation from the agency then that would apply but if the agency itself cut the employee then the non-compete clause would not apply. How would you react to that?

HEATHER DRAKE: Well personally if I was of a certain character that I got fired from a job I probably would not want to maintain a relationship that's connected with it anyway frankly. If my character was so poor that my boss felt it was best to fire me I would not have the kind of integrity that started a relationship with the client anyway.

REP. GENGA (10TH): My experience in business hire and fire at will. Company has the upper hand but here and I've seen situations where I didn't think it was right let people go. It could be for a whole variety of reasons not in confidence but not good relations. What I'm asking is take all those away and probably in how you feel if the non-compete clause was in affect if an employee left an agency that protects the agency but if the agency cut the employee then they no longer find value for whatever

reason and we allow that person to go and compete wherever.

HEATHER DRAKE: It's still a tad fuzzy here in that when all things are going well per say I know that a client could just say I'd rather do business elsewhere and they can go. If all things are going well I choose to retire because I'm getting old and I'm scrubbing toilets then I go but the respect is to maintain having that source of someone to care for that client. They -- they can go as they please in their own opinion. In fact I just got a new client that she flat out said to me in my heart of hearts I haven't been happy with a few people that have come into here and I'm glad I have you because I was really thinking of going somewhere else so I'm grateful for that opportunity to maintain that relationship in all aspects, the client, me, and the agency. Again if I was let go, me personally I wouldn't want to have the affiliation or any part of it but I've also talked to my clients heart to heart if an opportunity presented itself that if I was to go somewhere else and again Joe said and I understand that I could work with any other agency simultaneously no problem and if I chose to do that and get more hours there because of getting more pay I would have already had the conversation with this client and would not leave them in a lurch and have it be sudden and I wouldn't do that with the agency as well so there wouldn't be that timeframe if I chose to leave there would be that adjustment because of respect for the clients. One other free thing if I chose to leave I would no longer have that business relationship. I don't no longer have the monetary exchange and that employee/employer role I wouldn't, but I would have the freedom to say

hey you wanna go to a movie let's go. I don't have that freedom right now because my duties are other and take precedence because of who I have but if I chose to go and decide to sit and take attendance here it would give me the freedom to at least have a continued friendship with these people so my care is for the client and the care for the client is what's most important because without the clients in and of itself there wouldn't be the agencies and there wouldn't be us if it wasn't for the clients so I get what you're saying but at the same junction if it weren't for the agency and I was trying to do this independently on my own I wouldn't have had the workman's compensation when I accidentally fell at a client's home and had a torn meniscus and was out of work for three weeks. I wouldn't have had the flexibility to be able to be with my mother when she first diagnosed with dementia independently I wouldn't have had that freedom to leave this one on one and have backup. The agency is important to maintain the quality of care for the client so of the few people that are caregivers and have the unction to want to siphon away different clients that's just a matter of respect for six months. Call them on the phone. Maintain that friendship. Just give it the six months so that they have other caregivers that can go in and clean their toilet. At that junction it doesn't matter. I can still maintain that friendship. Yes the chores that you have to do are important. Yes to go shopping for them. Yes to take them to doctor's appointments. That's all important but to make sure that the availability of care when they need it is there is very hard to find with an independent person. Very, very current situation. God forbid a caregiver ends up with this horrific virus going around. If

they're independent that client is now having to go find someone else to care for them and do for them and if it's just an independent person where are they at that point?

REP. GENGA (10TH): Thank you. Representative Gonzalez.

REP. GONZALEZ (3RD): Thank you. I just got a question for you. Let's say that the company let you go for whatever reason they let you go and you find another agency that will provide the same benefit or better and now you're out of that company and the client call you and say you move for company for whatever reason they let you go or whatever reason, can you please if I request you to the company you're working now can you come back to me?

HEATHER DRAKE: Well one plus in this. One of the rules the client aren't supposed to have your phone numbers anyway.

REP. GONZALEZ (3RD): Let's forget about phone numbers.

HEATHER DRAKE: They wouldn't be able to contact me.

REP. GONZALEZ (3RD): Well let's forget about phone numbers because I know for a fact in many homes when the worker gave the phone number to the client, so I've been there.

