

CONNECTICUT LEGAL RIGHTS PROJECT, INC.

ANNUAL REPORT

2017-2018



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CONNECTICUT
LEGAL
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ABOUT CLRP

Founded in 1990, Connecticut Legal Rights Project, Inc. (CLRP) is a statewide non-profit agency which provides legal services to low income individuals with mental health conditions, who reside in hospitals or the community, on matters related to their treatment, recovery, and civil rights. CLRP represents clients in accordance with their expressed preferences in administrative, judicial, and legislative venues to enforce their legal rights and assure that personal choices are respected and individual self-determination is protected. CLRP develops and supports initiatives to promote full community integration which maximizes opportunities for independence for our clients.

FROM THE EXECUTIVE DIRECTOR



This last fiscal year represented a year of big changes for Connecticut Legal Rights Project. We began July 2017 with a significantly reduced staff. We had to figure out how to most effectively represent our clients when we had fewer people available to do the work. We re-tooled our intake process. We focused on systemic cases. We sought additional funding that would allow us to continue to dedicate our resources to the issues that mattered most to our most marginalized clients. We forged connections with new allies and strengthened our relationships with old friends. As the year ended, we welcomed two new staff attorneys. As this report goes to press, we are working on a re-design of our website.

We responded to the allegations of patient abuse at Whiting Forensic Hospital by changing the way we do business. In the past, we met with clients in the facility's professional visiting room. Pursuant to the terms of the consent decree that resulted in the establishment of CLRP, we are supposed to have "regular and reasonable" access to our clients and their living environments – i.e., the units at Whiting Service. We now meet with Whiting Service clients on their units, just as we meet with clients at every other state-operated inpatient facility.

We initiated a class-action lawsuit on behalf of all civilly committed patients in all of the state-operated inpatient psychiatric facilities. People with mental health conditions have the right to receive treatment in the most integrated setting appropriate to their needs. Because of the state's failure to keep its promise to re-invest money saved by the closure of two large state hospitals into community-based services, people often spend months segregated in hospitals when they should be discharged to the community with voluntary supports in place.

We thank you for your support of Connecticut Legal Rights Project. We could not continue to do this important work on behalf of some of Connecticut's most marginalized residents without your help.

KATHY FLAHERTY, ESQ.

Executive Director

BY THE NUMBERS

Of the **1054** clients served:

291

CLIENTS HELPED IN HOUSING CASES

From eviction prevention to landlord discrimination, CLRP representation prevented homelessness for 99% of our housing clients.

347

CLIENTS MAINTAINED ABILITY TO KEEP SELF-SUFFICIENCY/ SELF DETERMINATION

Individual rights, problems with conservators, education, employment, access to records and denial of wanted mental health treatment and services.

416

INPATIENT LEGAL ISSUES

Discharge planning, meaningful participation in treatment, understanding medication and restraint and seclusion are a few of the types of cases where CLRP provided information, advice or advocacy.



7/1/17 - 6/30/18

1133

PERSONS REACHED BY OUTREACH

239

PERSONS CONNECTED TO OTHER RESOURCES

HOUSING



Housing is a critical cornerstone of recovery for persons living with mental health conditions. CLRP's work is client-centered. We prioritize preservation of affordable housing in the community of a client's choice. Luckily, we have been able to continue to provide representation to clients in housing matters by redirecting other funds to protect our community clients' legal rights to access and maintain housing, which in turn supports their self-sufficiency and self-determination.

Without the ability to maintain access to decent, safe, and affordable housing, the journey to recovery is made more difficult. In collaboration with others, we advocate for continued state investments in affordable housing. CLRP prioritizes discharge planning, community integration, housing first, income and benefits, and employment/community activity. We represent clients who are denied subsidized housing or face potential eviction for reasons that are linked to their mental health condition. The legal representation provided by CLRP and other legal services programs is a critical link in the state's efforts to reduce and prevent homelessness. It often takes a village to prevent an eviction. First, a client's DMHAS housing manager has to know to direct the client to CLRP for legal assistance. Some housing cases are solved by a phone call from an attorney and are opened and closed in a matter of days. Other cases require a great deal of legal experience, a great deal of work and are really one legal case after another. Sometimes, by the time CLRP has been contacted, a lot has already happened in court and determining the correct legal strategy to pursue can be challenging. CLRP lawyers collaborate with other legal services colleagues to develop creative strategies to address clients' problems, and clients remain housed.

