



DRAFT LCO No. 3471 AN ACT CONCERNING POLICE ACCOUNTABILITY

JUDICIARY COMMITTEE

Public Hearing: July 17, 2020

Testimony: **IN SUPPORT, with modifications**

Senator Gary Winfield, Representative Steven Stafstrom, Senator John Kissel, Representative Rosa Rebimas, and Honorable Members of the Committee:

I am Danielle Morgan, MSN, CNS, Family PMHNP, APRN a board-certified Family Psychiatric Nurse Practitioner and I have provided psychotherapeutic and psychopharmacologic services for persons with mental illness in Connecticut since completing my nurse practitioner training at Yale University in 2000. I have a private practice with offices in Hamden and Guilford where I treat approximately 1000 patients. Additionally, I am a member of the medical staff of a methadone clinic in New Haven where we treat a whole range of substance use and psychiatric disorders for patients presenting in our clinic daily.

Thank you for the opportunity to provide feedback on Draft LCO No. 3471, on behalf of the over 1500 psychiatric APRNs providing care to the most vulnerable citizens of CT. We are happy to see this bill beginning to address the assessment, training, and work of our law enforcement officers.

Throughout the Bill, various aspects of improvements in police accountability are addressed by use of psychiatrists and psychologists to assess and offer management around the officer's potential for mental health needs. Psychiatric APRNs are nationally Board Certified and state licensed independent mental health specialists trained to assess, diagnose, and treat the whole spectrum of mental health disorders. Additionally, unlike psychologists, our medical training is more analogous to that of a psychiatrist in that our scope of practice includes the ability to also prescribe medications, should this treatment be deemed appropriate. For this reason, I ask that psychiatric APRNs be included in the Bill's language as providers who can also support the needs of assessing and managing the mental health needs of our honored police force.

Additionally, I would like to shine light on the training of police officers, particularly as it relates to their increasing interactions with members of the public struggling with mental health and substance abuse challenges. National data state that 10 percent of

all police contacts with the public in the U.S. involve persons with serious mental illnesses. Police officers are the first called upon, by community mental health workers and family members alike, when the mental health and substance abuse of our loved ones/patients has gone awry. I have often been, in the course of my 20 year career here in CT, the community based provider calling 911 seeking safe transport of a dangerous patient to a more secure level of care. I have interacted with many different police departments around the state. The model practiced in Fairfield is one that needs to be incorporated into every Department in the state.

Under Chief Gary MacNamara in 2011, Fairfield Police Department started a Crisis Intervention Team (CIT). This is a group of specially trained officers, equipped to manage psychiatric/substance abuse crises. While their goals are many, some of the more salient include working to divert from the criminal justice system and to the hospital these health care issues, while reducing recidivism. I interacted with one such officer in 2013, calling 911 as I managed a homicidal patient at Fairfield Counseling Services. Having had such a positive experience, I reached out to Chief MacNamara and The CT Post. **Please see letter to Chief MacNamara attached.**

I have included a discussion of this program in my “Opioid” lecture at Yale University every year – hoping that these future health care providers will bring this program model to communities all over the U.S., as they interact with their police departments regularly. Police departments with specialist officers available, CIT at the ready, are the missing piece we need to ensure more positive outcomes in cases where the mentally ill and substance abusing person has become dangerous and families/mental health facilities call 911 for support. Presently, the non-CIT trained officers are ill-equipped to manage this prevalent and escalating norm. It’s time we arm our officers with the current tools and skills to manage the public they serve.

Accordingly, we ask that you amend this draft to include the training of police officers as requested above.

I am happy to respond to any questions or concerns at any time. I have requested to present oral testimony on July 17th and can be available later in the day, after seeing patients.

Respectfully submitted,
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