HEATHER DRAKE: [Crosstalk]

REP. GONZALEZ (3RD): Okay. So let's forget about that. If they let you go and you find another company with the benefits maybe the same and the client can say hey our relationship is very good. I got you through your services. You were very good to me. If I request to my company or the company

you're working now if I request you will you come back to me to provide services. What would be your answer?

HEATHER DRAKE: My -- my personal because of who I am and the standards I have I would love to be with you again after the six months is over.

REP. GONZALEZ (3RD): Yeah but that patient will lose six month. You don't know what is going to happen in those six months. You have to get used to another person and for whatever reason she go through hell with another person well whatever happen, but she requested you, but that relationship is so good that she's after you. She wants you to come back so that means you're saying that patient, after the patient asked for you because you did a good job she will have to wait six months.

HEATHER DRAKE: Again me I would say I will come have coffee with you. I will come continue our friendship, but the monetary working exchange role keep it free.

REP. GONZALEZ (3RD): Thank you for your answer. I wasn't expecting that. When you start a relationship with a senior it is very hard to say no sometimes when you know that the relationship is there but not everybody the same but thank you.

SENATOR BRADLEY (23RD): Thank you Representative. Any other questions from the committee? Seeing none. Thank you Heather Drake for being here. Next up is John Shulasky followed by Julianne Ross.

JOHN SHULASKY: My name is John Shulasky and I am managing director of Elder's Choice of Connecticut which is a registered homemaker companion agency that's classified as a registry and employer fee

paid employer agency registered with the Department of Labor. I am the former president of Connecticut Association of Home Care registries. I want to tell you that while this bill has some very commendable aspects there are some other aspects that are confusing and maybe redundant, unnecessary, and the bill should not be adopted without amendments. I want to highlight in particular the commendable language that has been encouraged by the registry association for a long time. It is important that anyone who is hiring a registry and a caregiver through a registry has disclosures. They understand what their liabilities may or may not be and they are advised that they should seek professional guidance. This is language that we have been encouraging for a long time. I have testified for probably seven years for language like this. It is very, very similar to language from the commonwealth of Pennsylvania that is required disclosure of registries and I would encourage you to consider that in this bill. I don't want to lose that section for some of the weakness in other parts of this bill. The proposed changes definition in the registry of registry in Section 18 replacing individual with employer or employee is unnecessary and demonstrates a lack of understanding of what a registry is. A registry acts in the manner of an employment agency and refers individuals to be private duty direct care workers to individual consumers who then retain them. Careworkers are not registering employees unless the registry acts in a manner that's in violation of federal and state wage an hour laws. The definition of employees in Section 14 actually says it includes anyone who enters into a contract to perform service for a homemaker companion agency. A registry does not,

and it cannot enter into a contract with a care worker.

That would make the individual under federal and state wage hour laws an employee. We can't -- the registry can't control, can't assign, can't dictate compensation to a care - to a family. They can't tell the caregiver that they have to go places so the existing language using the word individual is not only adequate. My personal choice would be caseworker or care provider which is the language used in the code of federal regulations but I'm not going to be picky here. And likewise the proposed amendments in Section 2A replacing individual's employee really should be removed. In addition on Section 15 Line 19 it's confusing adding the words or the registry. I refer you to Section 1 7B which defines a homemaker companion agency to include a registry. Homemaker companion agency is why registries require to do comprehensive background checks. There's no need to specify a registry separately unless they add that to everything to every station.

The other thing I want to add here folks is that a registry cannot be involved in a non-compete contract. We can't control employees. We can't control individuals so if a family wants to take a case private, it goes private. It makes no difference to us. What's really important is that I think the committee needs to understand that this is a Public Safety issue because Connecticut has some of the worst home care regulations in the United States. We do not require caregivers to have any training. We do not require caregivers to have a health exam. We don't so you can have a frail person who has dementia being taken care of someone

who is really essentially unskilled. There are as a prior individual testified over 600 registered organizations of HCAs in this state. There are probably 40 or 50 of them that are really good. Some of them are here today but the great majority of them there is no training for caregivers. We have to do better in this state. I absolutely think we are failing our seniors, so I'll be glad to answer any questions. I'm going to present some additional testimony because I found some words missing errors in the original.

SENATOR BRADLEY (23RD): That's fine. Just submit it to the PF testimony. You know our address. Thank you very much. Any questions from committee members. Representative Genga.

