



Legislative Testimony
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**Written Testimony Regarding the Need for
Non-Police Interventions into Mental Health and Addiction Crises:**

**Supporting Senate Bill 572, An Act Concerning Community Crisis
Response Teams and Reentry Centers and Senate Bill 781, An Act
Requiring a Study of the Crisis Intervention Training Required by the
State Police Academy and Police Officer Standards and Training Council**

and

**Opposing House Bill 5162, An Act Creating a Partnership between the
Division of State Police, the Department of Mental Health and Addiction
Services and Mental Health Authorities Regarding Care of People
Addicted to Opioids and House Bill 5586, An Act Requiring Expansion of
the Crisis Initiative Pilot Program Throughout the State**

Senator Bradley, Representative Horn, Ranking Members Champagne and Green,
and distinguished members of the Public Safety and Security Committee:

My name is Kelly McConney Moore, and I am the interim senior policy counsel for the American Civil Liberties Union of Connecticut (ACLU-CT). I am submitting this testimony on the need for non-police interventions into mental health or addiction crises. Four bills before this Committee today deal with this topic. The ACLU-CT supports those that provide for new non-police interventions and attempt to regulate existing police interventions and we oppose those that vest whole or partial responsibility for responding to people in crisis in the police. Accordingly, the ACLU-CT supports Senate Bill 572, An Act Concerning Community Crisis Response Teams and Reentry Centers and Senate Bill 781, An Act Requiring a Study of the Crisis Intervention Training Required by the State Police Academy and Police Officer Standards and Training Council, and opposes House Bill 5162, An Act Creating a Partnership between the Division of State Police, the Department of

Mental Health and Addiction Services and Mental Health Authorities Regarding Care of People Addicted to Opioids and House Bill 5586, An Act Requiring Expansion of the Crisis Initiative Pilot Program Throughout the State.

Since official record keeping began in 2001, police in Connecticut have killed or used deadly force against over 80 people.¹ While it is impossible to quantify with exactness, a large proportion of those people were in mental health crisis or under the influence of substances. A Hartford Courant review of police shootings in the last five years reported that at least 20% of the people killed in that time period were suspected to be in mental health crisis or had chronic mental health problems.² In the state, at least 33% of people Tased in 2015 were described as “emotionally disturbed” at the time of Tasing, while 13% were identified as suicidal.³ Nationwide, people with untreated mental illness are sixteen times more likely to be killed by law enforcement.⁴ A 2018 analysis found that a quarter of people fatally shot by police suffered from a mental illness.⁵ People killed by police also have high levels of contemporaneous drug use (26.7%) or alcohol dependence (22.7%).⁶ Police are killing people in mental health and addiction crisis, in Connecticut and nationwide, at emergency levels.

Police killing of people in crisis is, predictably, racially disproportionate. Police are more likely to fatally shoot unarmed Black men who exhibit signs of mental illness,

¹ Reports on the Use of Force by Police Officers, Division of Criminal Justice, *available at* <https://portal.ct.gov/DCJ/Whats-News/Reports-on-the-Use-of-Force-by-Peace-Officers/Reports-on-the-Use-of-Force-By-Police-Officers>.

² Nicholas Rondinone, “Police have killed 21 people in Connecticut in the past five years. Here’s a look at those deadly encounters.” Hartford Courant, Jun. 5, 2020, *available at* <https://www.courant.com/breaking-news/hc-news-clb-deadly-police-shootings-past-five-years-20200605-012kfpmh2ngrnhq7hnzcvs5rqy-story.html>.

³ James Post, “Study shows CT cops Taser minorities disproportionately.” Yale Daily News, Aug. 31, 2106, *available at* <https://yaledailynews.com/blog/2016/08/31/study-shows-ct-cops-taser-minorities-disproportionately/>.

⁴ “People with untreated mental illness 16 times more likely to be killed by law enforcement.” Treatment Advocacy Center, *available at* <https://www.treatmentadvocacycenter.org/key-issues/criminalization-of-mental-illness/2976-people-with-untreated-mental-illness-16-times-more-likely-to-be-killed-by-law-enforcement->.

⁵ Jennifer Mascia, “The growing movement to send counselors – not cops – to mental health crises.” The Trace, Sept. 28, 2020, *available at* <https://www.thetrace.org/2020/09/alternatives-to-police-defund-public-safety-mental-health/>.

⁶ Sara DeGue, Katherine A. Fowler, and Cynthia Calkins, “Deaths due to use of lethal force by law enforcement.” *Am. J. Prev. Med.* 51, at Table 2, Nov. 2016, *available at* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6080222/>.

compared to white men in similar circumstances.⁷ This tracks the larger pattern of racial disparity in police shootings, where Indigenous people are killed at a rate 3 times the rate of white people, Black people are killed at 2.6 times the rate of white people, and Hispanic people are killed at 1.3 times the rate of white people.⁸ The disparities worsen among unarmed victims.⁹ The racist outcomes in police killings have the perverse effect of causing additional adverse mental health effects on all Black adults, leading to a public health crisis due to police killings.¹⁰ Without real intervention, this could lead to a vicious cycle of mental health problems, resulting in police killings, resulting in more widespread mental health effects, and on and on.

Our current system, where police are the so-called safety net for people with mental health problems¹¹ is tragically inadequate and inappropriate. It is time – past time, really – to start trying new alternatives. The idea of community-based crisis response to people in mental health emergency is one promising alternative. For example, the CAHOOTS program in Eugene, Oregon is a non-police mental health response unit that answers 17% of the police department’s call volume.¹² Of 24,000 calls answered by CAHOOTS in 2019, only 150 required police backup.¹³

Similar solutions could work as well in Connecticut as in other places in the country. Community based responses save more than lives — they also save resources and police time.¹⁴ Connecticut should be taking every possible action to stop violence at the hands of police, and that includes trying new ideas with new

⁷ Kara Manke, “Stark racial bias revealed in police killings of older, mentally ill, unarmed Black men.” Berkeley News, Oct. 5, 2020, *available at* <https://news.berkeley.edu/2020/10/05/stark-racial-bias-revealed-in-police-killings-of-older-mentally-ill-unarmed-black-men/>.

⁸ Brita Belli, “Racial disparity in police shootings unchanged over 5 years.” Yale News, Oct. 27, 2020, *available at* <https://news.berkeley.edu/2020/10/05/stark-racial-bias-revealed-in-police-killings-of-older-mentally-ill-unarmed-black-men/>.

⁹ *Id.*

¹⁰ Greg Johnson, “Police killings and Black mental health.” Penn Today, Jun. 23, 2020, *available at* <https://penntoday.upenn.edu/news/police-killings-and-black-mental-health>.

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¹² “CAHOOTS and the police departments.” White Bird Clinic, Oct. 29, 2020, *available at* <https://whitebirdclinic.org/what-is-cahoots/>.

¹³ *Id.*

¹⁴ *Id.*

resources. Dozens of lives might have been saved if these interventions had been implemented earlier. We owe it to the lives that will be saved by implementing non-police responses to mental health crises to make changes, now. We therefore urge this Committee to support Senate Bill 572 and Senate Bill 781.

Continuing to vest the response to mental health and addiction crises in the hands of police, on the other hand, is not the right response. We have tried this approach, with deadly results. For that reason, we oppose House Bill 5162 and House Bill 5586, and urge this Committee to do the same.