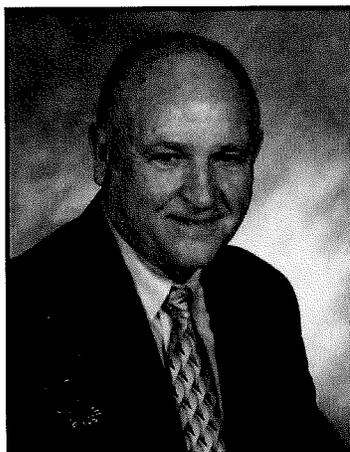


**Working to Remove Barriers to an  
Enviably Life**



**Office of Protection and Advocacy for  
Persons with Disabilities**

**Annual Report 2014**



Arthur L. Quirk

1937 – 2014

The 2014 P&A Annual Report is dedicated to the memory of Arthur L. Quirk, dedicated advocate and friend to P&A and people with disabilities. P&A Advocacy Board member and chair.

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## A Message from the Executive Director and the Advocacy Board Chair

### **P&A**

#### **Advocacy Board**

Thomas Beherendt  
New Haven

Alexandra Bode  
North Branford

John Clausen  
Storrs

Harvey Corson  
Hartford

Donald DeFronzo  
Hartford

William Knight  
Torrington

Elizabeth McArthur  
Wallingford

David Morgana  
West Hartford

Sheila Mulvey  
Plantville

Chadwick Sinanian  
Danbury

Jonathan Slifka  
West Hartford

Marisa Walls  
Avon

#### **Executive Director**

Craig B. Henrici

The Office of Protection and Advocacy for Persons with Disabilities produces an annual report each year for the Governor and Co-chairs of the Human Services Committee of the Connecticut General Assembly. It is an opportunity for this agency to review its work and to recognize the challenges it faces in its quest to help and assist people with disabilities in Connecticut.

This year we chose to focus on the concept of an “enviable life.” That is the life that you would want for yourself and yourself and your family members. In the disability community, the concept of an enviable life has been championed by individuals in the developmental disability community but arguably it applies to all people with disabilities.

As articulated in the DD Act, “Disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to enjoy the opportunity to live independently, enjoy self-determination, make choices, contribute to society, and experience full integration and inclusion in the economic, political, social, cultural, and educational mainstream of American society.” For members of the disability community this means, among other things, making choices for yourself; living in a home of your own; a real job for real pay and the opportunity to be a member of a work community; participating and being valued as a member of your community; freedom to worship and be a member of a faith community of your church.

For the rest of us, it means supporting people with disabilities to reach these goals, not by perpetuating serve systems that dictate choices but by creating models that allow for maximum choice by individuals with the disabilities. At P&A we support people with disabilities who are working toward an enviable life by protecting their civil and human rights. As an agency, we assist people moving from institutions to homes in the community, address employment discrimination, and training needs to allow people with disabilities to work toward a real job; help families obtain educational programs that will maximize learning and growth for their children; ensure safer environments by investigating and addressing abuse and neglect; and educate people

with disabilities and other about rights and resources. While this list is not exhaustive, the commitment of P&A and its staff is to remove barriers to an enviable life. You will see that commitment reflected in the statistics and stories told through this annual report.

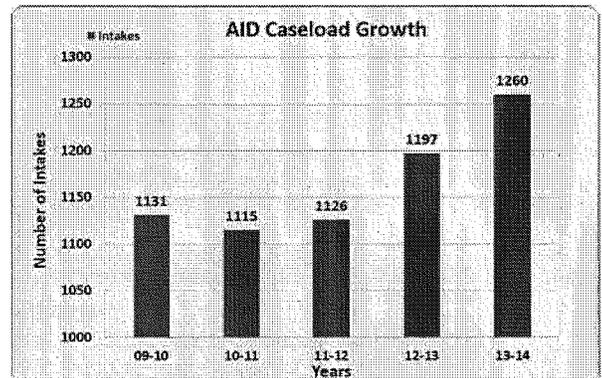
## Investigating and Remediating Abuse and Neglect

Being treated with respect and dignity is a fundamental right for all human beings. Unfortunately, however, abuse and neglect can occur in all types of settings – institutions, community programs and even in family homes. When there is reason to suspect that people with disabilities are being subjected to abuse and neglect, P&A can investigate, find the facts, and oversee corrective measures.

### Abuse Investigation Division

P&A's Abuse Investigation Division (AID) investigates allegations of abuse or neglect by caregivers of adults with Intellectual Disability who are between the ages of 18 and 60. AID conducts primary investigations for allegations of abuse and neglect involving people with intellectual disability living outside the service systems. Most reports involving clients of the developmental disabilities service system are directly investigated by the service agencies, with P&A monitoring the internal investigation. AID is also mandated to investigate the deaths of persons with intellectual disability for whom the Department of Developmental Services has responsibility for direct care or oversight and when there is reason to believe that the cause of death may involve abuse or neglect.

Last year, AID received 1,272 allegations of suspected abuse or neglect of persons with intellectual disability, resulting in 1,260 cases. P&A staff investigated or monitored 1,100 cases while 160 allegations did not meet the statutory requirements for a P&A investigation. Of the 1,100 cases investigated or monitored, 618 involved an allegation of neglect while the other case types included Abuse (229), Injury of Unknown Origin (128), Abuse/Neglect (92), Abuse/Neglect Death (7) and Other (26). The cases involved 1,402 victims: 674 females and 728 males. Fifty-three percent (53%) of the alleged perpetrators were residential staff, 16% were vocational staff, 12.5% were family members. The identity of the perpetrator was not known in 11% of the allegations.

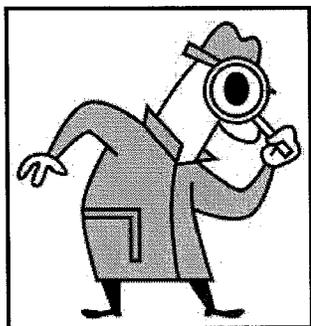


### A Need for the Basics

At P&A, every case is different because every person is different. Calls that come into the Abuse Investigation Division (AID), however, often have a few themes in common: Fear; emotional and/or physical pain; and extreme levels of control. One call in 2014 was in regard to Jane, a person with an intellectual disability. The caller reported that Jane lived with family members and worked in a supported employment program. One day she arrived at work with a bruise to her nose and eye. The caller said that

Jane initially stated that she had walked into a wall, then claimed to not know how the injury occurred. Jane, the caller said, often came to work dirty and wearing the same clothing for as long as a week.

AID launched an investigation, beginning with staff members at Jane's day program. Investigators learned that, although she had weighed only 90 pounds when she entered the program, Jane now weighed 103 pounds, likely a result of the food provided during the work day. Program staff also noted that, after extended absences from the work program, her weight would drop. Staff stated they had not witnessed any instances of physical abuse during pick-up or drop-off times, but said Jane would flinch when approached by one family member, and was often subjected to verbal abuse by others. According to her staff, Jane seemed to enjoy her work and was good with customers, earning about \$40 a week. They described her as talkative and sociable, but said she would shy away from conversations about her home.



When investigators met Jane, they observed that her remaining teeth appeared decayed. Jane told them that her teeth hurt when she ate. She maintained that her facial injuries had been caused by her walking into a wall. When staff had asked what caused her to walk into the wall, she responded that she had not been wearing her glasses. Further probing by investigators revealed that Jane was not wearing her glasses at the time because she did not have permission to do so from her family. Jane told investigators that she needed permission from her family not only to wear glasses, but to eat, shower and use the bathroom.

Jane's physician told investigators that her weight at her last examination was 91 pounds, giving her a body mass index of 17.5. The physician stated that Jane appeared to suffer from poor nourishment. The doctor's notes described Jane as "cachectic," a condition defined as general ill health with emaciation, usually occurring in association with cancer or a chronic infectious disease. According to her physician, however, Jane's examination, as well as subsequent lab results, were negative for any underlying medical condition.

Jane's case manager from the Department of Developmental Disabilities (DDS) told investigators that her family had removed Jane from the day program because she was developing "bad habits". The family declined to meet with investigators and failed to make her available to the attorney appointed by the probate court in response to a P&A request for a review of her guardianship status.

Based upon the investigation, P&A determined there was sufficient evidence to believe that Jane's facial injuries were the result of caretaker neglect; in addition, the evidence confirmed that her family had not provided Jane with the services necessary to ensure her physical and mental health. The Office also noted Jane's belief that she must ask permission of her family for even the most mundane matters, such as whether she may wear her glasses, have breakfast or take a shower. AID issued a protective service plan requiring that Jane receive medical and dental examinations and prescribed treatment, and that she be placed outside the family home. At this point, DDS has provided placement in a respite program while a permanent placement is sought. Jane is in the process of receiving dental treatment and is gaining weight. After review by the probate court, her family members were removed as guardians. Jane has secured another supported employment position and lives a life free of medical neglect and unnecessary constraint.

## Fatality Review Board

The Fatality Review Board for Persons with Disabilities (FRB) was established to bring greater independence and oversight to the fatality review process for people with Intellectual Disability who receive services from the Department of Developmental Services (DDS). The FRB is supported by P&A and operates independent of the DDS independent mortality review structure. FRB staff tracks all reported DDS client deaths and pursues preliminary inquiries and full, independent investigations into selected deaths. The Executive Director of P&A chairs the FRB. The FRB also has Governor-appointed members who are drawn from medical, law enforcement, human service and forensic investigation professions. The Commissioner of DDS or designee sits as a non-voting member. Since 2009, the Connecticut Legislature has required the Department of Mental Health and Addiction Services (DMHAS) to report the death of anyone receiving inpatient behavioral health services in a DMHAS-operated facility to P&A within 30 days after the death. The FRB also reviews these deaths and investigates as necessary.