REP. GENGA (10TH): Thank you for your testimony and I'm very curious now that you've mentioned about training because I think you heard the two previous speakers from Homemakers and Companions, the attorney, and former Senator Markley. They talked very specifically about training. Didn't get into the details of it but I was led to believe that the training would be, and I talked to somebody who is president of Homemakers and Companions and was led to believe that there's training for different types of special needs for individuals. Could you expand on that when you say there isn't that kind of training?

JOHN SHULASKY: There's nowhere - thank you Representative that's a very good question and it's not very well misunderstood. There are some very good HCAs that provide training for their caregivers but there is no standards anywhere in the statutes or the regulations that require someone providing

homecare through an HCA to have any training. None whatsoever nor is there any requirement for them to have a health exam so you can have someone who is ill, brittle diabetic or someone with a serious health condition providing homecare for someone who is frail. I can tell you that this is really unacceptable and homecare agencies that are responsible take the responsibility seriously but frankly there's a lot of them and they come and they go and there's very little - the commissioner of Public Consumer protection does the best she possibly can with her resources but there are 669 of these agencies and there's a lot as Representative Gonzalez talked about there's a lot of abuse of this class of employer -- employee. This is the most vulnerable class of employees. Many of these people are immigrants. This is their first job and they're trying to earn a living a be responsible citizens and we need to do right by them, and we need to do right by the elderly. Make sure the people have training. Make sure that people are healthy to take care of them so that when someone needs care whether it's an agency or a registry they're responsible. They are getting someone who knows what they're doing, and the consumer is protected, and the caregiver needs protections too. That's a different committee and we can talk about that some other time.

REP. GENGA (10TH): Are you saying that it's up to the individual agency what kind of training and the scope of that training?

JOHN SHULASKY: I would -- I would refer you to the code of federal regulations and the regulations regarding Home Health Aides. There is very specific regulatory language in the CFR to identify what

training is required to be a home health aid and that's the training required for Medicaid reimbursement and Medicare reimbursement. I think Connecticut would be well advised to adopt the language of the CFR of the Code Federal Regulations regarding training and that would also create an industry in Connecticut where we need more qualified caregivers. We need -- and there's a lot of need for training. We don't have it.

REP. GENGA (10TH): I noticed advertisements in funny placements with fees and I think you've just explained why there is a difference in this because some very inexpensive fees to but I would consider reasonable fees but there is no place you can go to look for the reliability, the quality of the professionalism so forth to rate those agencies.

JOHN SHULASKY: No. There's no standards either. I would add that every caregiver in the state must be paid minimum wage and overtime. There is no exclusion except for a full-time live-in caregiver who meets the standards of the live-in exemption was extremely narrow at the federal level so the notion that someone is getting paid \$4 dollars an hour is outrageous. They should be reported to the Department of Labor wage an hour division and the agency should be prosecuted.

REP. GENGA (10TH): One other question. I think you heard my testimony regarding the compete clause. If the employer and agency lets go of somebody or they leave they can't -- the compete clause in affect for six months. Can't compete. Can't take any of their clients that they're out working with from that agency, however if the agency fired somebody then I would have an objection that the compete clause

would go into effect because any individual is left hanging and the agency has said no more value so we're letting you go. How would you feel about that?

JOHN SHULASKY: Well, Representative Genga I appreciate the question, but registries don't have non-competes. We can't control an individual. They're -- they're private duty. In fact a registry in Connecticut is the only way that someone can safely have the support of an organization behind them. You can't go to Craig's list. If you go to Craig's List you have no safety net, but a registry can't say to somebody you can't take the case private. I lost a case two weeks ago from a family who has been a case for six years and they decided they wanted the caregiver to be private. I have no recourse and I don't want recourse. The family has choices and if the family want to take the case private that's their business but I'm in a different business. I don't control the caregiver. I don't hire them. I don't control them. I don't manage them. They are highly skilled and highly experienced. It's a very different situation than a lot of other cases and this is a very challenging industry where the people have a lot of different needs and people want different kinds of care at different times so you need a lot of flexibility but you also need to have some basic protections and I would represent to you that we don't have them in Connecticut and we should be ashamed.

REP. GENGA (10TH): Do you support that non-compete clause?

JOHN SHULASKY: I don't have a dog in that hunt, so I really don't have any feeling. I don't have non-compete clauses in that's not my business.

