



CONNECTICUT  
LEGAL  
RIGHTS  
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.  
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.  
APPROPRIATIONS COMMITTEE  
FEBRUARY 18, 2016

REGARDING H.B. 5044, AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES  
FOR THE FISCAL YEAR ENDING JUNE 30, 2017

**OPPOSE** CONSOLIDATION OF ENTIRE DMHAS LEGAL SERVICES LINE ITEM INTO  
AGGREGATE AGENCY OPERATING FUND LINE ITEM

**OPPOSE** CUT TO REGIONAL MENTAL HEALTH BOARDS

**OPPOSE** DPH CUT TO SCHOOL BASED HEALTH CENTERS

**OPPOSE** CUT TO COMMUNITY CARE TEAMS

Good evening. My name is Kathy Flaherty, and I am the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. I live in Newington. CLRP was established in 1990 pursuant to a Consent Order which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who were hospitalized, as well as people living in the community, to the extent resources permitted.

DMHAS describes its mission on its website as “improv[ing] the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect.” Connecticut Legal Rights Project improves the quality of life for DMHAS clients by representing client in legal matters related to their treatment, recovery, and civil rights; this includes representing clients who have been denied services that they both want and need. We help to promote our client’s rights to full community integration which maximizes their opportunities for independence and self-sufficiency. The service CLRP provides to DMHAS clients is a core service of the Department, and should be funded accordingly.

Tonight I am testifying in opposition to the proposal to include CLRP’s entire “Legal Services” line item into the consolidated agency operating fund line item. The funding CLRP receives pursuant to the Consent Decree should not be included in the pot of money to which discretion is

given to the Department as to whether or not to spend it. Both DMHAS and CLRP are obligated to follow the mandates of the consent decree, which includes the allocation of those funds.

The challenge in addressing this state's fiscal situation is a daunting one; the funding decisions that you will have to make as legislators will be difficult. The total of \$70 million in cuts to DMHAS seems particularly harsh. The lack of transparency of a budget proposal that consolidates a number of specific line items into a pooled general agency operating fund makes it that much harder to give meaningful input as to the choices that should be made. These Appropriations Committee hearings are the time when I, and other members of the public, can share with you the importance of CLRP's work in maintaining the recovery of individuals served by the Department. When people are able to receive the treatment of their choice; prepare advance directives to give voice to their choice when they become unable to do so; access opportunities for educational and vocational advancement, and maintain safe, affordable housing in the community of their choice – people are able to get better and maintain their recovery.

CLRP services are effective and save the state money. Our cost per housing case is significantly less than the daily cost of care in every other setting: inpatient hospital, psychiatric facility, or emergency department. **In every single one of our housing cases for the last two years, every client either had housing or access to housing at the conclusion of CLRP's representation.**

As the director of my agency, I, too, have found it necessary to make cuts to address budget shortfalls when actual revenue fails to equal projected expectations. Every one of the 18 staff members at CLRP, including me, are currently taking one furlough day each month, for an effective 5% salary cut. As is the case for most non-profits, the majority of our costs are personnel-related; additional cuts to our budget will leave me no choice but to lay off staff and reduce services. Cutting the funding for CLRP to represent clients in housing cases will not only impact our ability to represent clients who have housing matters; it will impact our ability to represent clients in all other cases, because we will simply no longer have the staff available to do the work. **Because the consent decree requires us to prioritize services for DMHAS clients who are hospitalized, severe cuts to our budget will mean that we will no longer be able to offer services to community clients in all areas of the state.** We will have to focus our efforts in Middletown, New Haven, Bridgeport and the surrounding communities.

I also want to express my strong opposition to the funding cut specifically targeting the Regional Mental Health Boards. This cut is framed as achieving efficiency through consolidation; however, the amount of the cut is so great that it will result in the essential elimination of the Regional Mental Health Boards (RMHB's) and the Regional Action Councils (RAC's). The system evaluation and community involvement in mental health by the RMHBs and the prevention and training efforts of the RACs are separate missions and impact a diverse cross-section of Connecticut. The Regional Mental Health Boards perform their work with a limited staff by mobilizing a large number of volunteers. The five existing boards help to bring \$23 million in federal funds to the state each year. The RMHB's have been a vital liaison between the state, local communities and providers on diverse mental health initiatives, concerns and

opportunities – their “community conversations” are just one example of the ways in which the Boards help foster connections among stakeholders to reduce misunderstanding and discrimination that create barriers to treatment and community integration.

