

CONNECTICUT LEGAL RIGHTS PROJECT

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TESTIMONY OF JAN VANTASSEL, ESQ.
Appropriations Committee
February 22, 2012

My name is Jan VanTassel, and I am the Executive Director of the Connecticut Legal Rights Project (CLRP), a statewide non-profit program that provides free legal services to low income adults with psychiatric disabilities on matters related to their treatment and civil rights. I am also the founder and co-chair of the Keep the Promise Coalition, and many of you are more familiar with my advocacy for that coalition than you are with my "real" job as an administrator and lawyer with CLRP. Therefore, I will provide you with some background on CLRP.

CLRP was established under a Consent Order issued in 1989 to provide legal representation to persons being served, or eligible for services from, the Department of Mental Health and Addiction Services, in order to assure that this vulnerable population had access to legal advocates to protect their rights. Connecticut was one of the first states in the nation to enact a "Bill of Rights" to protect persons receiving mental health services.

In the 1990 case of *Mahoney v Lensink*, the Connecticut Supreme Court recognized that the "Bill of Rights" was "intended to afford patients a meaningful right to treatment, consistent with the requirements of good medical practice. Meaningful treatment thus requires not only basic custodial care but also an individualized effort to help each patient by formulating, administering and monitoring a specialized treatment plan."

The Connecticut Supreme Court subsequently concluded that an individual's statutory right to be an "active participant" in treatment planning includes "a right to have an advocate to help her meaningfully participate in her treatment plan," *Phoebe G. v. Solnit*, 1999. That is one of CLRP's fundamental responsibilities and we routinely intervene to protect client rights in treatment and discharge planning. We do not appear as counsel in criminal matters, including PSRB deliberations, or in Probate cases where counsel has been appointed.

Given our inability to represent every DMHAS client individually, we focus much of our work on identifying and addressing systemic procedures and practices that violate our clients' rights under state or federal laws and regulations. These are brought to the attention of administrators, and can usually be resolved through negotiations with the Department and the Attorney General's Office. CLRP submits quarterly reports to DMHAS on all of our activities and CLRP's legal advocates meet regularly with administrators to discuss and resolve systemic issues.

In order to provide effective and zealous representation, our legal advocates must develop an understanding of the relevant state and federal laws, and be familiar with the mental health system and treatment options. In addition, they must cultivate the skills to represent persons with severe and persistent mental illness, helping them to understand their legal options and protecting their rights to have their objectives and decisions respected. It can also be incredibly rewarding when we see persons that many thought could not live independently establish productive lives in the community.

That is why I was surprised and disappointed when I learned that the Governor cut \$100,000 from the legal services line item in the DMHAS budget which funds CLRP's inpatient advocacy. The rationale for this cut is not clear, however, CLRP is not able to provide the level of advocacy specified in the DMHAS contract and mandated by the State Supreme Court if these funds are not restored. In fact, we project an operating deficit for inpatient advocacy even if those funds are restored.

In requesting the restoration of our inpatient funding, I believe it is important that the committee be aware that CLRP has already taken measures to protect the level of client services.....

- Staff are in their second year of a salary freeze,
- Staff have had a mandatory furlough day each month
- Staff have had employer pension contributions reduced
- Two staff have been laid off and two additional positions are unfilled.

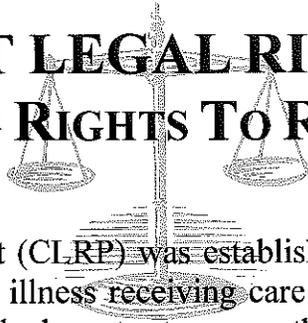
In addition to this unanticipated cut in funds for CLRP's inpatient advocacy, CLRP is facing a crisis in its capacity to protect the housing rights of DMHAS clients. CLRP's housing contract with DMHAS only covers an average of 58 cases each year. It is the private funding that has enabled CLRP to represent an average of 363 DMHAS clients each year, protecting their access to the stable housing they need to sustain recovery in the community and pursue activities that help them succeed in the community. That private funding has also allowed us to train DMHAS providers, supportive housing staff, persons in recovery and advocates throughout the state to assure that they have a basic understanding of housing rights and refer clients to us in a timely manner to protect those rights. And it has been the private funding that supported the development of a strong, working relationship between CLRP, providers and advocates that has benefited both clients and the State by preventing evictions and homelessness, and the probable consequences of such circumstances such as emergency room visits or hospitalizations.

Unfortunately, I have been notified that CLRP's private housing grant will end in December of this year. We have been able to shift or eliminate some expenses to cover costs previously covered by what was a \$440,000 annual grant. However, CLRP still needs \$350,000 to continue to provide statewide housing advocacy for DMHAS clients. Without that funding, we will be forced to cut our housing caseload by 75-80%. In fact, it is likely that we will need to terminate client intakes in the next few months.

I realize that \$350,000 is a lot of money particularly in difficult fiscal times, but please keep in mind that it will cost the State more if.....

CONNECTICUT LEGAL RIGHTS PROJECT

“PROTECTING RIGHTS TO REBUILD LIVES”



The Connecticut Legal Rights Project (CLRP) was established by the State specifically to protect the legal rights of adults with mental illness receiving care from the State. It was recognized that these vulnerable individuals need legal advocates to assure that their rights are not violated.