REP. GENGA (10TH): But if you were?

JOHN SHULASKY: You're putting me in a position that I don't feel comfortable answering.

REP. GENGA (10TH): Thank you.

SENATOR BRADLEY (23RD): Thank you Representative. Any other questions from committee members? Seeing none thank you John for being here. Next up is Juliann Roth followed by Mark McGoldrick

JULIANN ROTH: Good afternoon. It's been a long afternoon I'm sure for all of you. Thank you for allowing me this opportunity to testify. My name is Juliann Roth. I am the owner of Companions for Living located in West Harford. Been in business for 15 years. I'm also here representing the Homecare Association of American of which I sit on the board. I am here to support SB 409 for a variety of reasons and I also I think we've heard enough about the bill. I think everyone has a good understanding of it so that's what some of my testimony was about but I'm happy here to dispel any myths, any misinformation because I've heard some incorrect assumptions that have been talked about in this room today but before I do any of that what I'd really like to talk about is the caregiver shortage. Right now we have a national crisis in this country. We do not have enough employees, enough caregivers to care for the ballooning number of people who are going to be needing care over the next several years and it's our job as business owners in this industry to figure out how to solve that problem because

there are not going to be enough people to take care of our aging population and that is a huge, huge issue that we are tackling and dealing with right now. As far as the quality of patient care I heard a conversation come up earlier about the relationship between the company and the relationship between the caregiver both with the client and I will tell you that it is at least as important for the client to have an excellent relationship with the agency that they're working with as it is to have with the caregiver that they're working with. The reason being that caregivers like any other employee in any other business come and go. They take their job. They leave their job. They go on vacation. They get sick. Sometimes they change professions. Through all of that their loyalty isn't necessarily to their client. Their loyalty is to themselves just like every other human being and they're going to make decisions based upon what their personal needs are at any particular time. The client often gets left because the caregiver shows up late for work or doesn't show up at all for work, quits, or just abandons their job. I've seen all of those things happen in 15 years in business happen a lot, however if you have a good agency that has a great relationship with the client and has a care manager that that client can call anytime that there's any challenges or changes in conditions because we're taking care of the client through all of those events, those life events then that's where the relationship makes a big difference so I hear my time is up so I'll turn it over to all of you for questions.

SENATOR BRADLEY (23RD): Thank you very much Juliann. Any questions? Senator Cassano.

SENATOR CASSANO (4TH): Yes thank you for your testimony here. You said that we don't have enough caregivers. Are you telling me we don't have enough "caregivers", or we don't have enough qualified caregivers?

JULIANN ROTH: We don't have enough caregivers period. Qualified or not. The aging population is expanding tremendously with the baby boomers and the demographics of the incoming workers there just aren't as many as there are baby boomers, so we have an inverse relationship and we've seen this coming for years. It's something at the federal level we're addressing doing the best we can give the current administration on a federal level however, it's -- it's a crisis and Connecticut is the seventh or excuse me sixth oldest state in the country. That's not going to change. This is -- this is big, and Senator Maroney actually led a task force a few weeks ago that I - I was privileged to sit on to start addressing some of these issues of not having enough caregivers to take care of our aging population.

SENATOR CASSANO (4TH): Thank you. I appreciate that.

SENATOR BRADLEY (23RD): Any further questions from committee members. Seeing none thank you very much Juliann for your testimony.

JULIANN ROTH: Thank you.

SENATOR BRADLEY (23RD): Next up is Mark McGoldrick followed by Steve Ginsburg.

MARK MCGOLDWRECK: My name is Mark McGoldrick. I own six Comfort Keeper's offices in covering four counties in Connecticut. Upper Fairfield county,

lower Fairfield county, western New Haven county, and all of Harford county. And I'm here to testify on behalf of Senate Bill 409. I've heard a lot of the testimonies. I've sat here for a long time today. I'm going to echo what Juliann said about that there's clearly some misunderstandings here but what happened last year that there's three separate distinct legal issues that caught up in one bill okay? There's the non-compete in which we all understand is the freedom from caregivers to work for multiple agencies. That's never been an issue in home care okay. So, theoretically if you talk about a bill that's a non-compete bill that's the only piece of legislation they should have dealt with okay. Instead it delved into two other parts of law. One is employment law and one is basic contract law. The other piece of employment law which is non-solicitation is the right of an employee that is hired by a company, training by that company given you know paid wage, paid benefits all those things given all the insurances that people talked about today that's when that person against what's laid out in the employment agreement steals a client okay to take them. And really what we're talking about is taking them private okay. I'm gonna leave that alone for a minute. This is one part that hasn't been discussed at all today and I know there's a lot of testimony today about oh we've got to take care of the client and the client is what matters and everybody matters in the equation and certain the client does matter but when I have a client that client has signed an agreement with me that stipulates that they will not hire my caregiver privately because I have invested in thousands of dollars in getting that client. All of my marketing money, all of my employees providing