### Fatality Review Board Members

John DeMattia, Esq.  
Supervisory Assistant  
State's Attorney  
Rocky Hill, CT

Gerard Kerins, M.D.  
Madison, CT

Patricia Mansfield, R.N.  
East Lyme, CT

Timothy Palmbach  
Simsbury, CT

Lakisha Hyatt, M.S.N. R.N.  
Liaison, Department of  
Developmental Services  
Hartford, CT

The Department of Developmental Services reported 221 deaths to the FRB from October 1, 2013 through September 30, 2014. Reports of deaths occurring under unusual circumstances, those of unknown cause or those suggesting possible deficiencies in care and treatment are identified for further in-depth review and/or preliminary investigation. In cases requiring in-depth review, Board staff obtains pertinent data relative to each case, including autopsy reports, medical and other clinical records, police and ambulance reports and investigations completed by other agencies. FRB staff also contacts family members, agency staff, medical professionals and others having knowledge of the person's history and/or the circumstances surrounding the death. Information concerning these cases is prepared for the Board to review. The Board then makes recommendations for further review, investigation or action in each case. FRB staff also works jointly with OPA/AID investigators in the investigation of these deaths, where abuse or neglect is suspected to have played a role.

During the time period between October 1, 2013 and September 30, 2014, sixty-two (62), or 28% of all reported deaths, were subject to in-depth discussion, monitoring, investigation and/or review. Nine of the cases or 4% involved deaths due to alleged abuse or neglect. In addition the FRB staff also received reports from the Department of Mental Health and Addiction Services (DMHAS) and Department of Correction (DOC). During the same time period, the FRB received reports of 3 deaths from DMHAS and 3 from DOC. In addition to fulfilling its responsibility to review deaths of clients of the Department of Developmental Services, the FRB reviewed and discussed current DDS policies and procedures, relating to Do Not Resuscitate (DNR) Orders and Advanced Directives. The Board invited Dr. James Gill, Connecticut's Chief Medical Examiner, to a FRB meeting to introduce Dr. Gill to the role and activities of the FRB, and obtaining clarifying information regarding the OCME's criteria for asserting jurisdiction.

### It Started as a Simple Toothache

The FRB received a report about the death of a long time resident of Southbury Training School (STS) who had been healthy until a just weeks before his death. Then he got a tooth ache. He was seen at a local Emergency Department and diagnosed with bronchitis and a tooth infection/abscess. The ER recommended antibiotics, increased fluid intake to avoid dehydration, and to see a dentist and primary care physician within 48 hours. A dental visit was scheduled for the next day and the dentist added a CT scan to the recommendations. Thirteen days after the visit to the ER, dental surgery was performed to address the tooth abscess.

**“significant deficiencies in care ... were rooted in systemic problems”**

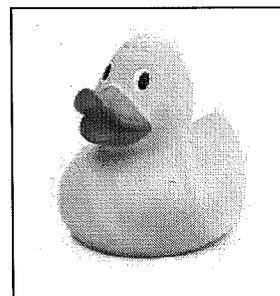
The physician’s assistant ordered the medication but the rest of the recommendations were not followed. The resident never saw his primary care physician, a CT scan was never performed and the order for increased fluids was not implemented. Records reflected that he was not monitored or assessed adequately by nursing and medical staff. Approximately three weeks after the ER visit, he was taken back to the hospital for what would be his last visit.

Upon admission, he was diagnosed with septic shock, systemic inflammatory response syndrome and severe dehydration with acute kidney failure. He never left the hospital and died 32 days later.

The Department of Public Health (DPH) conducted an investigation into the death and concluded that STS had failed to provide adequate physician and nursing services. The corrective action plan submitted by DDS in response to the violations focused on ensuring proper documentation. While the plan was in compliance with DPH’s criteria, the FRB was not satisfied.

In a letter to DDS, the FRB expressed that this was much more than a documentation issue, stating “the FRB remains concerned that the significant deficiencies in care afforded to [the resident] were rooted in systemic problems that have not been fully acknowledged and addressed.” The FRB issued several recommendations for enhancing quality assurance mechanisms for the delivery of health care services at STS. Specifically, the Board recommended that STS develop a comprehensive, systemic case review system. The Board also recommended that DDS set facility-specific standards and protocols for client assessment and communication pathways and timeframes for client assessment by nurses, physician assistants and physicians. The FRB also recommended that an outside professional with demonstrated experience in quality improvement in healthcare settings be involved in the development and implementation of the oversight protocol.

In response to the FRB’s recommendations, DDS submitted a plan for incorporating the Board’s recommendations into STS’s current quality assurance system, and has indicated that they will identify a quality assurance expert (outside consultant) to assist them in reviewing and evaluating systems improvements made to date. In the coming months, the FRB will continue to receive updates from DDS as the plan is implemented.



## Responding

For people who are uncertain about their rights, or who are facing daunting barriers, important life decisions, confrontations with powerful systems or even instances of outright discrimination, P&A provides empowering information, straight answers and short-term problem-solving assistance.

In 2014, P&A advocates received 3,447 requests for information and referral, from people with disabilities, their family members, and interested parties. In addition to meeting with walk-in clients, advocates handled requests for information and assistance from callers, legislators, e-mail contacts, letters and visitors to the P&A website. The largest volume of calls (632) related to Abuse or Neglect including inappropriate mental health treatment; excessive or involuntary medication administration; physical, verbal or sexual assault; inappropriate restraint; and financial exploitation. They also responded to questions concerning Housing (585), Government Benefits and Services (399), Education (277), Employment (216), Healthcare (138), Rehabilitation Services (133), Rights Violations (124), Financial Entitlements (83), Criminal Justice (81), Architectural Accessibility (74), Assistive Technology (69), Transportation (60), Guardianship and Conservatorship (60), Transportation (55), Parental Rights (46), Services with a focus on Personal Assistance (46), Consumer Finances (45), Non-Government Services (23), Insurance (17), Breach of Confidentiality (14), Access to Records (14), Recreation (11), and Voting (11). Advocates also responded to 259 requests for simple information like a copy of a publication or the name of a case manager. Callers also contacted P&A about Quality Assurance, Program Access, Privacy, and Immigration.

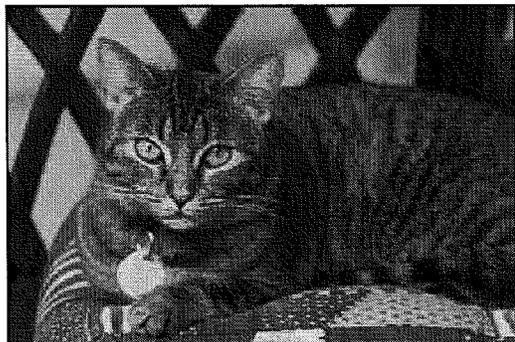
### DID YOU KNOW?

P&A has a comprehensive **Disability Resources Directory** for Connecticut? It is available on the P&A website ([www.ct.gov/opapd](http://www.ct.gov/opapd)). You can also request a copy over the telephone, through the mail, by e-mail or by visiting the agency. Contact information is located on the back cover of this report.

## Emotional Support

Ten years ago, Maria's psychiatrist recommended that she get an emotional support animal to help with her symptoms of anxiety and depression. Her apartment building had a no pet policy but her doctor explained that an emotional support animal is not considered a pet and showed her how to write a request for a reasonable accommodation under the Fair Housing Act. She did this and her landlord accepted it with no problem. She got a cat and found that their bond really did help with her symptoms. Ten years later, Maria's cat passed away. She was heartbroken and her doctor again recommended another cat. Right around that time, her apartment building was sold and a new landlord took over. She informed him that her cat had passed away and she was requesting to get another one as a reasonable accommodation. He consulted with his attorney and told her she could not have one because there was a change in the

Americans with Disabilities Act (ADA) and it no longer covered emotional support animals. Maria was devastated - her psychiatrist gave her the number for P&A.



When Maria called, the P&A Advocate explained that what the landlord said was true, but her right to an emotional support animal in her home is covered under the Fair Housing Act, not the ADA. She went on to also explain that the change in the ADA regarding emotional support animals only applies when bringing the animal out into places of public accommodation like stores and doctor's offices. At Maria's request, the Advocate contacted the landlord and explained Maria's rights under the Fair Housing Act. She suggested that he speak to his attorney again and have the

attorney contact P&A if needed. Maria contacted the Advocate the next day to say that the landlord had approved her request and she was on her way to the shelter to pick out a kitten.

### Just Trying to Get Home

Lucy, a woman from Brooklyn, NY, just lost her apartment so she came to Connecticut to visit relatives. She called P&A reporting that her relatives were physically abusing her. Lucy told the P&A advocate that she attempted to call the police, but they were not taking her complaint seriously. The advocate encouraged Lucy to contact the police one more time and if the complaint was not taken seriously, call the advocate back. A short time later, Lucy called back telling the advocate that she had indeed contacted the police. They arrived only minutes after her call but they spoke with the relatives downstairs. When they came upstairs, they did not speak with Lucy, they immediately took her to the hospital for treatment. Unfortunately, her ordeal did not stop there.

Lucy was discharged from the hospital and transported to a shelter in New York. Lucy has cerebral palsy and the shelter was not accessible. Lucy had no choice but to return to the hospital where the social workers attempted to find her an accessible shelter, a task that proved to be impossible. The social worker called P&A and spoke to the advocate who had assisted Lucy, asking for any ideas or assistance with finding Lucy an accessible place to stay. The advocate suggested discharge to a Residential Care Home (RCH). An accessible RCH was located and Lucy had a place to stay until she finally saved money to return to her true home in New York.

### Try a Reserved Space

Jen called P&A on behalf of a friend, Mike, who had recently become physically disabled and had just received a handicapped parking permit. Mike owned the condominium where he lived but there was no assigned parking and only one handicapped parking space which was always taken. Mike requested that

the condominium association install another handicapped parking space in front of his unit as an accommodation to his disability. The association agreed but told him that he had to pay for it. Jen thought that this didn't sound right and called P&A to discuss the situation with an advocate.

The Advocate explained that a handicapped parking space can be used by anyone who has handicapped parking permit. She also explained that under the Fair Housing Act, Mike could request a reserved parking



space as an accommodation to his disability. This space could be reserved for Mike only. The Advocate asked if Jen would like a sample request letter sent to her to pass along to Mike. She said no and asked that the Advocate read the sample letter to her, which she did. The Advocate encouraged Jen to pass along P&A's phone number to Mike in case his request was denied. Two days later the Advocate received a voicemail from Jen thanking her for the help. She and Mike wrote the accommodation request letter and they had submitted it the previous day. Mike had just called Jen to tell her that when he woke up and looked out his window he saw the maintenance worker installing a reserved parking sign in front of his unit. Mike was convinced it

was the 'official sounding' language in the sample letter that made the Condo Association realize that he was well aware of his rights.

