



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

NED LAMONT
GOVERNOR

MIRIAM E. DELPHIN-RITTMON, Ph.D.
COMMISSIONER

To: Judiciary Committee
From: Miriam E. Delphin-Rittmon Ph.D., Commissioner
Date: July 17, 2020
Re: AAC Police Accountability

Thank you for providing the Department of Mental Health and Addiction Services with the opportunity to participate in discussions related to the draft version of An Act Concerning Police Accountability. The Agency's testimony focuses on Sections 16 and 18.

The Department of Mental Health and Addiction Services (DMHAS) is a health care agency that provides prevention, treatment, and recovery services to individuals 18 and older with behavioral health conditions. DMHAS serves about 110,000 individuals yearly. The people served by the agency often have contact with first responders, including law enforcement. These contacts can be challenging for those in emotional distress and have, at times, had devastating outcomes. DMHAS has forged strong partnerships with law enforcement in many of the cities and towns across the state and these relationships benefit the behavioral health community, improving outcomes for those in emotional distress.

Section 18 of this Act proposes municipal police departments evaluate the impact of social workers assisting law enforcement with certain calls or community interactions. DMHAS offers the following information on current effective social work and law enforcement activities for consideration related to this section.

DMHAS currently provides mobile emergency crisis services that are community- based, short-term services for individuals and families experiencing episodes of acute behavioral health or substance use crises. There are 14 Mobile Crisis Teams (MCT) offering persons in distress or crisis immediate access to a continuum of crisis response services of their choice, including mobile clinical services; family, peer, and community supports; and mental health and addiction treatment. MCTs respond to individuals located in the towns and cities in their DMHAS catchment areas.

All MCT staff receive training in the areas of risk assessments and screenings, involuntary commitment statutes and procedures, Crisis Intervention Team (CIT), and de-escalation and engagement strategies. MCTs partner with family members and loved ones, peer-run and recovery community organizations, faith-based communities, **law enforcement**, and other civic and community organizations to ensure that persons in distress and their loved ones have support and valued social roles within their local community. **MCT clinicians collaborate**

with and assist local police officers to de-escalate crises and provide diversion to alternative settings rather than incarceration. In FY19, MCTs received over 5,000 adult crisis calls requesting assistance for persons in distress/crisis; the police were involved in almost 2,000 of these MCT calls.

Beginning in 2003, DMHAS has also provided funds and supported the Connecticut Alliance to Benefit Law Enforcement, Inc. (CABLE), to provide training on the Crisis Intervention Team (CIT) model to clinicians and police officers. CIT is a best practice designed to provide information to law enforcement about behavioral health, including de-escalation techniques, behavioral health symptoms, and resources to connect people who are experiencing behavioral health symptoms to services that will best meet their needs and divert them from arrest and/or incarceration. CITs promote safety for persons in crisis, the community, and the police officers who respond to crisis calls. There are 7 state funded CIT trained clinicians who work collaboratively with police departments and, when available, respond to crisis calls with the police. To date, **116** police departments now have CIT trained officers and **43** police departments have CIT policies.

Section 16 of this draft Act mandates mental health assessments of police officers, including requiring the results of these assessments be provided to the police officers' superiors. DMHAS is grateful that the committee is considering the impact of the challenging law enforcement work on an officer's mental health, but would like to respectfully offer alternative language for this section. The Department would like to suggest language that makes some changes to the process proposed in this section that is in keeping with the belief that mental health treatment should be voluntary and readily accessible and those seeking treatment should never be subject to stigma. DMHAS respectfully requests language that allows for adoption of an assessment approved by mental health experts and expands the pool of mental health professionals who can provide the assessments, addressing the fact that there is a shortage of some mental health professions, including psychiatrists and psychologists. In order to address the possibility that an officer's knowledge that results of a mental health assessment would be provided to police administration may result in answering questions in a manner that would avoid identification of any mental health issues, DMHAS suggests language that provides assessment results to the officer and the appropriate Employee Assistance Program. This language would promote mental health professionals as resources and supports rather than monitors who may impact someone's employment. The suggested change provides a pathway to treatment for officers who may be struggling with a behavioral health disorder, including Post Traumatic Stress Disorder.

Thank you for the opportunity to provide feedback.