



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
JUDICIARY COMMITTEE PUBLIC HEARING
MARCH 25, 2022

In support of the following bills:

SB 445, AN ACT CONCERNING THE PROVISION OF EMERGENCY MEDICAL SERVICES TO AN INDIVIDUAL WHO IS IN THE CUSTODY OR CONTROL OF A PEACE OFFICER.

SB 458, AN ACT CONCERNING THE PROVISION OF SUBSTANCE USE DISORDER SERVICES AND MENTAL HEALTH SERVICES TO INDIVIDUALS WHO ARE INCARCERATED.

SB 459, AN ACT CONCERNING THE COMMISSION FOR CORRECTIONAL OVERSIGHT, THE USE OF ISOLATED CONFINEMENT, SECLUSION, RESTRAINTS, STRIP SEARCHES, SOCIAL CONTACTS FOR INCARCERATED PERSONS, TRANSPARENCY FOR CONDITIONS OF INCARCERATION AND CORRECTIONAL OFFICER TRAINING.

HB 5390, AN ACT REPEALING STATUTORY PROVISIONS THAT IMPOSE LIABILITY ON AN INDIVIDUAL FOR REPAYMENT OF COSTS INCURRED WHEN THE INDIVIDUAL WAS INCARCERATED, **with suggested addition**.

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

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. Thank you for the opportunity to submit testimony in favor of several bills on the committee's agenda.

SB 445 creates a new mandatory statutory right for the provision of emergency medical services to an individual who experiences an emergency medical condition or is medically unstable while in the custody or control of a peace officer. This bill recognizes that law enforcement are often the first responders to people who are in mental health crisis or other medical distress, states that the person shall have the right to be provided with emergency medical services, and places the focus and priority on getting the person emergency medical assistance. CLRP's preference would be that law enforcement NOT be the first responders to people in mental health crisis or other medical distress, but we also recognize that in Connecticut, calling 911 often results in law enforcement showing up first. This bill also addresses situations in which law enforcement officers are out on routine patrol and either are asked for assistance or are encountering people in crisis.

2

SB 458: CLRP supports this bill. It would require the Commissioner of the Department of Corrections (DOC) to review, evaluate, and make recommendations on the provision of substance use disorder treatment services and mental health services to individuals who are incarcerated. We know that people who are incarcerated often enter DOC facilities with pre-existing mental health conditions, a history of or current substance use disorders, or both. This bill would require DOC, DMHAS, and OPM to collaborate to review, evaluate, and make recommendations regarding treatment provided to people who are incarcerated while they are in DOC facilities, and to address issues regarding re-entry when people are ready to leave those institutions.

SB 459: CLRP supports this bill that revives the PROTECT Act, a bill this legislature passed last year and the Governor vetoed. It would establish the Commission for Correctional Oversight, regulate the use of isolated confinement, seclusion, restraints and strip searches, permit greater social contacts for incarcerated persons and increase transparency concerning conditions of incarceration and

training for correctional officers. This bill recognizes the need for transparency and accountability at DOC. It recognizes the inherently traumatic nature of practices and policies that are routinely used in correctional facilities (isolated confinement, seclusion, restraint, strip searches) and would provide further regulation on their use. It would prohibit the use of isolated confinement on any person who is pregnant, under eighteen years of age, or over sixty-five years of age. Confinement due to medical or mental health treatment shall be within the clinical area of the correctional facility or in as close proximity to a medical or mental health unit as possible. It also recognizes the rights of an incarcerated person to be in the least restrictive environment necessary for the safety of an incarcerated person, department staff and for the security of the facility.

The bill would improve training of correctional officers with regard to recognizing symptoms of mental illness, de-escalation techniques, the long- and short-term effects of isolated confinement, recognizing and mitigating the effects of trauma, and trauma-informed de-escalation and communication techniques to reduce the use of isolated confinement, strip searches or the use of force. It also requires DOC (within available appropriations) to take steps to promote correctional officer wellness.

Essentially, this bill recognizes that incarcerated people are human beings and treats them as such. This legislature passed a similar bill on a bipartisan basis last session.

HB 5390: CLRP supports this bill, which would repeal statutory provisions allowing the Commissioner of Correction to assess an incarcerated individual with the costs of such individual's incarceration. This bill recognizes that the state's collection of these costs places obstacles in the way of people re-integrating in our communities upon release from incarceration. I would ask that this committee consider addressing the similar obstacle faced by people held at DMHAS facilities against their will. It is one thing for the state to collect for the cost of the care provided when someone has requested voluntary admission to a facility and it is disclosed prior to admission that the state may be able to collect for the cost of care. However, when the state deprives someone of their liberty by petitioning the court to commit them to a state-operated psychiatric facility against their will, or someone is ordered to a state hospital and held there for decades under the jurisdiction of the Psychiatric Security Review Board, it adds insult to injury for the state to then assess that person

for the cost of care they never asked for. I would ask you to consider amending the bill to prohibit the collection of the cost of involuntary care.

Thank you for your consideration of this testimony.