**Prepared for an Emergency**

Callers to P&A often call for something specific for someone but receive information that will be useful to many others. For example: Officer Johnson contacted P&A regarding his concerns about a woman who uses a wheelchair. He said the woman lived in an apartment building and the elevator was going to be out of service for a few days because it was being repaired. He wanted to know how the woman would get out of the building in case of an emergency. The advocate asked him if he was aware that each town has an Emergency Preparedness Plan. He said he was not aware and asked how it worked. The Advocate explained that in his town, a person with a disability who needed an accommodation during an emergency, could contact the town's Fire Department and register for that assistance ahead of time. This information helps the town plan for all kinds of emergency situations and identifies residents who may need additional assistance when an emergency occurs. Officer Johnson appreciated the information and will be able to use it in his work.

**Did You Know?**

**The Americans with Disabilities Act (ADA) turns 25 years old in 2015?**

**Passed in 1994, the ADA is the most comprehensive piece of civil rights legislation for people with disabilities. It provides protections in the areas of employment, state and local governments, places of public accommodation and telecommunications.**

## Representing Individuals

History teaches that civil rights are not self-enforcing, and that even well meaning, generally competent human service programs sometimes get things quite wrong. Yet, it is often difficult for an individual whose identity and needs are misunderstood, or who is experiencing discrimination, to successfully challenge powerful organizations - to “fight city hall”. Sometimes it helps to have an ally, like a P&A advocate or attorney in your corner.

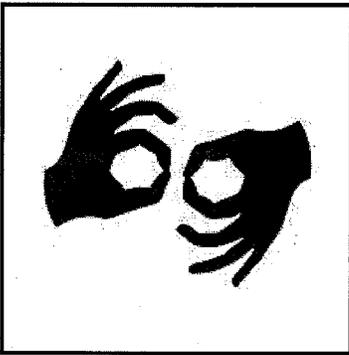
### Advocacy Representation

Advocates assigned to the Advocacy Representation Division protected the rights of adults and children with disabilities living in institutional and community settings. In addition to providing advocacy representation and training on disability-related topics, advocates also intervened on behalf of groups and individuals, such as children with disabilities in need of appropriate planning and supports to meet their educational needs and adults with disabilities seeking assistance with barriers to becoming employed, including vocational training and discrimination. They also provided advocacy to people with disabilities seeking remedies for issues related to abuse, neglect, accommodations in housing, access to assistive technology, forced medication, parenting with a disability, programmatic and structural accessibility, effective communication in hospital and law enforcement settings, and guardianship. Advocacy Representation Division staff attorneys seek administrative or judicial remedies for cases involving discrimination based on disability. The Division is composed of a number of distinct federally mandated advocacy programs for people with disabilities, as illustrated on the chart on page 30 of this report.

P&A advocates, attorneys and subcontractors provided representation to individuals with disabilities for 639 disability related issues. The 543 individuals served by P&A staff experienced problems in the areas of Education (168), Abuse and Neglect (88), Rehabilitation Services (79), Rights Violations (64), Government Benefits (29), Employment (27), Assistive Technology (26), Housing (20), Architectural Accessibility (14), Transportation (14), Unnecessary Institutionalization (9), Voting (4), Parental Rights (3), Rights Violations (3) and Recreation (3). The remaining cases involved problems in the areas of Healthcare, Access to Records, Financial Entitlements, and Privacy.

### Effective Communication for All

Monica was dissatisfied with the special education services that her son was receiving at his elementary school. Because Monica is deaf and called P&A using video relay, the advocate questioned whether Monica received interpreter services for her son’s Planning and Placement Team (PPT) meetings. The lack of



interpreter services could be contributing to communication lapses that would affect the services her son received. The advocate asked Monica if the school had provided an American Sign Language (ASL) interpreter at any of the PPT meetings she had attended. Monica said no. The school told her that she could bring an interpreter but they would not provide one.

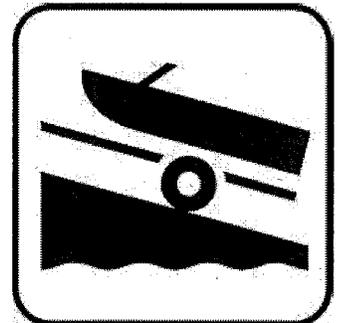
The Advocate informed Monica that the Americans with Disabilities Act requires the school to provide effective communication for persons who are deaf and, therefore, the school was responsible for providing a certified ASL interpreter for all PPT meetings. With Monica's permission, the advocate contacted the school, leaving numerous unanswered messages for the Special Education Department. No one returned her calls. She then contacted the Special Education Director for the school district. The Director was surprised that no interpreter had been provided since the district has a policy in place to provide them when one is requested for all planned meetings. She said she would forward the information and follow up with the school to ensure that an interpreter was scheduled for meetings with Monica.

While this was happening, Monica contacted the Advocate and said that the family was moving and her son was now going to be attending a different school in the same district. The Advocate quickly contacted the Director again with this information and was told that the new school would be sent the policy as well. Just when the issue appeared to be resolved, the advocate then received an email from the Special Education Director saying that an interpreter would always be provided by the new school because the Vice Principal knows sign language. The Advocate informed the Director that Monica would need to be provided with a certified ASL interpreter and that the Vice Principal should not be used for these meetings. The Director assured her this would be the case, and so far, it has been. Now, with effective communication, Monica feels more confident that she can advocate for her son's needs and that the school is listening.

### Understanding All the Circumstances

A P&A advocate has, for many years, been a member of the Department of Energy and Environmental Protection's (DEEP) Natural Heritage, Open Space and Watershed Review Board. Her role is to ensure that the Department's programs (such as state park operation), and documents (such as grant applications and public notices) are in compliance with the Americans with Disabilities Act (ADA).

The advocate received a call from a member of the Watershed Review Board who is also a DEEP employee about a town's provision of accessible parking at the site of a new launch for non-motorized boats. After discussing parking options that would fulfill the requirements of both the Americans with Disabilities Act and the Connecticut State Building Code, the Advocate inquired



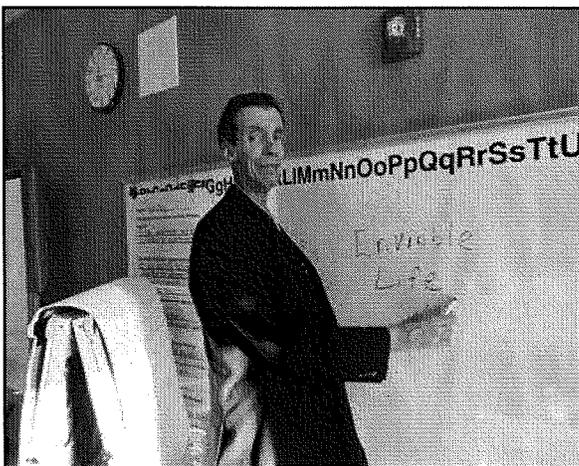
about the prospective design of the launch area – it should be accessible, too! Upon learning that the plans did not offer accessible features, she forwarded the DEEP staff member documents on making boat launches accessible, as well as websites on particular products. The DEEP employee discussed the issue with the town’s Recreation Manager, who liked the idea and added a state-of-the-art accessible boat launch to the plans.

Sometimes asking that extra question leads to a much better outcome. If the advocate had simply answered the original question, the only result would have been a compliant parking lot; going a little further resulted in plans for a more globally accessible boat launch environment. The launch area will be completed by Spring, 2015. Stay tuned for photographs in our next Annual Report!

### Working Toward His Dream Job

Johnson wants to be a teacher – that is his dream job. He was working toward meeting his goal with the assistance of the Bureau of Rehabilitation Services (BRS), Connecticut’s vocational rehabilitation provider, but his case was not moving forward. He had been successfully substitute teaching for years but needed BRS’ assistance with obtaining permanent employment and recertification for teaching. BRS, however, was not interested in Johnson’s goal, instead trying to steer him toward a career in the social services field. He was frustrated – BRS was not listening and he almost lost his home due to the lack of permanent employment. He contacted P&A for assistance.

The P&A advocate worked with Johnson to develop a strategy and scheduled meetings with BRS. At first, it was difficult to meet because of Johnson’s temporary schedule. He needed the money and therefore, had to work when he was called to teach. The advocate arranged a meeting with the supervisor of Johnson’s counselor. The meeting was the first time in a while that Johnson felt like his career path was moving forward and someone at BRS was listening to his career goals. Rather than assign a new counselor, the supervisor continued to work with Johnson. BRS agreed to assist Johnson with his teaching certification, obtaining full time employment and helping him complete his financial aid paperwork.



Johnson continues to substitute teach while working with a BRS sponsored Community Rehabilitation Provider to update his teaching certificate, hone his interviewing skills and look for a teaching job. Johnson has found success in one school

system where some of the teachers have gone to the school psychologist and the department head to inform them that Johnson does a great job with students who interact well with him and are learning. Johnson is hoping that BRS will support him with obtaining his master’s degree, another essential for success in teaching.

## A Life in the Community

On a rainy morning, the movie, “Heidi,” plays on the television in the living room of a group home. Two women watch. Garlands of orange artificial flowers and autumn-themed figures of straw and cloth decorate the windows and walls. Natural light floods the space, which is open and welcoming and clean. One of the women is Nilda, and this is her new home.

Nilda had been placed at Southbury Training School in 1970, when she was in her early twenties and a doctor advised the placement. Until then, she had lived with family members. Her family, constrained by distance and circumstances, rarely saw her. Also constrained was Nilda’s institutionalized life, which lacked privacy, enrichment and choice. Even in 2014, she shared a room with three other women.



In March, 2012, a P&A advocate was assigned to work with Nilda and her family. The goal? To find a placement for Nilda in advance of what the family was told would be Southbury’s eventual closing. The parents worried at first: Would she be safe? Would she adjust after spending most of her adulthood in an institution? “This would be a new beginning,” the advocate said. “I understood their fears.” The advocate spoke their language and shared their culture, enabling her to develop a relationship based on shared identity. (Her relationship with Nilda flourished, too, based not only on the advocate’s warmth and cultural affinity, but on Nilda’s delight that they were both wearing red nail polish at their first meeting!)

