

# Connecticut General Assembly

## Police Transparency & Accountability Task Force

Jon Slifka, Chairperson



c/o Judiciary Committee, Room 2500  
Legislative Office Building  
300 Capitol Avenue  
Hartford, Ct 06106

### Improving Police Interactions with the Disability Community Subcommittee

#### Minutes

Tuesday, November 3rd, 2020

11:00 a.m., via Zoom

*Attendees: Jon Slifka (Chair), Alvin Chege, Marc Pelka, Chief Tom Kulhawik, Doris Maldonado, Rayla Mattson*

*Others: Suzanne Terrio (ASL interpreter), Ken Barone, Deb Blanchard, Andrew Clark, Makenzie Ozycz, Henri Alphonse, Mary Kate Mason (DHMAS), CT-N*

*Presenters: (C.A.B.L.E) Louise Pyers, Chief John Rich*

- I.** Convene meeting and welcome
  - a. *Chair Slifka convened the meeting at 11:08am.*
- II.** Introduction of Members
  - a. *At the direction of the chair, members and guests introduced themselves.*
- III.** Review of Minutes from Previous Meeting
  - a. *Upon a motion and second, the minutes of the October 20 meeting were approved via voice vote.*
- IV.** Presentation from Louise Pyers, Executive Director, CT Alliance to Benefit Law Enforcement (CABLE)
  - a. *Ms. Pyers and Chief Rich shared their screen and presented on a powerpoint.*
- V.** Questions and Discussion on Presentation
  - a. *Doris questions – how have trainings been accessed throughout out the state? Number of towns, etc. A- 114 agencies in CT have taken advantage of CIT training. Many go to POSTC for info on trainings. Although they are POSTC certified, POSTC does not mention CABLE as an option. Also connected through DMHAS to all crisis intervention responders in the state. Availability on Zoom has been a big*

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*plus. Does anyone have data on results of CIT trained officers vs non-trained officers? A- been collecting the data since May. Have old data from 40hr training – 2008 study (Stanford, Waterbury, New Haven, New London). W/in those PDs, over 1,500 individuals were referred to mental health assistance through CIT contact. Will hopefully have data from new trainings in January/Feb 2021. What is training on cultural responsiveness? A- we have community interaction training (implicit/explicit bias, etc.). There is training currently on implicit bias. It is great at bringing awareness, but CABLE has added action steps to this awareness. Will be reaching out to disability community for recommendations. Chief Rich: training adapts to changing times.*

*b. Question: Alvin Chege - We are disheartened from the recent killing of Walter Wallace Jr. by Philadelphia Police Department who has been noted to have mental health needs. What can be done administratively and substantively in 9-1-1 response? Does the system automatically require police involvement? Or is there bias/discretion exercise (perhaps in a prejudicial manner) in determining when police are dispatched? Do ambulance crew have the resources (training, professional staff) to respond to a mental health emergency? this is situation if it happens in Connecticut. A: Chief Rich – doesn't like to comment on actions of officers until all is known. Anytime a police officer uses deadly force, it is tragic for all involved. In Ledyard, 911 dispatch tries to evaluate to determine response to life safety issues – sometimes police are a part of this. Can be police/fire/EMS. Whether or not police have ability to respond to crisis, EMS is usually not the first responder in high crisis, potential harm situations. Louise: what she has learned is that many of these situations are extremely complex. Many people call 911 because they believe an incident is out of control or unsafe – thereby necessitating PD. What she would like to see is folks calling, saying: **this is a mental health call, there are no weapons involved, and it appears to be a crisis situation.** Would love to see a day where this is done as a team, and the police are there mainly for safety. We all need to be a team and work together on this. It can be worked out – if we do it together.*

*c. Question: Rayla Mattson: who covers the cost? A: in the past, DHMAS fully covered the cost in the past. For those departments that had CIT in place, DHMAS would also cover OT, etc. Now, providing 11 CIT training per year. Numbers are down to 40 a session. Although an increase in funding, no increase in funding for DHMAS. Do you collaborate with other organizations who provide similar trainings? Do departments get trained differently by separate organizations (had a situation in her town where officers from different towns came in and wanted to handle differently)? A: the CIT is training is consistent for every department they*

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*train in the state. Only one group – CABLE – offers CIT training. Don't have control over other trainings. Chief Rich: A great point. In Ledyard and other department, they have developed a **special needs registry** (Autism, ABI, Alzheimers, etc) is entered into CAD system, along with pictures, with suggested responses when behavior starts to escalate. Ms. Mattson: unfortunately, it's not statewide. She tried in her town, and no one could answer about putting this info into her town's system. Maybe should be considered for statewide access.*

- d. *Question: Mr. Chege – follow up to Pennsylvania question - Would CIT trained officers in CT be called out in a case like this? Although not a fan of tasers (and their misuse), it appears these officers weren't equipped with this less lethal equipment, why not? (When the absence of these less lethal weapons probably has nothing to do with the "de-fund"). A: there is a level of training required through POSTC, just not to the degree of CIT. Taser policy and usage varies per department.*
- e. *Question: Andrew Clark – can you tell us more about the officer wellness training you do, as well as the upcoming police accountability bill training and also comment on any need for additional data and evaluation ? A: they have a number of training components on officer well-being. CABLE is very invested in making sure officers get what they need. Chief Rich:*
- f. *Question: Chair Slifka – your organizations has trained across the state, what barriers exist that we can address? What recommendations about availability of resources in more rural areas? A: Chief Rich – as a former state police officer, there is an opportunity to integrate more into CSP training. CABLE has finite capacity – in order to offer a good product and at scale, it becomes difficult. Ms. Pyers: the interest and enthusiasm from police departments to send officers to CIT training has grown over the years. Can't keep up with the demand. There is not CIT introduction at the academy level – which is disappointing. Because mental health training is mandated by the state – can't use CIT. Don't push to have CIT mandated, but the 16 hour block could become one – if funded.*

### VI. Discussion on Next Steps

- a. *Next meeting, no speakers. Will take a step back and begin to put together a running document on recommendations due both January 1 and in the long term.*

### VII. Announcement of time and date of next meeting

- a. *November 17, 11am.*

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### VIII. Adjournment

*a. Upon a motion and a second, the meeting was adjourned at 12:29pm.*

DRAFT