Dear Chairs Horn and Osten, Vice Chair Paolillo, Ranking Members Champagne and Howard, and members of the Public Safety and Security Committee,

My name is Denise Paley. I am a resident of Guilford, where I serve as a board member of NAMI Shoreline and on the CT State Advisory Board for the Department of Mental Health and Addiction Services (DMHAS). I am here as an advocate and more importantly as a mother to express my support for House Bill 5420, AN ACT CONCERNING MENTAL HEALTH NEEDS OF AND SERVICES FOR POLICE OFFICERS, CERTAIN REQUIREMENTS REGARDING POLICE TRAINING AND CERTAIN REPORTS.

As awareness among mental health needs grows, so should access to care for police officers whose occupation may directly expose them to trauma and increased need of services. These services should not be subject to discrimination and made safely available.

Additionally, increased funding to DMHAS is necessary to help support nonprofits like the CT Alliance to Benefit Law Enforcement (CABLE) to expand Crisis Intervention Team (CIT) training for police officers. CABLE teaches the Memphis Model for CIT training. Their practice guide recommends a CIT training coordinator as a key component to an infrastructure that supports an improved crisis response system. *(They can act as liaison between CIT community health partners, ensure adherence to policies, engage officers to participate in training as appropriate and provide ongoing mentoring.)* I support each department having a coordinator to oversee CIT activity and help appropriately enroll officers in the training. Ideally having at least one trained CIT officer in every patrol unit.

When my son Ellis was still a senior in high school, he had a psychotic episode. It was the first time any such thing had happened. Ellis was supposed to be at the library and his not coming home for dinner without notifying us was itself unprecedented. His father and I went to our local police department and around midnight we were casually notified when Ellis was found sleeping in his car more than 1½ hours from home. Ellis had never driven that far before. I told the officer I didn't believe Ellis could be lucid or in any condition to drive because his behavior was so unusual. I said that I was afraid he wouldn't make it back home and the officer told me Ellis was "mentally fine". He said, he's not having a psychotic break that they could determine. He said this when never having received the training to make such a determination. This went on for several hours, overnight, into the next day. Another officer told me there were no concerns about Ellis' well-being. That Ellis wasn't a danger to himself. (When I questioned this, he said because he didn't make any overt statement that he's going to harm himself.) Again, no training. Ellis was a bright International Baccalaureate student who rarely missed school; he'd received a Presidential Scholarship to attend college. And when he never came home or showed up for school, we kept saying to the police this behavior wasn't him, that it was so far out of character and we feared he was a danger to himself. Our untrained police officers continued to dismiss us. **One officer even said to me that my missing child was a "parental issue and not a police issue".** *(In fact, upon reviewing footage of our incident we saw it was so much worse. I.e., the officers were saying things like Ellis "probably met someone who caught his fancy", "that we feel he's at risk just because he's not home".* They told us Ellis said he was out partying with friends, which we now know he never said. *They prepared to deflect us saying among themselves, "I'm sure the family's gonna say they want the car back, he stole it or some other garbage").* In the case of my son multiple officers were speaking behind the scenes reinforcing the same bias. We should have been able to rely on a CIT trained officer to recognize there was an obvious serious problem rather than reinforce there was none there. Ellis is now in prison. He's been navigating a psychotic break for more than two years through the department of corrections.

CIT training is necessary for police officers to appropriately assess and interact with people who have emerging or existing mental illness. Police officers remain the first responders to a mental health crisis and

people with mental illness are booked into jails about 2m times a year. In fact, if you are living with a mental illness, you are 10xs more likely to be sent to prison than a treatment facility. Prisons are not resourced to offer clinically meaningful treatment that can lead to recovery. My son is languishing. Despite the abundance of evidence that suggests recovery of serious mental illness requires prompt comprehensive treatment, this is how we continue to manage people in our state, people from our own communities. Ellis is living in brutal dehumanizing conditions. Every time we speak, I pray it's a day he's moving forward and not a day of relapse. And I am powerless to help him. But I can speak up and ask you to act so no one behind him must needlessly suffer. You have the power to fix this. To help prevent others from suffering and in doing so reduce the financial burden on our states' resources. To make our communities safer for everyone. The time to do it is now. Please support House Bill 5420.

(I also ask that you consider the bigger picture as 95% of people who are incarcerated are eventually released. If someone is suffering from a SMI that is constantly exacerbated by the brutality of prison life and lack of resources for treatment, I question if we're making our communities safer by locking people in DOC in the first place. Wouldn't it be more prudent to act upstream and have police officers know how to respond to urgent and emergent mental health crises and divert people from the criminal justice system to begin with, or do we keep having the lives of these individuals go wasted.)

Respectfully,

Denise Paley
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Ellis Tibere shortly prior to his arrest.