CLRP represented one client who started to experience increasing difficulties over the last two years, after apparently being a good tenant for 15 years. CLRP has worked with that client to help the client remain housed. Other clients need help in getting into new housing when opportunities are denied, so that they can keep their subsidized housing vouchers and have a smooth transition from one unit to another. Our clients need their homes in order to sustain their recovery, especially when their recovery becomes more difficult. Our clients are grateful for CLRP's continued advocacy in this area.

INCREASING OPPORTUNITY FOR LIFE IN THE COMMUNITY

CLRP represents clients to maximize their opportunities for self-direction and choice in the community. This may include representation of clients who are unable to work who have been denied benefits from Social Security, including the successful representation of one client who had been largely homeless for the last several years. The approval of Social Security benefits will provide that client a stable source of income which will increase the client's ability to access and maintain stable housing. CLRP also represents clients who are seeking waivers of wrongfully assessed overpayments. CLRP assisted a client who had an overpayment due to his former conservator's failure to keep his bank accounts below \$2,000. The large overpayment was waived and the deductions from the client's Social Security checks were reimbursed. The reimbursement amounted to approximately \$3,000.

CLRP assistance in addressing misdeeds by others results in our clients getting money that is rightfully theirs. CLRP represented a client in a lawsuit brought against a former landlord and obtained a judgment for \$46,200 in damages. CLRP won a probate appeal for another client, which meant a significant sum of money that otherwise would have been paid to a relative of the client's court-appointed attorney will instead be put in the client's special needs trust and available to meet the client's future needs. CLRP was able to provide information to a client about ABLE accounts as an alternative to a special needs trust, which means the client and his conservator are now exploring options that will allow the client to save money for his education without losing his Medicaid eligibility.

EDUCATION

CLRP legal representation enables our young and emerging adult clients to access opportunities so that they can meet their educational and vocational goals. In one case, CLRP collaborated with the client's DCF caseworker and educational surrogate to propose options and attended PPT meetings to advocate for the client's expressed preferences. The client has since completed the intake with vocational services and will be engaged in job training, money management skills, and job shadowing opportunities over the next year. The client was appreciative of CLRP's support. In another case, CLRP requested a due process asking for a comprehensive vocational assessment, which had not yet occurred; more service hours; and a counseling component to the program. The school district agreed to the assessment and to 30 hours of programming weekly. We hope this will enable this young adult to remain in the community and reach his goals.



COLLABORATION

CLRP continues to look for opportunities to collaborate with other providers (both of legal and mental health services) in order to most effectively address the needs of our clients. We have been working with the Office of the Public Defender to address issues faced by clients who interact with the PSRB. We have been working with other legal services advocates to address issues regarding Non-Emergency Medical Transportation for Medicaid clients; too often, clients with psychiatric disabilities are not being provided the level of transportation service that is recommended by their clinicians. When people are unable to get to their medical appointments, their care and their health is compromised, and they risk being discharged from services for being “non-compliant” with treatment through no fault of their own.

The Connecticut Supreme Court ruled 6-1 in *Hull v. Newton* in favor of the town of Newton, the position supported by the amicus curiae brief co-authored by CLRP’s Legal Director and Executive Director on behalf of CLRP, Advocacy Unlimited, NAMI-CT, Mental Health Connecticut, and the Connecticut Alliance to Benefit Law Enforcement.



CLRP’s Executive Director and several staff attorneys collaborated on a continuing legal education presentation regarding representation of clients living with mental health conditions for legal services attorneys and attorneys who contract with the Office of the Public Defender in juvenile justice cases. CLRP’s Executive Director and Legal Director presented a continuing legal education program to the members of the Elder Law Section of the Connecticut Bar Association. CLRP’s Executive Director delivered a presentation at the annual conference of the National Association of Rights Protection and Advocacy and served on the planning committee and as a panelist at a diversity and inclusion event for law students and lawyers with disabilities presented by the Connecticut Bar Foundation and the Connecticut Bar Association.

INPATIENT

CLRP has its origins in the provision of legal services to clients who are inpatient at state-operated facilities. As budget cuts forced a reduction in staff, we focused our priorities on addressing the needs of our inpatient clients, so that they could move as quickly as possible towards discharge back to a life in the community.

CLRP has prioritized systemic litigation to address our client's priority issues, including the right to periodic review of civil commitment and the right to treatment in the least restrictive environment in accordance with the community integration mandate of the Americans with Disabilities Act. CLRP filed a class action complaint in state court against the Department and the state-operated inpatient facilities under the Patients' Bill of Rights requesting declaratory and injunctive relief to enforce these rights and to request the community supports and services necessary to ensure that patients can be discharged from inpatient care to the community within a reasonable period of time.