great service every day, my brand, my market awareness that huge investment that I make every day is advertised over every client I get so my client stipulates in an agreement that they understand that that's my caregiver. They're not going to hire them privately and if they do they owe me a certain amount of money. This non-compete bill that was passed last year, it voids that contract. It -- it invalidates basic contract law which is what our country is about. You gotta have contracts or there's what's called anarchy okay so one bill eliminated non-competes, non-solicitation agreements and client agreements in home care. It devastated the industry with a stroke of a pen so that's all I have to say, and I'll be happy to answer any question.

SENATOR BRADLEY (23RD): Thank you Mr. Goldwreck. Thank you for your testimony. Any questions from committee members. Seeing no questions thank you for your testimony. Next up is Steve Ginsburg followed by Michael Askew.

STEVE GINSBURG: Thank you. Thank you to the Chairs, Vice-Chairs, ranking members, and other distinguished members of the Public Safety and Security Committee. The Anti-Defamation League is please to submit testimony in support of Bill 410. I'm Steve Ginsburg. I'm the director of the Connecticut office for the Anti-Defamation League. At ADL since 1913, we've led the fight against anti-Semitism and bigotry of all kinds, and we do in many ways. We are the four most non-governmental authority on domestic terrorism, violent extremism regardless of ideology and the spread of online hate and hate crimes. Hate crimes polarize communities and damage the very fabric of our society. Whenever

biased motivated crime is committed the victim's entire community is left feeling vulnerable and isolated. That's why each year ADL trains thousands of law enforcement in extremism, bias, and how to fight hate. Our center on extremism monitors and exposes extremists who spread hate online and commit acts of violence and we also directly assist law enforcement by providing critical information about specific individuals and groups whose online conduct makes us know that they are about to do something harmful such as a hate crime or an act of domestic terror. In recent years our offices around the country have seen a significant rise in hate incidents and FBI statistics have backed us up on that. In Connecticut we've seen hate in schools such as swastikas and black face. Around our state we've seen a synagogue and cemetery desecration. We've seen arson at a mosque. We've seen assaults motivated by national origin, religion, and race. In the last 50 years ADL has been tracking extremist motivated murders and in three of the last five years we've seen some of the deadliest years in our nation's history. In Connecticut we actually have good laws on the books, and we've got good partners but our partners in law enforcement need our support and they need resources. We work very closely with Commissioner Rovella and his team to prevent and respond to incidents and we hope that this legislation will pass in a form that will best enhance their efforts. Coordination with municipal law enforcement, connecting with communities, and reporting accurately these things only get done when our government prioritizes them. Hate crimes unit are a strength in Connecticut Intelligence Center could be our main point of contact and play a central role in keeping Connecticut residents safe

and ensuring our state is no place for hate. In conclusion after Charlotte, Charleston, Charlottesville, Pittsburg, Galway, and El Paso we cannot afford to stall on these efforts. This is a time for our leaders to lead and thus I urge you to support our Senate Bill 410 favorable. I thank you for your consideration and I'm happy to answer any questions.

SENATOR BRADLEY (23RD): Thank you Mr. Ginsburg. Any questions from committee members. Only one I had you mentioned it, but would you like to see this program include online propaganda, online monitoring.

STEVE GINSBURG: I think it is important for law enforcement to get their hands around a very growing problem. We've got other legislation moving through Energy and Technology on cyberhate issues. We're working with law enforcement on that but yes there is no question that we're seeing hate spread online and motivate actually on the ground crimes.

SENATOR BRADLEY (23RD): Thank you very much Mr. Ginsburg. Seeing no questions I thank you for your time. Next on the list is Michael Askew followed by Michaela Fissel. If anyone is in the room that still hasn't signed up please see our clerk, Nick. Otherwise these will be the last two. Thank you. Michael you have the floor.

