



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN M. FLAHERTY, EXECUTIVE DIRECTOR
POLICE ACCOUNTABILITY AND TRANSPARENCY TASK FORCE
LISTENING SESSION
SEPTEMBER 24, 2020

To the members of the Police Accountability and Transparency Task Force:

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.

1

The testimony I am sharing with you today is substantially the same testimony I submitted to the legislature when they were considering the police accountability and transparency bill during this summer's special session. I note that the one change between the draft of the bill and the final bill language was changing "mental health" assessments to "behavioral health" assessments, but I do not think that this language change addressed the potentially discriminatory impact of these assessments on current and future members of law enforcement. **There is a significant difference between encouraging people to access services and supports and the assessments that this bill talks about.**

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. Requiring 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 not 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.

People must also be aware that laws passed in 2013 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 share this testimony 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.

If you are going to recommend changes to the law that passed during the special session, I encourage you to eliminate these mandatory mental health screenings.

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 am 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.

The bill that passed this summer requires an evaluation report by January 2021. I would urge this task force to look carefully at the people involved in writing that report, and the extent to which they incorporated the perspectives of the marginalized communities who are most likely to be impacted by any changes in policy. Many of those community members are telling you what they actually 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.

3

I appreciate that this task force has created a subcommittee to look at the nature of police interactions with people with disabilities, with a goal of improving those interactions. I know a number of people still believe that additional training is the solution; I am no longer convinced that is true. The training materials that have been posted to your website do not look as if they incorporate the perspectives of disabled people, and much of the information in that “basic” training looks more than a decade old. If that is an example of current training, I am not surprised that we continue to have the problems we do. **What would work better? Figuring out a non-law enforcement response to some of these situations.** What we need to build is a system that allows for immediate, non-coercive connection to actual resources that meet people’s basic human needs for food, clothing, shelter, safety, and health care.