CLRP continues to address issues of concern at Whiting Forensic Hospital. We have been able to resolve, at least at the administrative level, issues regarding CLRP's right to access patient living areas in accordance with the terms of the consent decree. We hope that administration will remind all DMHAS staff of the requirements of the consent decree, and will facilitate CLRP's access to their clients, and the clients' rights to access CLRP's services.



CLRP will continue to use the legal protections afforded by the Patients' Bill of Rights to intervene on behalf of our clients. Some of them who have previously been unable to access services at community providers are often able to do so following CLRP intervention. As budget cuts continue to impact the delivery of services both from the Department and from private non-profit providers, all should be aware that the Patients' Bill of Rights does not have a disclaimer that says it only applies "within available appropriations." CLRP is concerned that community providers, in a time of scarce resources, are limiting access to services for those clients they deem "difficult" to serve. Those individuals are often the clients most in need of supportive services. Clients whose services are to be terminated have the right to, among other things, reasonable notice and planning for appropriate aftercare. The Department's recovery-oriented philosophy of care includes recognition that client should live in the community of one's choice. There should never be a situation in which a young adult's clinical team and conservator encourage the client to give up her freedom and live in a nursing home, rather than investigate whether additional community-based services would give her the support she needs to maintain her apartment.

Clients have the right to be active participants in their discharge planning. No client should be in a state operated facility for any length of time without appropriate discharge planning. There should not be a discharge planning meeting held in the days immediately prior to a client's discharge that does not include the client. Community providers who reject clients who are referred to them by DMHAS inpatient facilities should be putting those denials in writing; clients are legally entitled to a written notice of decision including clearly stated clinical rationales for the provider's decision. CLRP continues to address systemic violations of our clients' legal rights under the Patients' Bill of Rights, including access to mail, phone, and fresh air. We have worked with department facilities to review and craft policies; we appreciate that facilities are supporting access to the internet for clients on inpatient units, which will assist our clients with participating with the development of their discharge plans in a more meaningful way.

We continue to ensure that inpatient facilities follow the Department's own policies and protocols on the involuntary use of medication, which appropriately protects the legal rights of individuals. Following the steps outlined in the policy leads to better communication between the treatment team and the individual, supports a client's ability to make informed decisions about their recovery, can reduce the number of petitions filed in court, and most importantly, can result in less use of coercive treatment. CLRP has repeatedly addressed the issue of room restriction as seclusion and the need for additional staff training on that issue.

BOARD EVENT

Members of the Board of Directors of CLRP, staff, and friends of the organization gathered at the Hartford offices of Robinson+Cole on May 16 to honor two people for their contributions to CLRP: Stephen Wizner of Yale Law School, one of CLRP's original incorporators, and Jan Van Tassel, who retired from CLRP in 2015 after serving as its Executive Director for 15 years. Attendees enjoyed a live auction led by WFSB's Scot Haney and were able to bid on other items in a silent auction.



Above: Event Co-Chair and Board Member, Benita Toussaint, Counsel Emeritus Tom Behrendt, Honoree Jan VanTassel, WFSB Scot Haney, Board Chair Mark Soboslai, Honoree Stephen Wizner and Executive Director, Kathy Flaherty

CLASS ACTION LAWSUIT FILED

This year, with the support of a grant from the Impact Fund, Connecticut Legal Rights Project filed a class-action lawsuit in Superior Court against the State of Connecticut, the Department of Mental Health and Addiction Services, and the state-operated inpatient psychiatric facilities (Connecticut Valley Hospital, Whiting Forensic Hospital, Capital Region Mental Health Center, Connecticut Mental Health Center, and Greater Bridgeport Community Mental Health Center.) The lawsuit alleges that the state's civil commitment law is unconstitutional because it allows for unlimited detention combined with arbitrarily long periodic review; patients are being held in the hospital long after they stabilize and no longer meet civil commitment standards.

People with psychiatric disabilities have the right to receive treatment in the least restrictive, most integrated setting. Currently, there are people whose mental health conditions have clinically stabilized to the point where they no longer require hospital-level inpatient care but because of the lack of community-based services and supports (including supportive housing) they remain segregated and institutionalized in violation of their civil rights. The lawsuit asserts that the state's failure to invest sufficient resources in the community-based system of care represents a violation of the Patients' Bill of Rights.

This litigation is still pending.

