

Testimony of
Sheriff Donald Eslinger

July 30, 2003

THE MENTALLY ILL OFFENDER TREATMENT AND CRIME REDUCTION ACT OF 2003
S 1194

SENATE JUDICIARY COMMITTEE
JULY 30, 2003

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PAST PRESIDENT, FLORIDA SHERIFFS ASSOCIATION

PAST STATE DIRECTOR, FLORIDA PARTNERS IN CRISIS

Thank you for inviting me to testify today in support of S. 1194, The Mentally Ill Offender Treatment and Crime Reduction Act of 2003. I commend Senator DeWine's leadership along with the other sponsors of this bill.

I am the Sheriff of Seminole County, Florida. Based on my experience, I can assure you that the provisions contained in this bill are clearly needed to stem the ever-growing tide of the mentally ill in the criminal justice system.

Ironically, it was five years ago this month that Seminole County lost Deputy Eugene Gregory in a tragic incident that is emblematic of the crisis of untreated mental illness. Deputy Gregory, responding to a disturbance call, ended up in a confrontation with Alan Singletary, a man whose schizophrenia went untreated for years despite his family's efforts to get him to accept treatment. Alan Singletary killed Deputy Gregory, wounded two other deputies, and was himself killed in the ensuing 13-hour standoff.

It was that tragedy that made me recognize the inescapable conclusion - we have to shift the locus of intervention for people with untreated mental illnesses away from law enforcement and the criminal justice system back to professionals who are trained to provide care and treatment for individuals with severe mental illnesses.

S. 1194 provides critically needed resources for alternatives to incarceration, including training law enforcement and mental health providers and fostering collaboration among community stakeholders. With these resources we have a greater hope of accomplishing three goals:

- o Preventing unnecessary injuries and deaths to law enforcement officers and people with mental illnesses;
- o Responding to intense fiscal pressures on counties; and
- o Making better use of public safety resources.

Preventing unnecessary injuries and deaths to law enforcement officers and people with mental illnesses

The loss of Deputy Gregory and Alan Singletary was far from an isolated incident and is not unique to Florida. Just since that tragedy in July 1998, at least 175 other people with mental illnesses and 28 law enforcement officers have been killed in altercations across this nation - six in DC and Maryland alone. This month alone, 5 mentally ill people have been killed in encounters with law enforcement. We now know that mental illness is a factor in many police shootings, that in fact, people with mental illnesses are four times more likely to be killed in these encounters than the general population.

It is critical to train officers to de-escalate these crisis situations. Seminole County has fully implemented the Memphis Model for Crisis Intervention Teams, a proven approach that fosters a partnership between law enforcement and the community. CIT has been shown to reduce officer injury rates 5 fold.

Equally as important is to prevent these incidences from occurring - because even the best training is no substitute for having a medical professional handle a medical crisis.

Responding to intense fiscal pressures on counties

The most effective way to prevent violent and deadly altercations between people with mental illnesses and law enforcement officers is to prevent these altercations altogether by providing early intervention and treatment. This is not only the safest approach; it is the most cost-effective approach.

Lack of treatment impacts county budgets many times over - in costs of personnel, incarceration and treatment within the system, emergency care, and even lawsuits. I am aware of at least 7 lawsuits stemming from police shootings filed or settled since April this year, some in excess of \$1 million against local governments around the country.

When there is no alternative to incarceration, the mentally ill begin to swell inmate populations in local jails and prisons. In 1999, the Department of Justice estimated that 16% of the inmates in the nation's jails and prisons are mentally ill. Based on the new inmate statistics released this week, there are now more than 300,000 incarcerated mentally ill in this country, nearly 6 times the number in state psychiatric hospitals. These are individuals who are ill and most don't belong in jail.