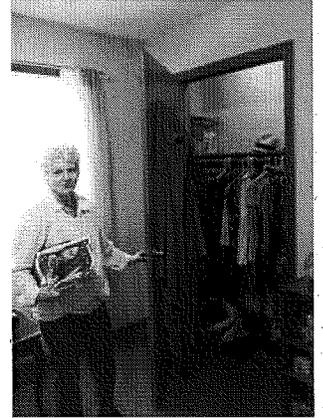
Once the family and Nilda agreed, the advocate shepherded the transitional planning, in the process educating both Southbury and group home staff on the cultural components of some of Nilda’s behavior. Previously, for example, Nilda had been labelled physically and verbally aggressive when, in fact, her physicality and the pitch of her voice were often just culturally expressive.

The manager at Nilda’s new home says that the adjustment period was remarkably swift and smooth. To ease the transition, Nilda visited the group home several times over the course of six weeks, sharing meals and enjoying overnights. After she moved in, staff members worked to relieve her of some of the habits and anxieties that had been generated by institutionalization. She used to take the jewelry and hair ornaments of others; now that she has her own special items, she no longer takes them from other rooms. She is learning to differentiate between friends and strangers, both in terms of offering affection and taking basic security measures.

**“the adjustment period was remarkably swift and smooth”**

She is less likely to layer clothes – sometimes six articles at a time – because she has learned that her clothing will no longer disappear. Nilda’s family, says the manager, “is flabbergasted at how much the group home will work with them,” providing transportation for routine visits and holidays. Nilda, recently met a much younger brother for the very first time.

Nilda's bedroom – *hers alone* – has a bed covered in a brightly patterned comforter; it is meticulously made, the result of her own daily effort. Inside the room are decorative items on the wall; a closet; a CD player; a TV; and a bureau filled with clothes and personal items, including the many self-made art pieces that Nilda, left to her own devices, would never recycle, give as gifts, or throw away. On the bed, leaning against the pillows, are two dolls, carefully dressed. The house manager playfully lies on the bed, resting against them; in response, Nilda promptly and with good humor pulls the manager off the bed and adjusts the hat on one of the dolls. Just so.

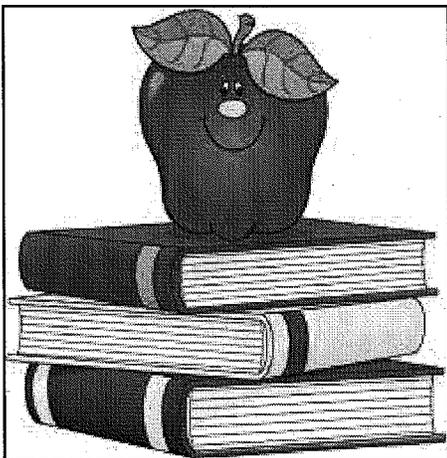


As part of her day program, Nilda works twice a week at Chili's, rolling silverware in napkins in preparation for tables. Once a week, she volunteers at a nature center, watering the plants. Twice a week, she participates in music appreciation events, singing, dancing and trying out instruments. At home, one of her chores, enthusiastically embraced, is to fold her laundry, which she does every morning. She strings beads into necklaces. She participates in the daily dance parties at the house. She is eager to help staff members with household jobs.

On the TV, a monkey is causing major shenanigans, leaping from a chandelier and irritating the villain in the story. Nilda and her friend dissolve into laughter at the slapstick. Two women, completely attuned to the nuances of human emotion, enjoying a movie at home on a rainy day.

### Language was not the Barrier

Juanita was frustrated and running out of ideas for her 10 year old daughter, Anna. Anna had been diagnosed with ADHD, anxiety, dyslexia and impulse control issues. She was not doing well in school so Mom requested special education services. School personnel told Mom that Anna was not eligible for special education because her difficulties in school were due to language barriers, not disabilities. They claimed that English was her second language and Spanish, her first. Mom disagreed. Although Anna's first three years were in Puerto Rico, she spent the past seven years in Connecticut and English is her primary language.



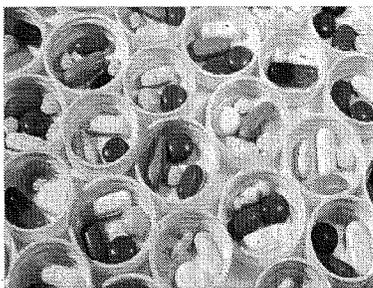
The school ignored Mom's objection and placed Anna in an English as a Second Language (ESL) class. Anna's issues in school continued to escalate. Mom sought treatment for Anna outside of the school system and the outside agency attended a Planning and Placement Team (PPT) meeting, hoping to assist Mom in obtaining special education services. The agency social worker attended the meeting to request numerous evaluations and special education services for Anna, but they were again denied and told that the issues were a language barrier. That is when she called P&A.

A P&A advocate and attorney met with Mom to review the case and to educate Mom about Anna's right to special education services. P&A requested a PPT and prepared Mom for the upcoming meeting. The school contacted Mom several times before this meeting pressuring her to attend 'an informal meeting' before the PPT. P&A advised her to decline the informal meeting and wait until the PPT, explaining that the PPT is a formal meeting where she has an opportunity to preserve Anna's rights. Juanita attended the scheduled PPT with the P&A advocate by her side. The school agreed to the previously requested evaluations and as expected, the results echoed what Mom had been trying to tell the school for almost three years. The school accepted those results and finally agreed that Anna was entitled to special education services. The parties developed an appropriate Individualized Education Plan (IEP) and Anna began receiving the services she needed to succeed. Mom reports there has been a great deal of progress and Anna is doing much better in school.

### Forced Medication - Ahead of Time?

Lisa, a woman with mental illness, was at an inpatient psychiatric unit at a local general hospital. The hospital wanted to medicate Lisa but she refused, triggering an Involuntary Medication Hearing. (Sec. 17a-543 (d) of the Connecticut General Statutes allows facilities to establish internal procedures for decisions about involuntary medication of inpatients, provided those procedures conform to certain requirements.). P&A received a call from the hospital social worker requesting that we represent Lisa at the hearing. Lisa wanted an advocate at her Involuntary Medication Hearing.

P&A staff arrived early to meet with Lisa and prepare for the hearing but when they arrived they learned Lisa had been taking the medication prescribed for several days. In previous forced medication situations



the issue was considered resolved and the hearing did not take place. That day was different. The hearing officer wanted to go forward with the hearing "just in case she needs it" and then ordered Lisa to be forced medicated even though she did not meet the criteria for involuntary medication. The hearing decision also ordered forced medication if Lisa had future hospitalizations and the hospital felt she needed medication. The P&A advocate was outraged at the behavior of the hearing officer to force medication when it was not

necessary, revealing a pattern of decisions by the hearing officer to force medicate without meeting the statutory requirements.

The P&A advocate and her supervisor immediately contacted the hospital and requested a meeting with the Mental Health Unit Director. They discussed the illegal nature of ordering forced medication for potential future need, emphasizing the right of the patient to have an assessment of the statutory requirements for forced medication every time a patient refuses medication. The Unit Director agreed that training was necessary for his staff and especially a certain hearing officer. PAIMI requested a meeting with the Unit director who agreed training was necessary. P&A staff developed and presented a training to hospital hearing officers about patient rights and the use of involuntary medication. P&A continues to monitor forced medication hearing decisions to ensure that civil rights are no longer being violated.

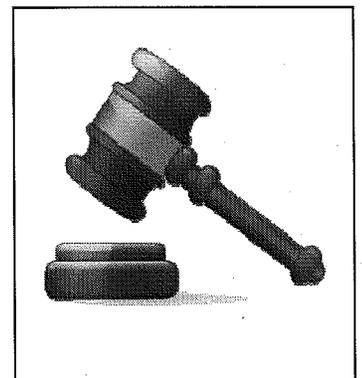
## Legal Representation



The Legal Services Division of the Case Services Unit provides legal advice and representation to selected agency clients who meet certain criteria established through funding sources and established agency priorities and objectives. Staff attorneys also represent individuals and groups seeking administrative or judicial remedies for discrimination based on disability. During the year, the P&A legal division provided individual and systemic representation and monitoring on a number of legal issues including, but not limited to: reasonable accommodation and discrimination in housing including inappropriate discharge from a residential care home; lack of effective communication by law enforcement, healthcare facilities, and post-secondary institutions, eligibility for services from the Department of Developmental Services; appropriate proper treatment for prisoners with physical disabilities and mental health treatment issues; sterilization of persons with Intellectual Disability; architectural accessibility and reasonable accommodation at Connecticut community colleges, rights under the Americans with Disabilities Act for people with disabilities in nursing homes, the Judicial branch and other institutions; and education of children with disabilities in special education settings and post-secondary institutions. Employment issues have also been a criteria for case selection during the past couple of years as P&A focuses resources on removing barriers to employment for persons with disabilities. P&A attorneys addressed employment discrimination in the areas of employment preparation and vocational rehabilitation, denial of reasonable accommodation and discrimination based on disability. P&A attorneys also consulted with outside attorneys and the public on questions of disability law; prepared and reviewed amicus briefs; worked with staff to ensure quality responses to public inquiries and prepared comments on proposed state and federal regulations; and collaborated on training for police officers.

### A Long Awaited Resolution OPA v. CT

On July 2, 2014, U.S. District Court Judge Alvin W. Thompson approved a settlement agreement that will allow approximately 130 people with mental illness currently housed at two nursing homes in Connecticut to move into community residences and receive appropriate support services. OPA brought the lawsuit in 2006 with the support of the Judge David L. Bazelon Center for Mental Health Law, and the law firm Stroock & Stroock & Lavan LLP. The lawsuit sought to require the State of Connecticut to meet its obligation under the Americans with Disabilities Act and the U.S. Supreme Court's *Olmstead* decision to provide housing for people with mental illness in the most integrated



setting with appropriate supports, rather than in nursing homes.

