

**Testimony of Aubrey Dale Paul Jr.**

**Hearing Before the Senate Judiciary Subcommittee on the Constitution, Civil Rights,  
and Human Rights**

**“Law Enforcement Responses to Disabled Americans: Promising Approaches  
for Protecting Public Safety”**

**April 29<sup>th</sup>, 2014**

Thank you Chairman Durbin and Ranking Member Cruz for holding this hearing and inviting me to testify.

My name is Aubrey Dale (A.D.) Paul Jr., and I am from Frisco, Texas. I am the father of a twelve year old, Christopher Paul, who is on the autism spectrum. Christopher is a happy go lucky young man, but he does have the occasional melt-down. Many parents with special needs children have anxiety over issues such as education, development and finance, but I believe the last thing they should be concerned about is the safety of their children when encountering law enforcement. Part of my professional and personal life has been to lessen that fear.

For the last 28 years I've been a police officer with the Police Department in Plano Texas. In 1995, I was a young patrol sergeant when one of my officers shot 15 year-old Michael Clement, who was on the autism spectrum. I was one of the first responders that day and did CPR on Michael, who did not survive. The officer in that case was cleared of any criminal charges, but the impact on the families, the special needs community, and the department is still felt today.

I am currently the Crisis Intervention Team (CIT) Coordinator for my department and teach the lessons learned from the Michael Clement tragedy to law enforcement, parents, and civic groups. I teach this course from the perspective of both a first responder and a parent.

We started our CIT Program in 2009 after doing research and being invited by the then Dallas Police Chief, David Kunkle, to take part in a 40-hour CIT Class developed by the Dallas Police Department (DPD). I'm now an instructor for the DPD Class, which is still taught regionally in our area. We continue to invite area agencies to start programs and attend the training. We have trained a total of 232 employees, 213 of whom are sworn officers. We train jail staff and public safety personnel (non-sworn), as well as officers. The Plano Police Department has 499 employees with 348 sworn officers. Since the beginning of our CIT program we have seen a reduction of 24% in the number of Use of Force reports.

We have communicated to our officers that the CIT Program at its core is an “officer safety program.” In my opinion, once officers understand this, they buy into and use the communication and de-escalation techniques taught in the course. By keeping the officers safe, in turn we keep the community safe.

I am currently in the field using the skills taught in CIT training. In my experience, the best way to persuade law enforcement officers to adopt the CIT model is the successful use of CIT in the field. I've recently used CIT on a call involving an armed subject, who on my arrival, was surrounded by officers. He was demanding that the officers kill him after he threatened to kill his boss. While it took approximately two hours to talk him into surrendering, the rapport, patience and active listening skills learned in CIT training led to a successful nonviolent resolution. Another recent case involved a college student who had set up a "kill room." He had numerous writings describing his homicidal thoughts, and he had started doing surveillance on potential victims. Working with our team members, I was able to apprehend this young man, keep our community safe, and help this young man get the long term treatment that he will need.

The best way to explain the 40 hour CIT class is that it is part "hostage negotiator" training. It is also part psychology instruction with an emphasis on mental illness and cognitive disorders. It is also part anti-stigma training. During the class, citizens suffering from mental illness come and tell their stories of encounters with law enforcement and their road to recovery. Many officers get their knowledge of mental illness like the rest of our society - - from movies and television where often people with mental illness are portrayed as the villains. By the end of a class you can see a change in the officer's perception of mental illness and those who suffer from it. You can see officers begin to empathize with those with mental illness.

CIT has also increased the collaboration between law enforcement agencies, mental health providers, advocates and families in our communities, hence the emphasis on "teams." We work closely with the National Alliance on Mental Illness (NAMI), who helps support our training. Agencies that forge these collaborations have the advantage of offering a holistic approach to tough mental health cases, including experts willing to teach officers, and support when something goes wrong during an incident.

In Plano, we work closely with our county criminal justice system because we have a lot of criminal cases involving persons with mental illness. Many of these offenders continue to commit minor offenses and never get treatment for their illness. Many court programs such as diversion and court ordered outpatient services have worked to slow down the number of repeat offenders. We also work with our county court system, where many of the Orders of Protective Custody are issued and typically served by local law enforcement.

According to the CIT Center at the University of Memphis (where the Memphis CIT Model got started) some 2800 agencies have started some form of CIT Program, but with almost 13,000 local agencies in the U.S., that is only approximately 2% of all local agencies. A number of agencies here in Texas have joined together to start the Texas CIT Association to help bring programs and training to more Texas agencies. Our association has mental health providers, advocacy groups and families as full members. With the help of NAMI Collin County we have also sent officers to CIT International Conferences where experts from around the world provide training and collaboration. I

have presented at the CIT International and the National Down Syndrome Congress concerning the Michael Clement shooting and our program.

We (Plano PD) do not have full time CIT Officers or Coordinator, but we follow the Memphis Model where we train first responders and supervisors. We have started two programs that have been very successful. The Take Me Home Program where persons who are non-verbal can be reunited with loved ones without delay or without having to be transported. And the CIT Home Visit Program where uniformed CIT officers will visit with persons with developmental delays to mitigate the “fight or flight” response. We hope to start a school program soon where our community CIT team will develop presentations on mental illness for secondary and college-aged students. We also hope to start an ad hoc committee to address cases of potential violence. We believe that we can lessen the stigma of mental illness, address undiagnosed illness, prevent violence and support families with limited resources. Two promising programs around the nation are in Phoenix and St. Louis where peers and local university interns assist individuals with their commitment by law enforcement. The peers and students assist these individuals with navigating follow-up care, housing, transportation, and other basic needs to mitigate future encounters with law enforcement.

We operate in the NorthSTAR funding system in our part of Texas. My limited understanding of the NorthSTAR system is that it provides a private/public partnership of managed care services. In our system, we have several psychiatric emergency facilities that have a “24 hour open door” for law enforcement, which allows our officers to drop apprehended persons and quickly return to our jurisdictions. NorthSTAR also funds a mobile crisis unit (Adapt) and a crisis hot line, both of which have benefitted our officers. My understanding is the issue of continual care after apprehension remains a big challenge in our and in many managed care systems around the nation.

I have personally seen life as a police officer in Plano before CIT and after. I can say as an officer and a member of the community with a son on the autism spectrum, that life in the community is better with CIT in it.

However, Plano and the other localities using CIT cannot do it alone. We could use assistance from the federal government if we are going to sustain our CIT programs over the long term, and spread CIT to other communities in need. Without any legislation, the Justice Department could direct more funding for state and local law enforcement toward CIT programs. Additionally, Congress should consider passing the bipartisan Justice and Mental Health Collaboration Act of 2013 cosponsored by Senator Franken and Senator Johanns, which would reauthorize federal funding for supporting CIT and similar programs. There are many police departments and communities of all sizes that want to implement CIT, but cannot afford to, or lack the resources to allow officers time away for the training. More federal funding would go far to allowing these police departments to bring CIT to their communities and help save and improve lives.

Again, thank you for the opportunity to testify, it has been a privilege.