It can cost as much as 50% more to incarcerate a person with mental illness than other inmates. The increasing costs of medications alone are staggering. Fresno County, CA recently reported a 268% increase in psychiatric medications costs over the last 4 years. Not only are costs greater overall for counties, but there is no federal assistance - when the mentally ill are in jail, there is no federal Medicaid reimbursement and the counties bear the full burden of these escalating costs.

Revolving door patients take their toll on everyone's budgets. One person in New York cost the state and federal government \$95,075 in one year, mostly for emergency inpatient stays after he stopped taking medication. Last year in Florida, one individual had 41 emergency psychiatric evaluations at an approximate cost of \$81,000 - not including court costs, law enforcement resources, and long-term treatment.

Making better use of public safety resources

There is no question that law enforcement officers increasingly bear the responsibility for responding to people with severe mental illness who are in crisis. A 1999 survey of sheriffs in Virginia disclosed that virtually all survey participants had encountered arrestees with psychiatric illnesses. And the number of police responses to complaints about "emotionally disturbed persons" in New York City rose over 300 percent from 1980 to 1998.

Several factors have contributed to the expansion of law enforcement responsibility for the untreated mentally ill. The initial wave of moving individuals from state psychiatric hospitals to the community during the 1960s to 1980s, known as "deinstitutionalization," failed to adequately invest in community services.

Legal reforms in the 1970s also contributed significantly to the increased need for law enforcement response to people with severe mental illnesses. Treatment laws across the country were changed to require that someone be dangerous to themselves or others before they can be treated over objection. When Pennsylvania changed its law in 1974 to require dangerousness, Philadelphia's police chief issued a directive that nondangerous people who could no longer be taken into custody under the Mental Health Act could be arrested for disorderly conduct. That practice continues today when officers find that there is no alternative for a person who is psychotic but not yet dangerous.

In Florida, law enforcement officers initiate an average of more than 100 emergency psychiatric evaluations each day. Just to put that in perspective, that is comparable to the daily number of aggravated assault arrests and more than the daily number of burglary arrests.

In many jurisdictions across the country, these calls take officers off the streets for hours while they wait with a patient in an emergency room. The Charlotte Observer reported this week that it cost the Lancaster County South Carolina Sheriff's department \$200,000 last year to watch

psychiatric patients at the local hospital. The deputies were responsible for making sure they didn't harm themselves or others.

The increasing responsibilities for crisis intervention and psychiatric services in criminal facilities are a tremendous drain on law enforcement resources that are already strained beyond comprehension responding to heightened security needs since September 11.

How this bill will help

After the deaths of Deputy Gregory and Alan Singletary, I devoted my attention and resources to better understanding and addressing the systemic failures that led to this tragedy. I chaired Florida Partners in Crisis, a statewide coalition of stakeholders in the mental illness treatment system. S. 1194 is entirely consistent with what I have learned is needed to allow mental illness to be handled in a medical context rather than a criminal one.

Training is essential so that law enforcement can properly respond to the mentally ill in crisis, but as importantly, so that mental health professionals can better understand the plight of their clients in the criminal justice system. As a community, we respond much more effectively to the mentally ill who are in crisis because we have both highly skilled and trained officers and mental health professionals who understand each other's roles.

Fostering community collaboration is a vital component of this bill. These are multi-disciplinary problems that cannot be resolved unilaterally. Effective collaboration can lead to solutions that promote public safety, are cost-effective and preserve valuable law enforcement - and medical - resources.

Early intervention and sustained treatment are critical to keeping people with severe mental illnesses from ever encountering the criminal justice system. It is essential that this bill provide resources for communities to utilize or expand treatment programs that reduce arrests, incarceration, homelessness, victimization, and violence. It is particularly important that we address the needs of individuals who may not seek treatment because they lack awareness of their illness.

The deaths of Deputy Gregory and Alan Singletary inspired our community to collaborate to prevent such tragedies and improve the lives of people with severe mental illnesses. It is my fervent hope that S. 1194 will be part of Gene and Alan's legacy - making certain that people with mental illnesses get treatment before tragedy.