The state and certain of its agencies have agreed that people with mental illnesses residing at Chelsea Place Care Center in Hartford and Touchpoints in Manchester will be given the opportunity to transition to community based homes through a variety of federal and state funded programs within 18 months. In addition, the settlement provides that persons admitted to the nursing homes during the four-year term of the agreement will be evaluated for transition to community-based housing within one year of admission to the home. The state will also provide supportive services to the former nursing home residents, including case management, mobile crisis services, employment assistance, and peer support.

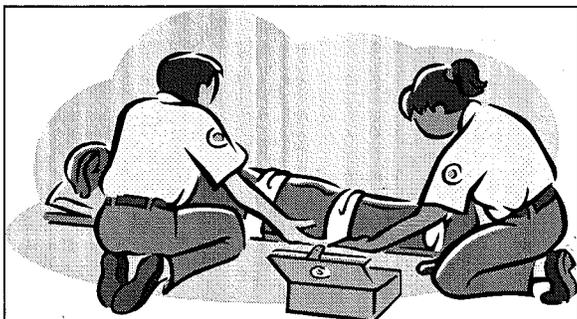
The implementation of the settlement will be overseen by independent “remedial expert” Kevin Martone, former Deputy Commissioner of the New Jersey Department of Human Services. He will work to ensure that the services and supports provide opportunities for the former residents to find success in the community as they live, work and participate in their communities.

### Reasonable Accommodation

Kori had a career as a firefighter but she wanted to add to her skills, hoping to become an Emergency Medical Technician (EMT). In July 2010, she applied for admission to the EMT program at a local community college. Kori was accepted to the program but because she is deaf, she needed a sign language interpreter. She immediately notified the college’s Learning Disability Specialist about her disability and need for accommodations, including an oral interpreter, for the January 2011 orientation and for all classes and clinics.

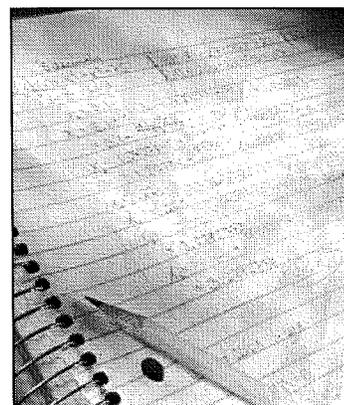


When Kori arrived for the orientation, there was no interpreter. In fact, the college failed to provide the accommodations for orientation and the start of classes. An interpreter was not provided until at least mid-February, a month after classes began. Kori had attended more than 40 hours of classes without an interpreter. Kori, frustrated, was forced to pay for her own interpreter in the hope that she would be able to understand the remaining course work and pass the class. Unfortunately, Kori failed the class and as a consequence was placed on academic probation. Kori called P&A.



P&A assigned an attorney who immediately sent the college a letter demanding several things including but not limited to, rescission of the academic probation, removal of the failing grade, reimbursement of the interpreter, and implementation of policies and procedures for providing effective communication for persons who are deaf and hard of hearing. P&A also agreed to represent Kori in her complaint filed with the Office for Civil Rights.

P&A assisted Kori in the mediation/negotiation process, making every effort to ensure that the violation of Americans with Disabilities Act was recognized and the college would develop policies and procedures for future students with disabilities. The college was interested in settling the complaint but after almost a year of negotiation the parties could not agree. The case was sent to the OCR investigations unit. The investigations unit engaged us in settlement discussions while investigating the matter via interviews with Kori, the college and other witnesses. In early fall 2014, OCR finally concluded its investigation, finding that Kori had complied with the College's rules for requesting accommodations and that the school failed to provide her with interpreters in a timely manner. As a result, the College agreed to the following comprehensive resolution: 1) College will waive tuition fees and allow Kori to retake the EMT III; 2) in lieu of reimbursement for the interpreter costs paid during the first class, the College will waive the fees to take EMT II2 classes; 3) College will waive the preadmission test; 4) immediate rescission of academic probation; 5) failing grade will be replaced with a withdrawal; 6) oral interpreters for all courses as well as the provision of any other reasonable accommodations upon Kori's request; 7) updated procedures for requesting accommodations; 8) notice to students and prospective students about services for students with disabilities and, 9) a commitment to use other interpreting services if the state interpreter services are unavailable. Kori agreed to complete her courses by December 31, 2016. She is looking forward to enrolling, completing her coursework and continuing to enhance her knowledge and skills as a first responder.



### It Looked Good on Paper

Parents are their children's best advocates. They know their child, and will always have his or her best interest at heart. Natalie, like many parents, sought out the best information to help her son, Joseph, a 4 year old student with Autism Spectrum Disorder. Through doctor's appointments, Natalie received recommendations on the types of services and accommodations Joseph will need to grow and be successful. She researched appropriate placements for Joseph and enrolled him in a school many individuals told her was the best in her district. Despite her efforts, Natalie was not prepared when the school district failed to live up to its promises.

After their first PPT, it appeared Natalie picked the right school. Joseph would attend a district pre-kindergarten educational program. According to his Individualized Education Program (IEP), Joseph should have received specialized education (academic/behavioral instruction), speech and language therapy, and occupational therapy. The IEP called for Joseph to receive these services in the regular education classroom with his peers as part of a 35-hour school week. Joseph's educational program focused on behaviors in the classroom using specific instructional methods to teach him appropriate behaviors in the



classroom. Despite what appeared to a robust array of services to provide an appropriate education, Joseph was not making any progress. In fact, he appeared to be regressing. He refused to speak and threw intense temper tantrums.

Unfortunately, what looked sufficient on paper was a disaster in reality. Joseph was without his special education teacher for at least six months and no staff member was responsible for his educational program. The individual who implemented the program, a paraprofessional, was minimally trained. Joseph also did not come close to attending a full week of school, with his day drastically shortened. The district failed to provide an accurate copy of the IEP for the 2013-2014 school year. Despite having a time limit of 5 school days to provide Natalie a copy of the IEP, it took as long as four months. Natalie contacted the P&A and Joseph's case was assigned to an education attorney.

The P&A Attorney represented Joseph and Natalie at a PPT meeting. While the attorney was successful in requesting appropriate evaluations for the student, the district could not and would not address the multitude of problems with the IEP. After failing to receive another copy of the IEP in a timely fashion, P&A filed a special education complaint on behalf of Joseph and Natalie to the State Department of Education, Bureau of Special Education (SDE). SDE received the complaint and investigated.

SDE's investigation confirmed Natalie's complaints against the district and demanded a corrective action plan. SDE found that the parent never received a timely and accurate version of the IEP, that the student was not receiving the appropriate amount of service hours as indicated in his IEP, and that the district failed to have qualified staff responsible for implementation of the IEP. SDE ordered the district to convene PPTs for all students in Joseph's program, and at these PPTs, determine appropriate compensatory hours. As a result of the complaint, the district overhauled their pre-academic program, with appropriate staff responsible for implementing ABA services. Joseph received over one hundred hours of compensatory education services, in addition to home consultation services from an outside provider, paid by the school.

While challenges remain, P&A advocacy effectuated not only a more appropriate education for Joseph's family, other families in the district benefited from the complaint. P&A remains committed to individual and systemic advocacy to provide appropriate and quality special education services to all students with disabilities in Connecticut.

### **It Was Right the First Time**

P&A received a call from Edward, whose father needed a ramp installed at his condominium. Edward had the ramp installed but the condo association complained about the construction, resulting in changes that took the ramp from being in compliance with state and federal requirements to be out of compliance. It also made it impossible for his father to use. P&A intervened, advising Edward to file a complaint with the Commission on Human Rights and Opportunities and assisted with the complaint resolution process. The complaint was settled and the ramp was rebuilt. The condo association insisted that Edward should pay for the new ramp but P&A successfully argued that Edward was not responsible for the cost of this ramp. He had already installed a compliant ramp. Edward received reimbursement for the cost of the new ramp.

## Pursuing Systems Change

Responding to the needs and issues that individuals with disabilities bring to P&A helps identify persistent civil rights enforcement issues and systemic barriers to inclusion, participation and contribution. P&A pursues systems change strategies and shares what it learns with opinion leaders, elected officials, courts and with members of the public.

During the past year, P&A pursued systems change through a variety of activities including educating policymakers regarding the positive and negative aspects of proposed legislation. Other systems change activities include participation on boards, committees and task forces; individual and group litigation focused on remedies that impact large numbers of people with disabilities; investigation of abuse and neglect in community and institutional settings; and addressing statewide issues, such as emergency preparedness to ensure that planning and implementation include the needs of people with disabilities. A few examples of these activities are included, below.

### Legislative Activities

During the Connecticut Legislative Session, P&A tracks legislative proposals that may affect the rights of persons with disabilities in Connecticut. The agency's Legislative and Regulations Specialist (LRS) publishes a weekly "Legislative Update" that lists the status of bills being considered by the Connecticut Legislature and provides information about public policy decisions and events important to the lives of people with disabilities and their families. The LRS also provides training and technical assistance on public policy and the legislative process, and develops proposals to protect the rights and advance the interests of persons with disabilities. After each legislative session, P&A also publishes an annual Legislative Report of disability-related Public Acts passed during the legislative session. The Office of Protection and Advocacy for Persons with Disabilities 2014 Annual Legislative Report can be downloaded from the P&A website at:

<http://www.ct.gov/opapd/cwp/view.asp?a=1749&q=551792&opapdPNavCtr=#56621>

P&A's primary concerns during the 2014 legislative session were proposals involving education of children with disabilities, reporting of abuse and neglect of persons with Autism Spectrum Disorders, subminimum wage employment, and the continued efforts of national groups to legalize physician-assisted suicide. P&A continued to oppose bills that would legalize physician-assisted suicide in Connecticut, educating legislators and other policymakers concerning the real risks of such legislation especially for vulnerable people with disabilities who may not be afforded the supports needed to make informed choices. P&A testified on bills that would impact the lives of people with disabilities in Connecticut, supporting a proposal that would require school systems and law enforcement personnel to create graduated response

mechanisms to address behavioral issues of students with certain disability labels, requiring the development of memoranda or policies that define the expectations for police interaction with the students and school personnel; end subminimum wage for people with disabilities in Connecticut, noting that the effective date should be in 2015 or 2016 to allow for proper planning; and create two pilot programs for Medical Orders for Life Sustaining Treatment (MOLST). P&A also supporting the concept of reporting of abuse and neglect of individuals with autism spectrum disorder but encouraged the legislature to ensure the reports are received by an independent entity.

