



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

STATEMENT OF KATHLEEN FLAHERTY, ESQ.
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PUBLIC HEALTH COMMITTEE PUBLIC HEARING
FEBRUARY 28, 2018

IN SUPPORT OF SB 218, AN ACT PROHIBITING INVOLUNTARY STERILIZATION OF PERSONS WITH DISABILITIES

IN OPPOSITION TO HB 5162, AN ACT REQUIRING A STUDY OF FUNDING FOR MENTAL HEALTH SERVICES

IN OPPOSITION TO HB 5149, AN ACT CONCERNING SOBER LIVING HOMES

Senator Gerratana, Senator Somers, Representative Steinberg, and distinguished members of the Public Health Committee:

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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 also the 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. Lastly, I'm a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages with all disabilities who pursue a unified agenda. I'm sorry that I cannot be with you today to testify in person. I am available at any time to address any questions the members of the committee may have regarding this statement.

CLRP supports SB 218, an act that would prohibit involuntary sterilization of persons with disabilities. Sadly, this country's history is tainted with an ableist legacy of eugenicists who believe that disabled people should not procreate; this was reflected in the 1927 U.S. Supreme

Court decision of *Buck v. Bell*, with the rather horrifying and memorable phrase from Justice Oliver Wendell Holmes that “three generations of imbeciles are enough.” I would certainly hope that this proposal, which would prohibit involuntary sterilization of disabled people and would eliminate the use of the “best interests” standard for those disabled individuals already subject to a guardianship or conservatorship pursuant to a probate court order, is enacted into law. The reproductive autonomy of disabled people is entitled to protection. I urge this committee to vote in favor of this bill.

CLRP opposes HB 5162 because the study, as outlined in the bill, is inadequate, and its focus is too narrow. DMHAS and DCF issued a report (without much fanfare) last year that reviewed the provision of mental health services to both the adult and child populations in Connecticut. [That report is available at http://www.ct.gov/dmhas/lib/dmhas/publications/dmhas-dcf_psychiatric_services_report.pdf.] Although that report did not look at funding, any study of the funding mechanisms regarding mental health services for children in this state must look at the entirety of the system, not simply hospital beds. In the words of the report “The solution for a lack of access to inpatient beds cannot simply be the equation of creating more beds. Access to beds is critically dependent on adequate community mental health systems that are capable of managing diversions or discharges.” (p. 41) This study may also present problems with regard to other efforts that are already in place (i.e. the children’s behavioral health plan, and recommendations made by a workgroup on developmental disabilities/co-occurring disorders under MAPOC.) Inpatient beds and ER issues cannot be looked at in isolation.

Connecticut Legal Rights Project shares some of the concerns of the proponents of HB 5149 regarding sober living homes, but does not believe that this bill represents the correct approach to the problem at hand. People in recovery must be allowed to have choice with regard to their pathway to wellness; sober living homes are a vehicle used by many individuals to maintain their recovery after inpatient detox. CLRP supports that part of HB 5149 requiring such homes to have naloxone (Narcan) on the premises, and to require training in the administration of same, because we believe that greater availability of naloxone will save lives. However, we recognize that such a requirement may be an unenforceable mandate. CLRP opposes the language in HB 5149 that would require sober living homes to register with DMHAS.

Sober living homes are not treatment providers. They are not institutions. They represent the choice of individuals coming to live together in an environment free from alcohol and/or drug use, so that residents can maintain their recovery. As anyone who has made the journey of recovery from a substance use disorder can tell you, there are times when relapse is a part of recovery. That is why requiring that naloxone be present on the premises is a good idea. Requiring registration is not. A person in recovery who is not currently using illegal drugs, or is in recovery from an alcohol use disorder, is considered a person with a disability with protections under the Americans with Disabilities Act, state and federal fair housing laws, and the Connecticut state constitution. Requiring registration with the Department of Mental Health and

Addiction Services would lead to reduced housing opportunities for those people who choose to live together in a sober living environment. There is no purpose to a government-maintained registry of sober homes other than to produce a list that might be subject to Freedom of Information requests by those who wish to discriminate against residents of sober living homes and restrict the opportunities for the residents of the home to integrate into the communities of their choice.

Thank you to the committee for taking these concerns into consideration as you proceed with your work this legislative session. If I can be of any further assistance, please do not hesitate to reach out to me.