MICHAEL ASKEW: Thank you for waiting for me because I waited for you. My name is Michael Askew and I'm director of Recovery Advocacy for CCAR, Connecticut Community for Addiction Recovery. Good afternoon to all the members of the Public Safety and Security Committee. I'm grateful to be able to testify on House Bill 5450 as act concerning emergency intervention by a police officer when a person

suffers an opioid overdose. I'm a person of long-term recovery -- long term recovery from opioid use and substance use and I celebrated my 30th year in recovery last year. I've had the privilege of being part of the Connecticut Community for Addiction Recovery for 20 years and in my capacity I manage the recovery community center where 15 or 16,000 people come in for recovery support services and a large number is looking to access treatment being able to access detoxification or inpatient treatment, residential programs, outpatient services and I've seen a lot of people die to this disease. Of course I'm touched because I've lost a lot of very close friends and I too am grateful because I never got to a formal treatment center. I found recovery in prison. I remember in 1994 I was faced with a choice to either do five years in prison or a year and a half in a treatment center and I took a prison sentence because I wasn't ready, but I found recovery in prison. Imagine that! Never got the treatment and so here I am looking at this bill and saying well why would one want to take the liberty of someone being able to make a rational decision and I heard Chief Fox say people that are revived from Narcan are totally respondent. I think that's what he said. Totally sound mind right? But yet we want to make a decision to not be able to make a choice so I went and I done some state stats up and one was the Department of Public Health compiled a data on transportation to a hospital for those that had an opioid overdose and it showed that less than 1.2 percent of 5000 people refused. That means 98.8 percent of those voluntarily went to a medical facility so that tells me that you know PARI which is the Police Assisted Recovery Initiative that train officers to engage and encourage something is

working where 98.8 percent of those people went to a medical facility so why place a standard that and I heard a testimony again if people not ready you can't drag them to treatment. It's not gonna work. It didn't work for me and I was in the court.

[Laughter] I jokingly say you know I saw a lot of people that still are not ready and I'll finish by saying this stage of change that is in the substance abuse field that we determine if a person is precontemplation or contemplation moving into a direction of recovery and I've seen a lot of people are not ready and nothing is going to stop them from using until they're ready so this bill I encourage you to really consider this bill only because it takes away from the person's ability to make their own choice and also it's not fear you have a system that works but if it's not broke don't try to fix it.

SENATOR BRADLEY (23RD): Thank you Michael. I appreciate it. I appreciate your story as well. It's not easy to come up here to tell your personal stories about the struggles but I appreciate that very much. I know my committee does as well. Any questions from committee. All right well thank you very much.

MICHAEL ASKEW: Thank you.

REP. SREDZINSKI (112TH): We do have two more after you Michael. We have Michaela Fissel followed by Barbara Albert.

MICHAELA FISSEL: Hello my name is Michaela. I am the Executive Director at Advocacy Unlimited. I think you've heard from a few of my team members and community members who are participate in our programming earlier today, so I won't relay too much

of the points that were made already. I believe that they were stated clearly. I just wanted to also note that my son Dillon who is soon to be 14 is here present in the hearing. He's over here. He's a bit embarrassed to come up however, he did approve that I could note him today because I do believe in choice. I'm here to testify in opposition to Senate Bill 428 involuntary outpatient commitment. I am going to use involuntary outpatient commitment because that is what this is. We can change language. We can make it softer. As a millennial I do believe that safe spaces are important and also as a person who has faced psychiatric discrimination I do believe the rights of people who do receive a diagnosis within the state of Connecticut must be honored and respected. You've heard from people today you are seven times more likely to be -- to receive an IOC commitment right if you are a person of color. We have also heard the statistic around the acts of violence so I did look it up and it's ten times people from the general I'm sorry people with a mental health diagnosis are ten times more likely to be victims of crime than the general population and so the specifics are there. They're noted throughout many of my colleagues and friends' testimonies. I also wanted to make mention that in 1997 there was a task force to study IOC and so you can look that up. It's in like you know it is in the records. In addition to this there were three office of legislative research reports done. A lot of research reports done on involuntary outpatient commitment in 2002, 2011, and 2013. The work has been done you know I appreciate you taking the time to consider the public you know public safety and I appreciate you taking the time to hear from all of us again because we are still just as passionate as

