

**Testimony before the Public Safety and Security Committee**  
**March 10, 2020**  
**SB 428 - AN ACT CONCERNING ASSISTED OUTPATIENT TREATMENT FOR**  
**CERTAIN PERSONS WITH PSYCHIATRIC DISABILITIES.**  
**Jeffrey Santo, RSS**

Senator Bradley, Rep. Verrengia, and members of the Public Safety and Security Committee, thank you for taking the time to read this submitted testimony.

My name is Jeffrey Santo, a resident of Norwalk, CT, and a registered voter. I am a state-certified Recovery Support Specialist, a SMART Recovery facilitator, Board Member of Recovery Innovations for Pursuing Peer Leadership and Empowerment (RIPPLE), and the webmaster for RockingRecovery.org.

This testimony I provide today is to challenge the moral standard of this bill and to use my lived experience as an example of how dangerous SB 428 can be. The name of this bill itself is extremely derogatory as many people living with a diagnosed mental illness are still competent enough to make their own medical choices. These choices include the type of treatment that is right for them, who they want on their treatment team, and whether or not they require the use of any medications to move forward in their recovery.

I can tell you with absolute certainty that a person forced into a treatment program is not likely to succeed. Any person who is in recovery from a mental illness or addiction will tell you recovery is not possible until that person is ready to do the work. Even with the best intentions, wanting someone to become well and lead a healthier life, we can not force someone into wellness. Just as you can not force open the peddles of a flower to make it bloom when you choose, and it is not your or anyone else's choice to make. If a person can't find a reason within themselves to start their recovery journey, why do you think they would start it for you?

I would also submit to you that a person in an intensive outpatient program who does not want to participate could also create a negative experience for other clients in the group. This would cause people who have started their recovery to seek services elsewhere or abandon the processes altogether. If a clinician feels that a person is not a good candidate for an IOP group, they do not have to let that person attend that group. Mental health professionals treat mental illness, not lawmakers, judges, lawyers, probation officers, or anyone else. When we let legal professionals make mental health choices for a person, it not only takes away the voice and choice of that person; it also ties the hands of the clinicians who are forced to service them.

My experience with being forced to take medications started in 2009. I was charged with threatening someone over the phone. The state's attorney asked that I be evaluated by a mental health professional, which I was, I was diagnosed with depression. At that time, I had no lawyer, and according to the public defender, I was not eligible to receive their services because I owned a home. Even though I was unemployed and my mortgage payments were delinquent, I was in a position where I was left to represent myself. To make a long story short, I accepted a plea deal even though I believed in a trial. I would have been found innocent of the charges against me.

The prosecutor put a clause in my probation that stated I must comply with any medication recommendations from a mental health provider. Since I was not on any medication, I didn't think it applied to me. That changed when I met with my probation officer for the first time. He asked me who my therapist was and what medications I was taking, I replied, I do not have a therapist, nor do I take drugs of any kind. Before I left his office, I was ordered to report the following day to meet with a doctor at the Birmingham Group in Ansonia, CT. After a 15 minute appointment, he concluded that my original diagnosis was wrong, and I was, in fact, bipolar.

He prescribed Depakote, which is used to treat manic episodes related to bipolar disorder, and Risperdal, also known as Risperidone. This drug is used to treat certain mental/mood disorders (such as schizophrenia, bipolar disorder, irritability associated with autistic disorder). I objected to his findings and told him I would not be drugged after a hasty 15-minute drive-thru appointment. It was at that point I was told that if I did not, I would violate my probation and face time in prison.

Two weeks after I started taking these drugs, I started experiencing side effects, mainly shifts in my perception of reality and my blood sugar levels going out of control. My glucose levels were so high my meter could no longer read them. I kept getting the error "OL" message on the screen. I soon discovered it stood for Over Limit. At that time, my meter maxed out at 650. A normal blood sugar level is between 80 – 120. My levels constituted a medical emergency and meant that I was very close to a coma. For reference, a diabetic coma is a life-threatening emergency that can affect you if you have diabetes. In a diabetic coma, you are unconscious and unable to respond to your environment. You are either suffering from high blood glucose (hyperglycemia) or low blood glucose (hypoglycemia).

Thankfully I had people around me who cared enough to investigate why this was suddenly happening. Their research found a side effect warning from one of the two drugs I was ordered to take. The warning refers to the increased risk of hyperglycemia and diabetes in patients treated with Risperidone and other atypical antipsychotics. The FDA has received reports of hyperglycemia, in some cases extreme and associated with ketoacidosis, in patients treated with these medications.