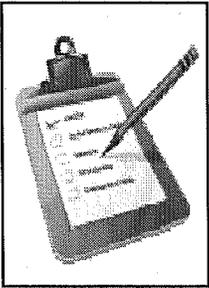
In addition, legislation was passed that: (1) requires reporting of abuse and neglect of persons with autism spectrum disorders and expands the abuse registry definition of abuse, (2) makes changes to the laws regarding concussion prevention, (3) authorizes the Department of Social Services to seek a second brain injury Medicaid waiver, (4) requires the Departments of Rehabilitation Services and Education to develop a plan to ensure an adequate number of interpreters to serve students who are deaf or hard of hearing, (5) makes changes in the responsibilities of school districts to address bullying, (6) allows schools to administer Epipens to a student having an allergic reaction even if the student has not been previously identified as having serious allergies, (7) expands the types of over the counter medication that the Department of Social Services may pay for through medical assistance programs, and (8) requires the Office of the Healthcare Advocate to establish an information and referral service related to behavioral health. Gasoline dealers who offer full serve at self-serve pumps are now required to post a sign at or near the pump that is visible to a driver with a disability. For information on legislation please see the P&A 2014 Legislative Report.

### An Alternative to Physician Assisted Suicide

During the 2014 legislative session P&A and other advocacy groups opposed bills that would allow for physician assisted suicide in Connecticut. The bills died in committee and these advocacy groups then focused on alternatives that could be used by people with disabilities who want to make treatment decisions as they approach the end of their lives. One alternative was "MOLST" which stands for Medical Orders for Life Sustaining Treatment. Special Act 14-5 (SB 413) An Act Concerning The Department Of Public Health's Recommendations Regarding Medical Orders For Life-Sustaining Treatment allows the Commissioner of Public Health to establish a pilot program to implement the use of MOLST by health care providers. "MOLSTs," medical orders that are dated and issued by a physician, nurse practitioner, or physician assistant, utilize a standardized format and specify the types of life-sustaining measures a person who is approaching the end of life has decided they want. MOLST would only be used to effectuate a patient's request for life-sustaining treatment when a physician has determined that the patient is "approaching the end stage of a serious, life limiting illness or is in a condition of advanced, chronic, progressive frailty." The patient or the patient's legally authorized representative must countersign the MOLST form, and must be given a copy. Prior to the participation in the pilot program, providers who would be signing MOLSTs must participate in a training program that stresses the importance of discussing the patients' goals. Finally, the act allows the Commissioner of the Department of Public Health to establish an advisory group which would also include patient advocates, including but not limited to advocates for persons with disabilities.

## Employment Options for Persons with Disabilities

Employment is a priority area for P&A. Advocates and attorneys address employment discrimination and vocational rehabilitation issues while focusing on a move toward ensuring real jobs for real pay. All the protection and advocacy agencies in the United States and its territories are looking at the issue of subminimum wage employment as allowed by Section 14c, an exception of the Fair Labor Standards Act that allows certain employers to pay less than minimum wage. In Connecticut, there are approximately 65 subminimum wage employers, all employers of people with disabilities.



P&A, in conjunction with the National Disability Rights Network developed a monitoring project to look at the employment options offered by these subminimum wage employers. In late winter 2013 and spring 2014, P&A staff and contractors, including a self advocate, visited approximately 40 of these employers to tour the facilities, speak with staff and interview participants. P&A Monitors confirmed their understanding of some information but also learned a lot about barriers preventing the subminimum wage program participants to move to competitive employment opportunities.

What did the monitors find? What are some of the barriers? 1) Subminimum wage employment continues to segregate people with disabilities. Whether in facilities run by a program or at an employment site, the employees tend to be segregated. The employees are paid by the service provider and not the actual place of business. Any time off is unpaid. The employees are not part of culture of the workplace; 2) Individuals in subminimum wage jobs are underemployed. 3) No programs offer a 40 hour work week due to funding constraints. 4) Resources are used by providers for transportation costs leaving fewer hours for the employee to actually work. 5) The system itself, including residential providers is inflexible, stifling creativity and opportunity for more meaningful work experiences. 6) Parents don't understand work incentives and benefits planning and, therefore, are afraid that competitive employment will jeopardize benefits. 7) Unions can hinder employment options. 8) Transition planning for students with disabilities is not well understood or executed in Connecticut. 9) The vocational evaluation process for persons with disabilities needs improvement.

Based on these findings P&A has begun focusing on educating vocational providers and transition planners on competitive and customized employment with the goal of eliminating the need for subminimum wage employment in Connecticut. Information has been distributed and an employment conference is planned for December 2014.

## Connecticut Bar Examining Committee Makes Changes

P&A, in collaboration with a number of other organizations, has been working for years to persuade the Connecticut Bar Examining Committee (CBEC) to change its application to take the bar exam. The organizations contended that the broad-based questions regarding mental health history violated the Americans with Disabilities Act and needed to be eliminated. Finally, in spring 2014, CBEC adopted

changes to the bar application that significantly narrow the inquiries about mental health issues. The questions that had asked about treatment during the past five years for substance abuse, depression, bipolar disorder and other conditions have been eliminated. Instead, applicants will be asked whether they currently have any condition or impairment “that in a material way affects your ability to practice law in a competent, ethical and professional manner.” Those who are not currently impaired in their ability to function as lawyer (including those who are able to function because they are receiving treatment) can answer that question “no.” Applicants who answer affirmatively will be asked, as a follow-up question, whether the limitations caused by the condition are “reduced or ameliorated” because of treatment, and to disclose information about the condition and the treatment received for it.

The CBEC also eliminated the current question that asks applicants whether, in the past five years, they have raised the issue of a mental disorder or use of drugs or alcohol as a defense to, or in mitigation or explanation of, any charges of misconduct. (In this regard, the CBEC has gone further than the National Conference of Bar Examiners, which, in a recent revision of its character questions, retained an identically-worded question.) The CBEC has replaced it with a new question that requires applicants to disclose any conduct within the past five years that resulted in disciplinary sanctions, termination or suspension from school or employment, arrest or investigatory proceedings, or which endangered the safety of others, breached fiduciary obligations, or constituted a violation of workplace or academic conduct rules. Applicants who answer affirmatively will be required to describe the conduct, including “any asserted defense or claim in mitigation or as an explanation.” Only if the applicant provides an explanation that identifies a substance abuse or mental health problem as the cause of the conduct will the person be required to provide additional information about the condition and any treatment received for it. This approach is significantly less discriminatory than the prior approach, because it does not single out only disability-caused misconduct for scrutiny.

Work remains to be done regarding the level of documentation that applicants who identify themselves as having a mental illness that has caused misconduct must supply to the CBEC and who at the CBEC has access to that documentation. Nevertheless, the changes instituted by the CBEC are a huge step forward.

### Election Day Registration Monitoring

When Connecticut implemented Election Day Registration (EDR) for the first time in 2013, P&A responded with a two-pronged approach: Education of Registrars regarding accessibility requirements under Title II of the Americans with Disabilities Act (ADA), and evaluation of EDR sites across the State on Election Day.

During the biannual conferences of the Registrars, as well as during individual consultations, P&A emphasized that all the features that make a polling place structurally accessible – parking, clear path of travel, sufficient turning space, etc. – are also required at EDR locations. We distributed our polling place accessibility



survey, which is also applicable to EDR sites - to all Registrars' Offices, encouraging Registrars to evaluate their sites and call us for clarification or to arrange a site visit.

Shortly before Election Day, P&A staff held trainings for both P&A employees and interested supporters. The trainings included information about structural access, as well as about the communication tools, such as signature templates and magnifying devices, that should be available at every EDR location. The trained evaluators fanned out across Connecticut on Election Day, evaluating about eighty EDR locations. The most common complaints were lack of directional signage; cluttered EDR locations that did not provide clearance for wheelchair users; and lack of communication tools. Other identified issues included non-compliant accessible parking; inaccessible thresholds; and non-compliant exterior doors. One site offered no accessible entry at all.

Registrars from evaluated sites received letters either explaining violations or, when appropriate, offering congratulations for a barrier-free environment. All Registrars received letters detailing the outcome of P&A visits to EDR locations and providing reminders about creating accessible environments for potential voters with disabilities. Many Registrars with problematic locations contacted P&A for technical assistance and made efforts to remedy the identified problems. This effort produced noteworthy results in terms of both improved access and continued efforts to work with Registrars to make EDR locations welcoming to people with disabilities.

### **Collaborating to End Restraint and Seclusion in Connecticut**

P&A continued its collaboration with other State partners, including the Departments of Developmental Services, Children and Families, Mental Health and Addiction Services, Education, Health, Correction, the Office of the Child Advocate, and the Court Support Services Division of the Judicial Branch on a major initiative to eliminate the use of restraints and seclusion across all State operated, sponsored and regulated service settings. The collaboration, officially known as the Connecticut Restraint and Seclusion Prevention Initiative Partnership, led to adoption of a set of guiding principles which all members have signed, and, in September, 2014, the Partnership held its second annual symposium for approximately 400 stakeholders from across the State. The day-long event featured a keynote speaker and presentations by Connecticut entities on their efforts to reduce restraint and seclusion for children and adults.

The idea for the initiative grew out of investigations by P&A's PAIMI program into reports of serious injuries in special education and residential treatment programs for children identified as having various Emotional Disturbance and Developmental Disability labels. Discussions were held with representatives from the Departments of Children and Families and Education regarding the heavy reliance some programs were placing on restraints and seclusion, while others had virtually eliminated their use. In turn, those discussions led to connections with other State entities which were also concerned with reducing injuries and trauma associated with restraint and seclusion, and with leaders in other states and national organizations. The Partnership continues to move forward with best practices to eliminate the use of restraint and seclusion in Connecticut.