LEGISLATIVE ADVOCACY

A key part of CLRP's advocacy function is to provide substantive information to policy makers in both the legislative and executive branch in order to assure that our clients' legal rights are protected. We support legislative proposals that will inure to the benefit of our clients. We vigorously oppose those that do not. This was the first year in several legislative sessions where our advocacy did not have to focus on restoration or preservation of our line item in the DMHAS budget.

One of the areas of public policy advocacy this last session involved the legislature's response to the abuse at Whiting Forensic Hospital. Legislation to establish a task force and to expand requirements for mandated reporters was passed.

We testified in favor of many proposals that would increase access to mental health care for all people living with mental health conditions in Connecticut, including limitations on changes in formularies, telehealth, and mental health parity. Although these proposals did not result in passage of bills, the groundwork has been set for continuing advocacy in those areas. We supported the restoration of funds for the Medicare Savings Program and HUSKY A parents.

We testified against proposals that would limit access to mental health care or the opportunity to live in the communities of one's choice. A proposal to establish work requirements for public assistance programs was defeated in committee. We ensured that a legislative proposal regarding sober homes was revised to appropriately respect the fair housing and privacy rights of sober home residents.

Bills Supported

Aging Committee

HB 5244

Insurance and Real Estate Committee

SB 379 SB 384 SB 383

SB 380 HB 5382

Judiciary Committee

SB 512 HB 5578

Planning and Development Committee

HB 5510

Public Health Committee

HB 5299 SB 294 SB 404

SB 218

Bills Opposed

Aging Committee

HB 5245

Appropriations Committee

SB 355

Human Services Committee

SB 270 HB 5246

Insurance and Real Estate Committee

HB 5380

Judiciary Committee

HB 5512 HB 5566

Public Health

HB 5162 HB 5149

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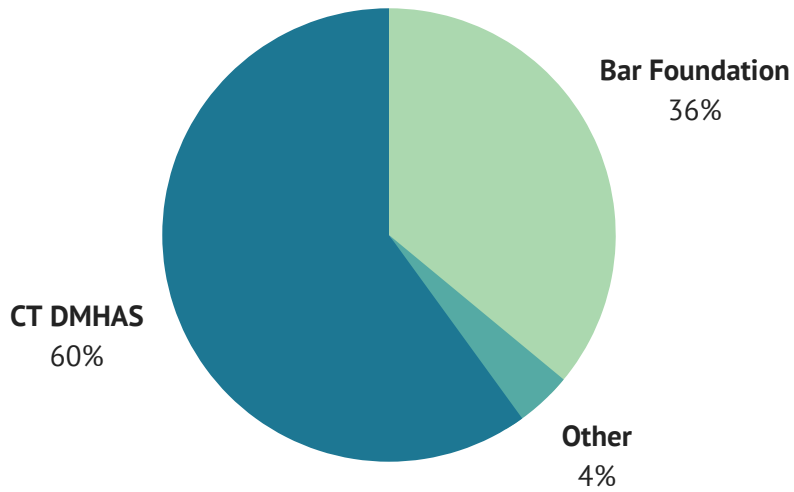
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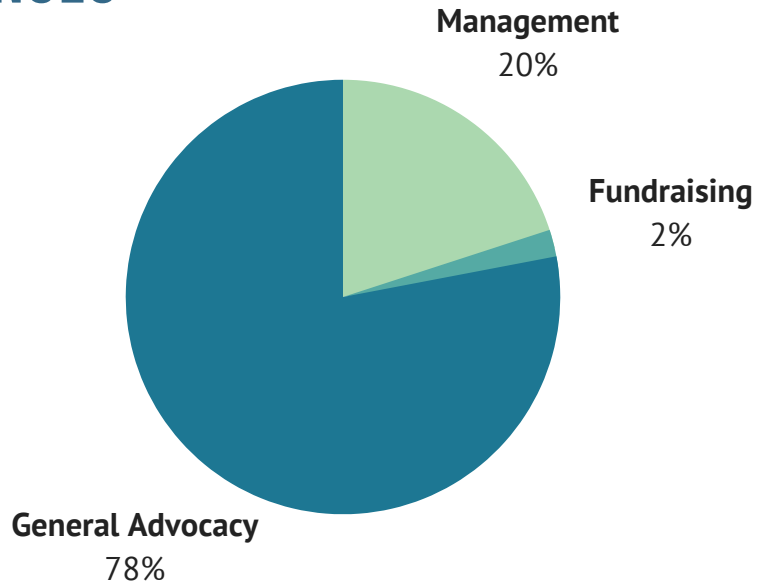
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\$669,109

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