



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
JUDICIARY COMMITTEE LISTENING SESSION
JULY 17, 2020

Concerns regarding: AAC Police Accountability, Draft LCO 3471, focused on issues related to mental health and disability

Senator Winfield, Representative Stafstrom, Senator Kissel, Representative Rebimbas and distinguished members of the Judiciary Committee:

Good afternoon. My name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. I'm the immediate past Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of advocates (people living with mental health conditions, family members, mental health professionals and interested community members) with a vision of a state in which people with mental health conditions are able to live successfully in the community because they have access to housing and other community-based supports and services that are recovery oriented, person-driven and holistic in their approach to wellness.

I am concerned that the legislative response to addressing police accountability for violence perpetrated on marginalized members of our community reinforces discriminatory attitudes and misperceptions about people living with mental health conditions. In Line 122, subsection (24) of Section 3 of the bill would require the

Police Officer Standards and Training Council (POST) to develop and implement written policies on or before January 1, 2021, in consultation with the Commissioner of DESPP, to require all law enforcement officers to undergo periodic mental health assessments. Is this an evidence-based solution that anyone is asking for? Where is the proof that the use-of-force incidents that resulted in civilian injury and/or death were at all related to a law enforcement officer's mental health diagnosis? Why is the first refuge of addressing violence perpetrated in the upholding of a white supremacist and racist system the mental health (or alleged lack thereof) of the individual perpetrator of that violence, rather than looking at the systemic changes that are necessary?

What this bill language does is reinforce existing stigma and prejudice against all of us who live with mental health conditions, because it links violence to mental health diagnosis. You should know by now that screening, in the absence of adequately funding the mental health system and ensuring the development of the behavioral health workforce to address people's needs, is a feel-good response that accomplishes little.

You also may have forgotten that the statutes passed to address gun violence are part of the reason that law enforcement officers do not voluntarily seek help for emotional distress they may be facing. Someone who voluntarily admits themselves to an inpatient facility in Connecticut for treatment for a psychiatric disorder (that is not alcohol and/or substance abuse disorder – two things with an evidence-based link to gun violence, unlike mental health diagnosis) lose their right to carry a gun. That poses a challenge in complying with law enforcement job requirements.

I speak to you as someone who faced additional obstacles getting admitted to the Connecticut bar more than 20 years ago because of my history of mental health treatment. It took me an extra 18 months to be admitted to practice, and I was initially admitted conditionally – both I and my treating psychiatrist had to submit an affidavit to the Statewide Bar Counsel every six months for 9 years. I often like to think that we have made progress in the intervening decades about the assumptions people in power make about those of us who live with a mental health diagnosis, but apparently not enough. What happened to me was discrimination. I do not support policies and procedures that would subject law enforcement

personnel to similar discrimination. That is not an effective way to encourage people to seek help.

Mandatory mental health screenings for law enforcement should not be part of this police accountability bill. I urge you to strike lines 122-136 and lines 683-736 from the bill.

I am also concerned that so many people think that embedding social workers with police to respond to people in emotional distress is a solution that will result in less violence and less trauma. Certainly, social workers do not carry guns or other less-lethal weapons, but any person with the legal authority to compel people to go to a psychiatric facility and be held against their will is complicit in the perpetration of violence against marginalized people. When the players in a system perceive someone as “dangerous” based on implicit/explicit bias that reflects systemic racism, classism, and ableism, it is the most marginalized people within that system who pay the price. I write this as someone who has personally experienced civil commitment, forced medication, restraint and seclusion. Psychiatric facilities, especially long-term state-operated facilities where people without private insurance end up, are not benevolent places. They are institutions where people get segregated from society and face significant barriers to re-entry.

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I urge you to reconsider Section 18 of the bill and instead listen to community members who are telling you what they want: reducing the money allocated to police and the carceral state and re-investing those funds in community-driven, community-led, mutual aid supports and services that meet people’s most basic needs.

My last comment is about a relatively small matter, but is something to think about as you talk about wanting to get more effective community engagement in systems improvement. Currently, members of the POST Council are appointed by the Governor. Section 13 changes the appointing authority for several of the members of the Council from the Governor to various legislators. The appointment authority for the position to be filled by a person with a physical disability remains with the Governor. The position to be filled by a person with a mental disability is appointed by the minority leader of the House of Representatives. Justice-impacted people would be appointed by the majority leaders of the House and the Senate.

Connecticut has enough problems finding people to serve on councils, boards and advisory groups. I know who the legislators are who fill these various leadership positions; I'm not sure the vast majority of Connecticut residents do. But everyone does know who the governor is. I appreciate the legislature wanting to share the responsibility for appointing the various members of the POST Council, but you might want to rethink which positions you take responsibility for filling.

Thank you for taking these comments into consideration as you deliberate. If you have any questions, please do not hesitate to contact me.