## Reaching and Teaching

People with disabilities and families who are isolated by geography, communication barriers, cultural boundaries or just the overwhelming demands of their daily struggles need opportunities to join with others and learn how to collectively influence the world around them. P&A works with family groups, people who are members of minority communities and with people living in isolated institutions to help them with their learning and efforts to participate and change things for the better.

Every year, P&A staff participate in a variety of outreach events. This year, P&A sponsored or participated in 86 training and outreach events, including presentations, workshops, conferences, and resource fairs. More than 1,600 individuals received training on topics that included P&A programs and services; rights under the Americans with Disabilities and the Fair Housing Acts; voting rights of persons with disabilities; special education including “least restrictive environment,” inclusion, the requirements of the Individuals with Disabilities Education Act, transition planning, Functional Behavioral Assessments, and due process; employment rights and work incentives; vocational rehabilitation; assistive technology; legislative process; board development for non-profit organizations; emergency preparedness; and the rights of people with mental illness including forced medication process and requirements. More than 10,000 publications and P&A program brochures were distributed to individuals and organizations throughout the year. More than 3,200 people were given the opportunity to register to vote.

The P&A website is constantly updated and includes current news and a calendar of upcoming events; P&A program descriptions and agency publications; legislative updates; links to websites for disability rights and resources; and reports on developments in the field of disability rights. Many of the P&A publications have been translated into Spanish and are available on the P&A website. Last year, the website ([www.ct.gov/opad](http://www.ct.gov/opad)) had more than 148,200 hits for information and more than 52,200 publications were downloaded.

P&A staff supported community based disability advocacy groups across Connecticut, providing training and technical assistance on organizational development issues and disability rights. The agency continued its support for African Caribbean American Parents of Children with Disabilities (AFCAMP), Padres Abriendo Puertas (PAP); and the Americans with Disabilities Act Coalition of Connecticut.

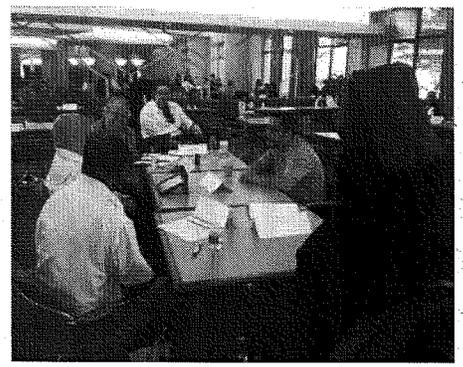
### Collaboration to Partnership

Last year, the P&A Annual Report featured the beginnings of a collaboration between P&A’s Community Advocacy Specialist and Generations, an agency in the northeast area of Connecticut that provides various types of care and support for people of all ages including people with disabilities. Generations was interested in addressing the training needs of Latino parents in their area who have children with special education needs. Through their Home Initiative for Children and Youth with Special Needs, a parent

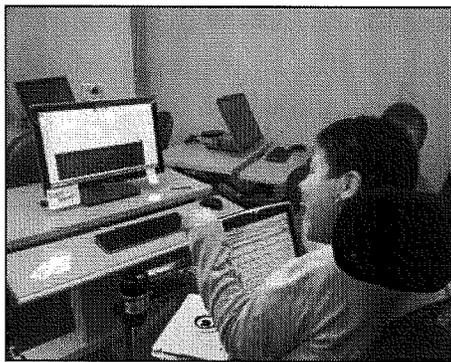
advocacy support group for Latino parents emerged. They contacted P&A and requested special education training. P&A has been providing extensive training on various special education topics and leadership development to this group. During 2014, P&A and Generations continued to work together and in the past six months have really developed a strong partnership that continues to provide much needed special education training to Latino parents. The agencies are now moving forward to develop the same training for English speaking parents in Generation's service area.

**Partners in Policymaking - Creating Tomorrow's Leaders**

P&A continued to collaborate with the Connecticut Council on Developmental Disabilities and the University Center for Excellence to sponsor "Partners in Policymaking" (Partners), a nationally recognized comprehensive leadership training for people with disabilities and parents or grandparents of children with disabilities. Three P&A staff were directly responsible for development and implementation of the training and several additional P&A staff provided training in their areas of expertise to educate the program participants. As they have done in previous years, participants spent seven overnight sessions at a hotel where they had an opportunity to learn from state and national experts about disability related topics such as History of the Disability Rights Movement, National Trends, Self Advocacy techniques, Vocational Rehabilitation, Employment Rights and Options, Housing, State and Federal Laws and Regulations,



Healthcare, Inclusive Education, Assistive Technology, Communication and Team Building, and the Legislative Process. One session gave the participants an opportunity to practice legislative advocacy by speaking with multiple Connecticut legislators about an issue. As part of the graduation requirement, each Partners participant was responsible for completing a project that would benefit the disability community. The leadership training culminated in a graduation in late September 2014. Anyone interested in participating in Partners in Policymaking is welcome to contact P&A for more information.



**Did You Know?**

**P&A is always looking for input about the issues faced by people with disabilities in Connecticut. There are several ways to let us know:**

- Call P&A and speak with a staff member. The P&A phone numbers are on the back of this Annual Report.
- You can complete a survey on the P&A website that asks for your input on issues affecting people with disabilities in Connecticut.
- Send P&A a fax, email or letter with your ideas.

## Major Issues Affecting People with Disabilities

Connecticut General Statutes §46a-13 mandates that P&A report annually on issues affecting services to Connecticut citizens with disabilities.

### **Children's Mental Health, Autism Spectrum Disorder, Youth Assessment and Engagement**

The Office of the Child Advocate recently released a 114 page report concerning the December 2012 shooting at Sandy Hook Elementary School. The report lists 37 key findings and 19 key recommendations. Topics needing further action, according to the report include: screening for what the report terms "homebound children"; assessments, access and reception of early intervention for mental health and developmental concerns; care coordination and information sharing; support and engagement with families; education; increase expertise and services to support children with developmental and mental health challenges. The report stressed that mental illness and / or autism spectrum disorder (specifically Asperger's) did not directly cause the shooter to act. The report highlights the availability of mental health and other services that were not accessed. Policy makers will address how to encourage individuals and families to engage in services, how to ensure school systems and health professionals work with individuals and families, and how to address the issue of screening individuals who may have mental health or developmental issues that need to be addressed.

### **Special Education.**

Schools continue to find themselves facing the same financial issues experienced by all governments. At the same time, they are obligated to provide quality appropriate programming for students with special education needs, creating friction in the delivery of school services. Some school officials express hostility toward parents who they describe as "unreasonable" "demanding" or "unrealistic", and whom they blame for consuming disproportionate amounts of scarce resources. On the other hand, parents and advocates for special education students express frustration with schools that fail to recognize and observe sound, evidence-based professional practices and legally required evaluation and individual planning protocols. Areas generating particular concern include:

- 1) Inadequate (or non-existent) transition planning. Federal law requires that individualized plans be developed for each special education student, beginning at age 14, to ensure the student is adequately prepared for work or post-secondary education. In many cases, however, these plans are not based on an understanding of the student's interests and preferences, or a vision of productive, contributing adult life. Rather, they reflect standardized program descriptions and vague references to eventual referrals to adult human service systems. In some instances, the law is simply ignored and no Transition Plan is developed. As resources for public support programs shrink, and life prospects for people with disabilities are becoming increasingly dependent on their own abilities to earn a living and independently manage their affairs, preparing students for work and the realities of adult life is becoming increasingly important. Much more attention needs to be devoted to ensuring that relevant, effective transition planning is, in fact, occurring.

- 2) Frequent use of Restraint and Seclusion. Data amassed by the State Department of Education indicate that special education students were subjected to over 23,000 instances of seclusion and over 13,700 restraints during school year 2011-2012 (the most recent year for which data is available). The most prevalent use of these techniques occurred in approved private special education schools, but public schools also generated impressive numbers. The planned use of seclusion as a behavioral consequence is of particular concern: as the U.S. Department of Education has clearly stated, there is simply no evidence that placing students into seclusion rooms has any therapeutic or educational value or results in the acquisition of appropriate behavioral skills. It does, however, raise human rights concerns, create a risk of injury both for the student and for staff, contribute to psychological trauma and, ultimately, to a school culture that is inconsistent with the positive climate needed to support a learning community.
  
- 3) Inadequacy of Evaluations to Identify Students' Specific Needs. Eligibility for special education and related services hinges on a finding by a Planning and Placement Team (PPT) that a student cannot learn adequately by simply following the general instructional curriculum; that the student needs an Individual Education Plan (IEP) in order to achieve satisfactory progress in school. To inform that decision, but even more importantly, to flesh out the contours of an appropriate IEP, the team is supposed to identify and arrange for whatever evaluations or assessments may be warranted for the individual student. To be of any value, these evaluations must be diagnostically comprehensive, and often must be conducted by experienced, well trained practitioners. Yet, too often, decisions about program content, possible use of assistive technology and placement plans are being justified by the minimal results obtained from general assessment instruments that have been administered by over-worked school staff. As a result, many students with specific learning disabilities, communications disabilities, autism spectrum disorders and significant emotional distress are being short-changed.

**Barriers to Community Participation:** Full participation in community requires that people have choices about where to live, work, shop and participate in activities with others. People with disabilities who require services and supports should be able to choose community living over institutionalization. Historically, various "Catch-22" funding requirements have limited community living opportunities, particularly for people with significant disabilities. Over the past few years, Connecticut has taken apart some of those Catch-22s, and is making some limited but important progress toward becoming competent to support people's preferences and choices. The state publishes a Long Term Services and Supports (LTSS) Plan every three years to implement the over-arching goal of rebalancing long term services and supports so that long term care dollars can support more people who choose community living options. However, there are still a number of issues that need to be resolved before this "rebalancing" can occur. Among these are:

- 1) Architectural Access. State and federal laws require that all government services and programs be accessible to people with disabilities, and that places of public accommodation (e.g. theaters, restaurants, stores and other public spaces) remove barriers where doing so is readily achievable, and modify policies and take other steps to prevent disability discrimination. In addition, current building codes and the accessibility guidelines that regulate new construction and substantial renovations require design features and construction techniques that greatly facilitate access. However, reflecting

compromises reached by drafting committees and governing bodies, those codes and guidelines sometimes fall short of ensuring full accessibility. For example, technical requirements do not require existing government buildings, or other public buildings to be retrofitted so as to assure that the main entrance is equipped with ramps and automatic doors. And, in many Connecticut towns, streetscapes that were built decades ago remain largely inaccessible. Until such these things change, people with disabilities and seniors who are trying to “age in place” will continue to experience problems.