we were over the last 12 years plus. I am a person in long term recovery from a mental health diagnosis. I do remember being put in four-point restraints and forcibly medicated within an emergency room and I also do remember waking up a little time later after a suicide attempt in the same situation and I was denied access to a bathroom. These are -- this is the state of our psychiatric facilities. We hear about the abuses happening. We know about whitening. IOC legislation does not advance us. It takes us back. It continues to create a discriminatory I'm sorry perpetuate systemic discrimination and it also violates the 14th amendment. Just because I have received a psychiatric diagnosis does not give anybody the right to take away my freedom and not have the right to make choices.

REP. SREDZINSKI (112TH): Thank you for your testimony Michaela. Any questions from the committee? Do you work for the independent center?

MICHAELA FISSEL: I work for Advocacy Unlimited. We're a peer run nonprofit. All of our staff identifies people in recovery from mental health and addiction challenges. Yeah so we've been around since 1998.

REP. SREDIZINSKI (112TH): Thank you very much for your testimony. Seeing no questions, I appreciate your time. Last person on the list today is Barbara Albert. Kathy welcome back.

BARBARA ALBERT: Thank you everyone for being here. My name is Barbara Albert. I'm an advocate and activist with Keep the Promise Coalition. Hi [Inaudible-05:50:41]. [Laughter] Sorry. I used to be able to be an activist and advocate with a lot of

other volunteer organizations. Unfortunately my medical challenges have -- somebody forgot their glasses - have been taken over. Unfortunately for now there is. I also need to apologize ahead of time. I feel like I'm having a lot of disconnections in between what happens in my head and what's coming out in my mouth. I'm going to be speaking concerning SB 428 a bill about involuntary mandatory involuntary outpatient. It's not going to work if you don't wanna be there. With this confusion going on in my head and the disconnect that's coming out of my mouth somebody will think I have Alzheimer's or something and throw me away. I haven't been hospitalized for over 20 years. I'm having a physical problem of noise in my ears and it's helping me be able to forcefully make my brain which is disconnecting because I got sick with a fever. This is all brain health issues. I really would appreciate it being stopped called mental. That has such a bad meaning to me like lots of other words a lot of words have different definitions. To make somebody do something they're not ready or want to I want to want to stop smoking cigarettes. I've stopped smoking before with the want. I'm also a recovering addict and alcoholic. For today I want to be stopped. I have this. If I am made to be going in the hospital I am going to go in survival mode, defense mode to protect myself and with the confusion I feel in my head, the disconnect in my mouth where under stress I have undiagnosed learning disabilities, stumbly face I call it because my words come out mixed up and I won't be able to express in an affective way to try to help somebody to help me.

Please do not support mandatory outpatient commitment. There's waiting lists. People who want to be there are unable to because there's too much commotion with people being in there who don't want it who are being forced to do something they don't want to. They're not going to hear anything whether they have a sound going on in their ears or not. It's not gonna -- just like the other gentleman was speaking about. I understand that. The last time I have been psychiatric -- psychiatrically hospitalized about 20 years ago and I'm very glad that I'm here today and everyone is listening and brave enough Elenore Roosevelt has a quote. The short version Do something that scares ya everyday helps to have courage, confidence, and some other positive adjectives that go with that, that I can't think of right now but thank you very much for listening. Very, very much. Everybody. Thank you for your support.

REP. SREDZINSKI (112TH): Thank you Barbara. I know you said you were struggling through that, but it seemed perfect to me. It seemed like it was very authentic, very heartfelt, and we definitely appreciate you waiting until the end of the hearing to give us your story because ultimately it's important to hear about those stories that are out there in the community. So, any questions from committee members? Representative Gonzalez.

REP. GONZALEZ (3RD): I just got a comment. Barbara I've known you for so many years and I'm proud of you. I'm proud that you're here today.

BARBARA ALBERT: Thank you.

REP. GONAZALEZ (3RD): Yes I'm proud of you today and let me tell you, you did a very good job. Thank you.

REP. SREDZINSKI (112TH): Any further questions by the committee. If not, Barbara thank you very much for your time and seeing no one else that has any testimony I am going to adjourn this public hearing at what looks to be about 5PM. Thank you all very much to the Chairs for your indulgence. Hope I made you proud today.