Concerns regarding AAC Police Accountability, Draft LCO 3471

Senator Winfield. Representative Stafstrom, Senator Kissell, Representative Rebimbass and distinguished members of the Judiciary Committee,

I am Louise Pyers, Executive Director of the CT Alliance to Benefit Law Enforcement, a non-profit coalition of police professionals, licensed mental health providers, advocates and other stakeholders dedicated to the mental health and well-being of those in law enforcement and the communities they serve. CABLE has provided Crisis Intervention Team and other mental health training, support and advocacy for law enforcement and their communities across the state since 2000.

There is so much in this bill that has the potential to have a detrimental and unintended consequences for the safety of our communities as a whole. The general public does not understand that. Yes, things definitely need to change, but this particular bill, as a whole, is a reaction to an inexcusable and unjust tragic event that occurred in another state.

That being said, I would like to highlight two concerns:

Section 16 perpetuates stigma against people with mental health conditions. Police are already required to undergo a mental health exam prior to employment. To subject them to mental health exams over the course of their careers leaves the door open to discriminate against officers. Is this meant to imply that an officer who may have be suffering from anxiety or depression or any other mental health condition is more dangerous to the public? To quote Kathy Flaherty of the Connecticut Legal Rights Project, “What this bill language does is reinforce existing stigma and prejudice against all who live with a mental illness...” What will happen to an officer who is deemed “Unfit?” Who will pay for those very expensive evaluations? In addition, this will have a chilling effect on any officer who would like to seek help for a personal issue but is afraid that what is said will be detrimental to their career? It is no wonder that police officers are more likely to die by their own hand than by felonious assault. This will cause that statistic to rise.
Section 18 calls for police departments to study the feasibility of partnering with social workers to respond to calls for assistance where the experience of a social worker could provide assistance.

Connecticut already has an established police/mental health partnership which is funded by the CT Department of Mental Health and Addiction Services. The Connecticut Alliance to Benefit Law Enforcement (CABLE) has been providing Crisis Intervention Team (CIT) training to police and clinicians for the past 20 years with great success. Many police departments already have these partnerships in place. They have been proven to work by connecting people in crisis to community based services instead of arrest in many cases. We do not need another costly study to tell us what we already know. What we need instead is funding to expand the CIT program and community based services while also investing in a more responsive mental health system.

Respectfully submitted by,

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Executive Director