Inpatient

One-third of CLRP’s clients are institutionalized in DMHAS facilities. CLRP receives DMHAS funds under a Consent Decree to protect the rights of hospitalized clients related to:

- active and effective treatment
- restraint and seclusion
- involuntary medication
- access to medical records, mail, telephone, visitors
- discharge planning and timely community integration

Housing

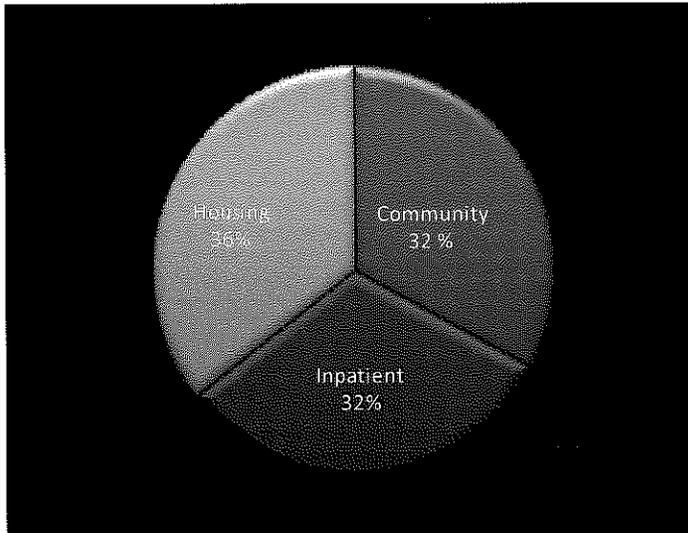
Stable, affordable housing sustains recovery, but obtaining and retaining decent housing and rent subsidies is a challenge for DMHAS clients. CLRP’s housing advocacy protects clients’ housing and their recovery. Less than 20% of CLRP’s housing cases are funded by a state grant. The remainder have been covered by a private grant that is being terminated.

Self-Sufficiency

CLRP’s representation of community clients on non-housing matters is funded by the CT Bar Foundation grants. These cases protect our clients’ rights related to:

- access to health care services
- education
- job training
- employment
- advance directives
- conservatorships
- specialized services for young adults
- alternatives to incarceration and re-entry

CLRP CASES



“Whenever a CLRP representative is present, the treatment team seems more willing to work things out.”

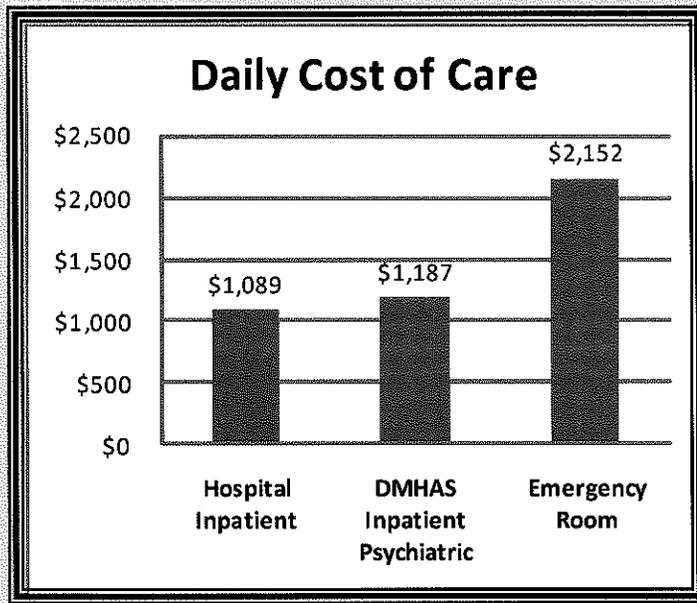
“If it wasn’t for CLRP, I just might be homeless right now. I am so very grateful for all their help through this whole ordeal. I would have never done it alone.”

“Advance Directives are important. Because I had an advance directive, I got the services that I wanted in the hospital where I wanted to be treated.” - J.G

CONNECTICUT LEGAL RIGHTS PROJECT

“Stable Housing Saves Lives and Money”

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Source: Partnership for Strong Communities

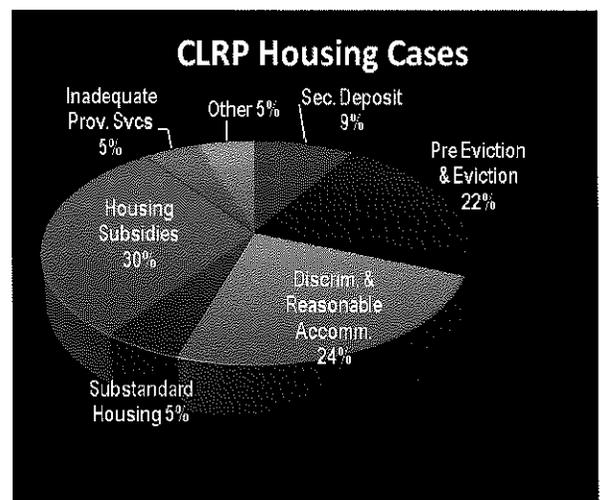
Persons with mental illness living in the community encounter discrimination and harassment that can result in illegal evictions, loss of housing subsidies, and homelessness.

CLRP protects the housing rights of DMHAS clients, but the state funds only cover less than 20% of CLRP’s housing cases. More than 80% of housing cases are funded by a private grant that ends in December, 2012.

CLRP’s needs \$350,000 to sustain its average caseload of 363 DMHAS housing clients per year. This cost is minimal compared to the expenses the state is likely to incur for other services if persons with mental illness lose their housing.

\$350,000 is equivalent to:

- 169 Emergency Room visits
- 295 days at a DMHAS inpatient facility
- 321 days of Hospital care



Housing cases comprise 50% of CLRP’s community cases and 38% of the total caseload. Nearly every case is successfully resolved, protecting the client’s right to obtain or retain safe, affordable housing.

In order to protect client services, CLRP staff have accepted salary freezes, furlough days and pension reductions. The program has also laid off staff and kept positions unfilled. Currently there are four vacancies in a staff of twenty.

For more information, contact Jan VanTassel at (860) 262-5042 or jvantassel@clrp.org