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Testimony to the Appropriations Committee Concerning the Office of Protection and Advocacy for Persons with Disabilities

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I received an e-mail yesterday afternoon alerting me to a Public Hearing held by the Appropriations Committee concerning funding for the Office of Protection and Advocacy for Persons with Disabilities (OPA). The e-mail mentioned there would be testimony from people in the community taken by the committee and one of the subjects was the proposed merger of the Commission on Human Rights and Opportunities (CHRO) with OPA. While I was not able to attend the hearing, I request the Appropriations Committee consider my few words.

It is my understanding Connecticut's OPA is one of two or three state operated programs in the Country with the federal mandate to advocate on behalf of people with all disabilities. While CHRO is the state agency responsible to respond to allegations of discrimination, it is my experience that advocacy covers a much broader canvas. I am concerned a merger between these agencies would limit advocacy resources, especially for those people who would fall through the proverbial cracks.

First, I must explain, I have been an advocate for people with disabilities for the past twenty-five years and worked as a "Human Services Advocate" with OPA for some twelve years. During my time at OPA (which was ten years ago), I was directed to advocate directly on behalf of people with a variety of disabilities. I was privileged to one of the advocates who helped the last people institutionalized at Mansfield Training School move to community based residences as part of that institution's closure. I was also assigned to help individuals with: developmental disabilities comprising of both cognitive impairments and Cerebral Palsy; physical impairments due to accident or chronic conditions such as acquired brain injuries' Mental Illness and Co-Occuring Disorders; Acquired Immune Deficiency Syndrome; Multiple Sclerosis and other conditions which limit the rights of people to supports that meet their needs and benefits of their citizenship.

At OPA I advocated on behalf of people who lived in the community; in their own and their family residences as well as people who resided in programs such as hospitals and prisons. I was assigned to help people ranging in age from sixteen to their early seventies. Although many of them had supports in their lives, I used my knowledge of how to work within the "alphabet soup" of Connecticut services and programs such as: DOC, DSS, DMHAS, DDS (formally DMR); DCF; DOJ as well as the private non-profit programs and hospitals funded by those programs and the federal government to advocate for their best interests and wellbeing. It is because of that experience, I am a firm believer that having access to direct advocacy support is important and to illustrate my belief, I have shared a few situations I was involved with including:

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- Ensuring a family of a young adult with disabilities was assigned a case manager who spoke Spanish. This resource was not available prior to OPA advocacy and it helped them obtain resources that met their child's needs and be better advocates themselves.
- Helping an inmate with physical disabilities in the Connecticut Correctional system have the ability to safely transfer from bed by working with the facility to obtain a lifting device the staff could use. While the complaint was from this individual inmate, it turned out other inmates were also able to benefit from access to that same device.
- Helping a family become the guardian for their adult child with a severe cognitive impairment when the child was facing criminal charges and they were told they had no "right" to participate in the court process. Despite receiving services the family was not notified their child was automatically considered competent to make decisions at the age of majority. Once the family became guardian, they were able to work with the appropriate state agency and the Criminal Court to obtain appropriate resources thereby avoiding further criminal related matters.
- Advocating on behalf of an individual who was hospitalized for a psychiatric disorder to have the person's Advanced Directive concerning medication choice recognized by that hospital
- Advocating for appropriate supports to help an incarcerated youth with developmental disabilities by involving different agencies and helping them come up with a plan that met the youth's needs.
- Helping a person with mental illness pursue a grievance alleging the person's provider did not respect that person's right to participate in decision making concerning care and services.

These anecdotes of the work I did at OPA are meant to be illustrations of how direct advocacy provided by OPA can help protect people's rights and ensure their best interests. While at OPA I worked under the direction of an attorney and a supervisor on cases which primarily were resolvable either through interacting with the people directly involved or through administrative processes such as the DDS Programmatic Administrative Review and DMHAS Grievance Procedure. While these processes are available to anyone receiving services from those respective agencies, all too often families and "consumers" are not only unaware to their due process rights in such matters, they often don't have the opportunity to develop expertise or relationships necessary to be successful advocates.

I feel an independent OPA has the ability to do the important task of providing direct advocacy on behalf of people with disabilities and their families. I am worried the plan to merge OPA and CHRO will reduce this resource. However, should there be a merger, I urge that every effort be made to ensure the new entity can provide individual advocacy as needed, to support non-profit advocacy programs OPA currently supports (and nurture others); and most importantly reflect the experience and advice of people with disabilities in our community.

