



House of Representatives

General Assembly

File No. 377

January Session, 2021

Substitute House Bill No. 5586

House of Representatives, April 12, 2021

The Committee on Public Safety and Security reported through REP. HORN of the 64th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE EXPANSION OF THE CRISIS INITIATIVE PILOT PROGRAM THROUGHOUT THE STATE AND THE EMERGENCY INTERVENTION BY A POLICE OFFICER WHEN A PERSON SUFFERS AN OPIOID OVERDOSE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective from passage*) Not later than January 1,
2 2022, the Division of State Police within the Department of Emergency
3 Services and Public Protection shall, in conjunction with the Department
4 of Mental Health and Addiction Services, expand the pilot program
5 known as the CRISIS Initiative: Connection to Recovery through
6 Intervention, Support, and Initiating Services throughout the state. At a
7 minimum, such expanded program shall include the components of the
8 pilot program that require training for state police officers, coordination
9 between state police officers and mental health professionals and
10 referrals to facilities for mental health services.

11 Sec. 2. Subsection (a) of section 17a-503 of the general statutes is
12 repealed and the following is substituted in lieu thereof (*Effective October*

13 1, 2021):

14 (a) Any police officer who has reasonable cause to believe that a
 15 person (1) has psychiatric disabilities and is dangerous to himself or
 16 herself or others or gravely disabled, and in need of immediate care and
 17 treatment, or (2) is suffering from an apparent narcotics overdose and is
 18 in need of immediate medical care and treatment, may take such person
 19 into protective custody and take or cause such person to be taken to a
 20 general hospital for emergency examination under this section. The
 21 officer shall execute a written request for emergency examination
 22 detailing the circumstances under which the person was taken into
 23 protective custody, and such request shall be left with the facility. The
 24 person shall be examined within twenty-four hours and shall not be
 25 held for more than seventy-two hours unless committed under section
 26 17a-502.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>October 1, 2021</i>	17a-503(a)

Statement of Legislative Commissioners:

In Section (2), "who has suffered" was changed to "is suffering" for accuracy, "necessitating emergency medical intervention" was changed to "and is in need of immediate medical care and treatment," for consistency with other provisions of the Subsec., and "protective" was added in the second sentence for consistency.

PS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 22 \$	FY 23 \$
Mental Health & Addiction Serv., Dept.	GF - Cost	962,950	991,840
State Comptroller - Fringe Benefits ¹	GF - Cost	397,700	409,630
Department of Emergency Services and Public Protection	GF - Cost	\$572,000 - \$2.3 million	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill is anticipated to result in a state cost of up to \$3.7 million in FY 22 and at least \$1.4 million in FY 23 due to expanding the CRISIS Initiative pilot program throughout the state by January 1, 2022.

The bill results in a cost to the Department of Emergency Services and Public Protection (DESPP) of at least \$572,000 and up to \$2.3 million in FY 22 depending on how many additional state troopers are trained in Crisis Intervention Team (CIT) training. Currently, there are 60 trained CIT troopers. The cost to train approximately 25% of troopers is \$572,000, while the cost to train all remaining troopers is approximately \$2.3 million (inclusive of both training fees and overtime costs to cover

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 41.3% of payroll in FY 22 and FY 23.

officers who go to training).² CIT training takes approximately 40 hours and costs \$125 per trooper.

The bill also results in a cost to the Department of Mental Health and Addiction Services (DMHAS) of approximately \$962,950 in FY 22 and FY \$991,840 in 23 (with associated fringe costs of \$397,700 and \$409,630, respectively) to support ten additional social workers, one at each State Police Troop. Currently, one DMHAS social worker assists state police at Troop E in de-escalating situations involving individuals with mental illness and ensures access to follow-up services.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation. The annual cost to train state police and cover overtime costs would be based on the number of additional troopers requiring CIT training in the future.

² According to the Connecticut Alliance to Benefit Law Enforcement (CABLE), the state's provider of CIT training, the goal of the CIT program is for each department to have at least 25% of its sworn personnel trained and to have several CIT officers cover each shift.

OLR Bill Analysis**sHB 5586*****AN ACT CONCERNING THE EXPANSION OF THE CRISIS INITIATIVE PILOT PROGRAM THROUGHOUT THE STATE AND THE EMERGENCY INTERVENTION BY A POLICE OFFICER WHEN A PERSON SUFFERS AN OPIOID OVERDOSE.*****SUMMARY**

This bill expands police officers' authority to take into custody certain people who need immediate medical care and treatment. Under current law, any person who an officer reasonably believes has psychiatric disabilities and is dangerous to themselves or others or is gravely disabled may be taken to a general hospital for emergency examination. Under the bill, officers may do the same for anyone they reasonably believe is suffering from an apparent narcotics overdose.

As with existing law, an officer must complete and give the hospital a written request for emergency examination. The person taken into custody must be examined within 24 hours and released within 72 hours unless detained and committed under a physician's emergency certificate.

The bill specifies that the custody undertaken by officers in both of the above circumstances is "protective custody." (The bill does not define "protective custody.")

Separately, the bill requires the State Police in conjunction with the Department of Mental Health and Addiction Services to expand the Connection to Recovery through Intervention, Support, and Initiating Services Initiative pilot program (i.e., CRISIS Initiative) throughout the state by January 1, 2022. This expanded program must include at least the components of the pilot program that require state police officer training, coordination between state police officers and mental health

professionals, and referrals to mental health services facilities.

EFFECTIVE DATE: October 1, 2021, except the CRISIS Initiative expansion is effective upon passage.

COMMITTEE ACTION

Public Safety and Security Committee

Joint Favorable Substitute

Yea 23 Nay 0 (03/24/2021)