I stopped taking the medication and made an appointment with the Birmingham doctor the next day. I brought the pills with me and explained the problem I was experiencing. His response shocked me; he said, "I am not that kind of a doctor, if you are having diabetic issues go to a clinic." The more I tried to argue my position, the ruder he became. Finally, I opened the bottles, dumped them onto his desk, and said, if you like them so much, you take them. I then walked out of his office and drove home. Not even a full day later, the Connecticut State Police came to my home in Oxford and took me into custody on a violation of probation warrant.

When I arrived in court, they assigned me a public defender. I told him that I wanted to withdraw my original plea and address the charge that brought me to his point with representation. He declined even to try that as an option as I had already entered a plea deal, it didn't matter that I felt that I had no choice to do so. I even argued that having a public defender for the violation of probation hearing proved I should have had one before since my financial situation did not change. I admit I was combative with the public defender, I felt that not only had my rights been trampled on, but I could also have been killed by a mistake a doctor made, a doctor I was ordered to see.

The public defender knew that I would not address the violation of probation charges against me. He told the court I was not able or willing to aid in my own defense. This meant that under Connecticut law, I was not competent to stand trial. After a review, the judge ordered that I be taken into custody and sent to Whiting Forensics on the Connecticut Valley Hospital campus. I would spend 60 days for competency restoration. On my second day at that facility, I met with the Unit 2 psychiatrist, Dr. Ken Galen. I told him my story and all of the things that happened. He expressed his belief that I should not have been sent to the hospital and that, in his opinion, I seemed to be competent.

On page two of my first Whiting treatment plan, it was Dr. Galen who had been tasked with the following: "Psychiatrist will conduct a psychiatric evaluation to determine the appropriateness of a medication as an intervention." At no point during my stay did Dr. Galen ask that I be put on medication of any kind. After a solid 60 days of observation, there was absolutely no recommendation for drugs of any kind. The state of Connecticut took two months of my life and spent an excess of sixty thousand dollars to prove what I had been saying all along. The doctor at Birmingham did nothing short of committing malpractice, but no one cared.

When I arrived at the violation of probation hearing, I informed my public defender that it had been confirmed, not only

was the medication prescribed unnecessary, it was entirely inappropriate. I was told the findings made by Whiting were beside the point. The issue was that I violated the conditions of my probation, and therefore I had to plead guilty, I refused. I was then told that if I did not go into the courtroom and enter a plea of guilty, I would be sent back to Whiting for another 30 days.

I walked into Whiting with depression; when I left 60 days later, because of the things I witnessed there, my diagnosis had two more forms of mental illness, PTSD, and a general anxiety disorder. The story of my experience at Whiting is a matter of public record as it was recorded in detail by the Southwest Regional Mental Health Board and submitted as oral testimony in front of the Public Health Committee on November 13, 2017. The abuse I lived through that facility still shows its side effects in my life today, mostly in the form of nightmares and the continued presents of PTSD.

Since 2017 I have been telling my story, to professional mental health providers, to public officials, and my peers in recovery. Even though I have been told dozens of times by people in every level of Connecticut's government that these events should never have happened, I have yet to have any form of meaningful closure. I can not begin to imagine how many lives will be negatively impacted if SB 428 passes.

Regardless of how our legislative leaders choose to describe "Assisted Outpatient Treatment," it has already been defined by the United Nations. Quoting an article written by Tina Minkowitz, Esq. she talks about the UN report findings:

*"This report issues the strongest condemnation to date of involuntary psychiatric interventions based on the supposed "best interests" of a person or on "medical necessity." Such interventions, the report says, "generally involve highly discriminatory and coercive attempts at controlling or 'correcting' the victim's personality, behaviour or choices and almost always inflict severe pain or suffering. In the view of the Special Rapporteur, therefore, if all other defining elements are given, such practices may well amount to torture."*

Forcing more people into the Mental Health and Addiction Services system will only add more burden to what are already limited resources. More demand equals less time per client, and when you consider our legislature has cut the DMHAS budget by 17% over the last ten years, what you are proposing here is not only immoral, it is outright careless.

I will conclude my testimony with one final thought. When you force someone to do anything that is against their will, you lose their trust. I knew I was living with depression, and I knew I was having thoughts of suicide; I did not trust anyone enough to talk openly. Given my experience, having my rights stripped away and forced into the system, I did not turn to that system when I needed help. I did not trust I would be listened to or respected. I was afraid of my life being in someone else's control. "Assisted Outpatient Treatment" setback my recovery for more than five years. Today I have a talk therapist, I am still medication free, and as I stated at the beginning, I am a certified Recovery Support Specialist. I did not get here because of Connecticut's mental health treatment providers; I got here despite them.

Thank you for reading my testimony. I do regret not being able to deliver it in person. Should you have any questions, you are more than welcome to contact me at any time through the email address from which my testimony was submitted.