- 2) Affordable, Accessible, Environmentally Safe Housing. The long-standing statewide shortage of affordable, accessible homes continues to thwart efforts by people who wish to move out of long-term care facilities. Accessible rental units for families are in especially short supply. While new housing starts are down, some efforts to rehab existing buildings are going forward. It is critically important that residential building code requirements continue to provide for percentages of new and rehab units to be made accessible and adaptable for individuals and families who have disabilities. It is equally important that environmental contaminants – particularly lead paint – be completely removed as part of this process. Legislation passed in 2012 created an “aging in place” task force. Housing, and community based services and supports, are key topics the task force will address.
- 3) Transportation. One of the earliest goals articulated by the disability rights movement was to resolve the problem of inadequate accessible public transportation. While some progress has been made on this front – most notably by transit districts operating fixed bus routes – it is still tremendously difficult to arrange to travel between different regions of the State without planning many days ahead. For people who use busses, moving about during evening and weekend hours is especially problematic. For people who do not live near fixed bus routes, the only solution is often to pay for expensive medical transportation services simply to get a ride to a meeting or for a doctor’s appointment. Another new option is accessible taxicab service. The good news is that wheelchair accessible taxis now serve 34 towns in the greater Bridgeport, Hartford and New Haven areas. While taking a cab for longer trips can be expensive, the convenience of using them for shorter distance travel (and the occasional trip to the airport) is greatly appreciated by people who want and need to get about in their communities. Some limited funding to subsidize the cost of cab fare is available for people with disabilities in certain areas but it does not begin to address the need.

### **Physician Assisted Suicide**

In 2014 legislation to legalize doctor-assisted suicide was proposed and a public hearing was held. After the long public hearing the legislative Public Health Committee decided not to approve the bill—so the bill died right away. Advocates of legalizing doctor-assisted suicide have been clear that they will have the measure re-introduced in 2015. While not everyone in the disability community opposes this, there are grave concerns that persons who are elderly and persons with disabilities could be subject to pressure to commit doctor-assisted suicide or worse—they could have their lives ended without their approval.

## Fiscal Facts and Figures

In the fiscal year ending June 30, 2014, P&A had a total operating budget of \$3,994,987. Of this, \$2,366,902 (59%) was state funding and \$1,628,084 (41%) was federal funding. Personal services expenditures comprise 92% of P&A's General Fund Budget, with an additional 8% expended on contracts, outside services and necessary expense items, including supplies, equipment, telephone, postage, and printing.

### P&A Federal Expenditures for Fiscal Year 2014 \$1,628,084

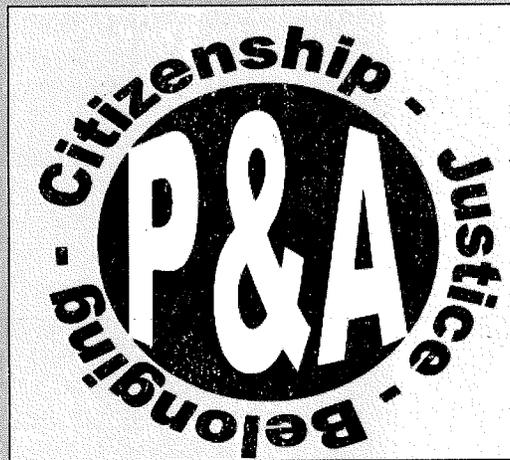
U.S. Department of Education, Rehabilitation Services Administration – Client Assistance Program (CAP)	<b>\$74,193</b>
U.S. Department of Health and Human Services - Protection and Advocacy for Individuals with Mental Illness (PAIMI)	<b>\$485,535</b>
Connecticut Department of Social Services - Social Services Block Grant (SSBG)	<b>\$180,828</b>
U.S. Department of Health and Human Services, Administration on Intellectual and Developmental Disabilities - Protection and Advocacy for Developmental Disabilities (PADD)	<b>\$526,988</b>
U.S. Department of Education, Rehabilitation Services Administration – Protection and Advocacy for Individual Rights (PAIR)	<b>\$119,905</b>
U.S. Department of Education, Rehabilitation Services Administration – Protection and Advocacy for Assistive Technology (PAAT)	<b>\$72,262</b>
Social Security Administration - Protection and Advocacy for Beneficiaries of Social Security (PABSS)	<b>\$83,968</b>
U.S. Department of Health and Human Services - Administration on Developmental Disabilities – Protection and Advocacy for Voting Access (PAVA)	<b>\$52,300</b>
Health Rehabilitation Services Administration - Protection and Advocacy for Traumatic Brain Injury (PATBI)	<b>\$7,590</b>
Social Security Administration – Representative Payee Monitoring Project	<b>\$24,515</b>

## Federally Mandated P&A Programs for Persons with Disabilities

Federal Program	Program Description
<b>Protection and Advocacy for Individuals with Developmental Disabilities (PADD) 42 U.S.C. §15001 et seq.</b>	PADD establishes basic requirements for all P&A programs. These include independence from service systems; access to client records; authority to conduct investigations and to pursue legal and administrative remedies on behalf of clients of the DD service system; capacity to provide information and referral services; and education of policymakers about issues of concern to persons with disabilities.
<b>Client Assistance Program (CAP) 29 U.S.C. §732</b>	CAP provides consultation and advocacy assistance to applicants and recipients of services provided under the federal Rehabilitation Act. CAP's primary focus is helping clients of the vocational rehabilitation service system, most notably the Bureau of Rehabilitation Services (BRS) and Board of Education and Services for the Blind (BESB).
<b>Protection and Advocacy for Individuals with Mental Illness (PAIMI) 42 U.S.C. §10801</b>	PAIMI investigates allegations of abuse and neglect and other complaints raised by people with mental illness who reside in supervised facilities and in the community. PAIMI also advocates for appropriate discharge plans, consumer choice, and respectful, relevant supports.
<b>Protection and Advocacy for Assistive Technology (PAAT) 29 U.S.C. §2001 et. seq.</b>	PAAT provides consumer education and representation in an effort to expand the availability of assistive technology devices and services for people with disabilities.
<b>Protection and Advocacy for Individual Rights (PAIR) 29 U.S.C. §794e</b>	PAIR is authorized to provide consultation and representation for people with disabilities who are not eligible for P&A services under one of the other federally defined P&A programs.
<b>Protection and Advocacy for Beneficiaries of Social Security (PABSS) 42 U.S.C. §1320b-19 20 CFR 411.635 (P.L. 106-170)</b>	PABSS assists beneficiaries of Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) who need information, advice, advocacy or legal services to secure, maintain or regain employment.
<b>Protection and Advocacy for Help America Vote Act (PAVA) 42 U.S.C. §15301 et. seq. (P.L. 107-252, Sec. 291)</b>	PAVA is charged with expanding participation of people with disabilities in voting processes and protecting their rights.
<b>Protection and Advocacy for Persons with Traumatic Brain Injury (PATBI) 42 U.S.C. § 300 d. -51</b>	PATBI provides protection and advocacy services to individuals who have a brain injury.

## State Mandated P&A Programs for Persons with Disabilities

State Program	Program Description
<b>Chair and Support Fatality Review Board for Persons with Disabilities</b> (Executive Order #25)	Five members, appointed by Governor, chaired by P&A Executive Director and staffed by federally funded investigator. The FRB conducts full, independent investigations into deaths of certain DDS Clients.
<b>I&amp;R Services</b> C.G.S. §46a-11(3)	Provides response to more than 9,900 inquiries/requests for assistance annually. Conducts limited research and provides individualized information.
<b>Case Advocacy Program</b> C.G.S. §46a-11(4),(5),(8),(11)	Individualized case advocacy by Human Services Advocates. Individual advocacy plans developed with clients; specific outcomes sought.
<b>Public Education</b> C.G.S. §46a-11(10)	Presentations and self-help literature; website and other publications.
<b>Fund or initiate litigation to secure rights</b> C.G.S. §46a-11(7)	Staff attorneys; sub-contracts with legal services provider.
<b>Investigate allegations of abuse and neglect of adults with mental retardation</b> C.G.S. §46a-11a, <i>et. seq.</i> P.A. 03-146; P.A. 04-12	Monitors internal service system investigations and conducts primary investigations into allegations of abuse/neglect re: adults with mental retardation; investigates deaths of DDS clients where abuse/neglect is suspected. Recommends protective services (from DDS) or calls for Immediate Protective Services where needed.
<b>Review and issue joint decisions or requests for exception to accessibility of building code; installation of wheelchair lifts</b> C.G.S. §29-269-271	Weekly meeting with representative of State Building Inspector to review approximately 75-120 waiver requests per year. Decisions based on showing of infeasibility or unreasonable complication to construction.
<b>Review and rule on requests for waivers from polling place access requirements</b> C.G.S. §9-168 <i>et. seq.</i>	Applications forwarded by Secretary of State: 8-12 requests per election cycle.
<b>Ensure compliance with federal P&amp;A system requirements</b> Public Act 03-88	Requires director to operate agency in conformance with federal P&A system requirements.
<b>Annual Report to Governor and Human Services Committee</b> C.G.S. § 46a-13	Annual Report submitted 1 <sup>st</sup> of December. Report must include status of services for persons with disabilities and make recommendations regarding rights.
<b>Accessibility Advisory Board established</b> Public Act 06-56	Allows the director to establish an accessibility advisory board to be comprised of design professionals, people with disabilities, people whose family members have disabilities, and anyone else the director believes would provide valuable insight and input on matters relating to accessibility.



**Contact Information:**

**State of Connecticut  
Office of Protection and Advocacy  
for Persons with Disabilities**

**60B Weston Street  
Hartford, CT 06120-1551**

**Telephone (voice): (860) 297-4342**

**TTY: (860) 297-4380**

**Toll Free (voice/TTY): 800-842-7303**

**Fax: (860) 566-8714**

**This Report is Available in Alternative  
Formats Upon Request**