



TESTIMONY OF KATHLEEN FLAHERTY, ESQ.  
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.  
PUBLIC SAFETY AND SECURITY COMMITTEE PUBLIC HEARING  
FEBRUARY 11, 2021

**In support of: HB 6303**, AN ACT REQUIRING CERTAIN STATE BUILDINGS TO BE ACCESSIBLE TO PERSONS WITH DISABILITIES.

**In support of (with concerns): SB 572**, AN ACT CONCERNING COMMUNITY CRISIS RESPONSE TEAMS AND REENTRY CENTERS.

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

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Good afternoon. My name is Kathy Flaherty and I am 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 that 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.

**CLRP supports HB 6303.** The Americans with Disabilities Act has been the law of the land since July of 1990. Disabled residents of this state deserve to have the same access to state buildings as those without disabilities. The building where we would be right now if we were not living through this pandemic opened in 1988, prior to the passage of the ADA, and my friends who live with disabilities can tell you the multitude of ways in which the LOB is inaccessible. At a minimum, when this or any state building is being renovated, or any building is going to be leased by the state, it should have adequate wheelchair ramps, power-assist doors and

accessible restrooms and elevators. If a person can get into a building, but cannot use a restroom while they are there, the building is inaccessible.

**CLRP supports the concept of SB 572, but shares several concerns.** CLRP, like the other legal aid programs, only represents clients in civil legal matters, not criminal matters. However, we are aware that many people living with mental health conditions have criminal legal system involvement, because we have historically criminalized many disability-related behaviors. My colleague from Greater Hartford Legal Aid outlined the importance of re-entry centers and how the state can better support formerly incarcerated persons.

My testimony will focus instead on the need to prevent our community members from having to interact with law enforcement in the first place. People living with mental health conditions need access to community-based, voluntary services and supports. When I see proposals to “establish an alternative police response program” and to develop a “community crisis response teams to more appropriately support individuals with mental and behavioral health needs,” I have questions:

- Who is at the table designing that program?
- Who is deciding what “appropriate” support is?
- Who is deciding what someone’s needs are?

If you do not have the right people at the table, and you do not engage the people who are most likely to have interactions with the police in your decision-making process, you are likely to end up with a system that however well-intentioned, does harm to people “for their own good.”

I have testified before about how many of the people killed by law enforcement are people with disabilities, particularly mental health disabilities. I have shared information about how forced psychiatric treatment does harm. My friend and colleague Paul Acker has shared testimony about an alternative response involving the creation of peer respite centers. I have recently developed what I consider necessary steps for any Connecticut city or town trying to design an alternative to the current police response.

1) The city/town shall provide \$\$\$\$ dollars of funding to support the following activities:

- a. A series of community conversations to be held monthly for not more than XXX months to listen to community members s from historically marginalized populations about how\*they\* want the city to respond to someone in distress
- b. The preparation of a report, due not later than (1/2 of whatever XXX is) months after the last community conversation, summarizing the major themes of those conversations
- c. The establishment of an organization, run by people with first-hand lived experience of emotional distress, available 24/7, that provides confidential, individualized, non-medical support to people in crisis.
- d. Services shall be provided in a manner that respects the dignity and autonomy of all program participants.
- e. The City shall provide the organization sufficient funding so that they can lease or own a physically accessible space centrally located within the community, accessible to public transportation (bus, train, etc.) where people can seek respite and maintain appropriate social distancing. Alternatively, the city can provide accessible space in a building owned by the municipality as in-kind support. It must be space that is physically accessible and does not require interaction with a security guard employed or contracted by the City to go into the space.
- f. The organization shall not include among its primary response team anyone who is capable of writing an evaluation request pursuant to CGS 17a-503, or an order for civil commitment. That means: no law enforcement, no psychologist, no clinical social worker, no APRN with special training, no psychiatrist. Staff shall not include anyone who by virtue of their professional licensing is a mandated reporter.
- g. Services shall be provided in a non-discriminatory, non-coercive manner. It shall not be a requirement that a person accept a particular form of treatment or follow a particular pathway of recovery in order to receive services.

h. All staff shall be trained in crisis intervention, suicide intervention, harm reduction, and work from a trauma-informed perspective.

i. Organization shall report to the City on a quarterly basis regarding the number of individuals to whom services were provided. No details regarding the provision of services to any individual shall be shared without the express written permission of the person to whom services were provided.

j. The establishment of this organization and ongoing funding shall be the baseline of the City's response and shall be the top priority of its response. Any other proposed solutions – more training to law enforcement, embedding social workers in police departments – do not relieve the City of the obligation to provide ongoing funding to establish and support the ongoing operation of a crisis response organization as outlined here.

I recognize that this is a bold proposal. It would require significant change in the way that current systems respond to people in crisis. However, those current systems are failing too many of our Connecticut residents. Many of us have concluded during this past year that existing systems do not keep us safe. We want a true alternative. Forcing people into the mental health system is not the way.

There are cities that have been responding to people in crisis without cops for decades. It can be done.