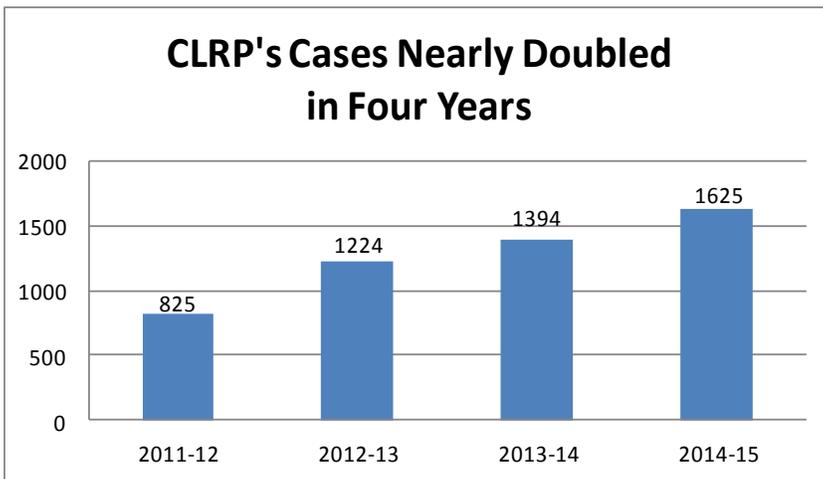
I oppose the DPH budget cuts to school based health centers. Two years ago, the Governor’s Sandy Hook Advisory Commission, on which I was honored to serve, included enhancing health services at schools as one way the state can identify and address behavioral health issues in children and youth. This important mental health resource for school aged children (and their families) is already underfunded. SBHCs were cut by \$467,000 in FY16. The core services provided by the centers not only help meet students’ health needs; students at schools with school-based health centers have improved academic achievement scores.

Every recent report regarding mental health in Connecticut (Sandy Hook Advisory Commission, Children’s Mental Health Task Force, and Young Adult Task Force) has addressed the need to break down silos between and among agencies trying to address the behavioral health needs of Connecticut residents. Mental health conditions do not exist in a vacuum. When people cannot get their basic needs – housing, income, other supports and services – met, they often turn to hospital emergency departments for help because they do not know where else to go. Community Care Teams – comprised of hospital staff, physical health and behavioral health providers, and representatives from local social service agencies – were formed to confront the complex issues presented by frequent utilizers of emergency department services. There is already evidence that the community care team approach saves money by reducing unnecessary ED use. **In determining how this state will approach its long-term budget problems, one must not overlook the importance of investment in short-term costs that ultimately result in savings.** CCT interventions work – they result in better outcomes for clients, and also save money.

Providing legal representation to low income adults with mental health conditions to protect their rights to housing, appeal denials of behavioral health services they want and need, and to ensure access to self-sufficiency through education and employment results in better outcomes for both the individual people served by CLRP and to all of Connecticut. People who are able to participate as full members of their communities are more involved members of their communities. You will hear from several of them tonight.

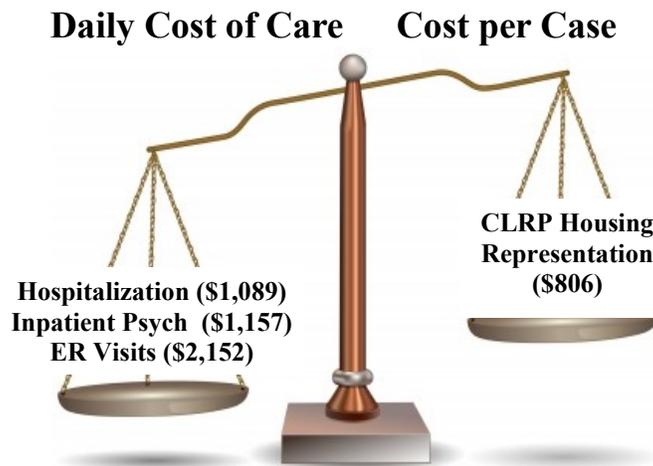
Thank you for your attention, and I am happy to answer any questions you may have.

## The Need for CLRP's Representation Continues to Grow



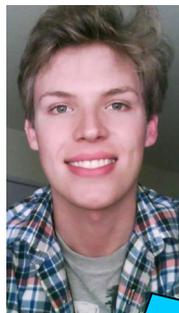
The representation of CLRP paralegals and attorneys is a core service which should continue to be funded. CLRP provides comprehensive, effective and efficient services that foster self-sufficiency, dignity and respect.

## The Good News is that CLRP Representation is Cost Effective



## Our Legal Representation is also Meaningful and Life Changing to Our Clients and their Families

*"If it was not for CLRP, I would now be facing possible homelessness. I am sure that there are others who are in a similar position to me. If CLRP's funding gets cut, then I worry about what will happen to them."*  
 -Phyllis Ratliff, Bridgeport



*"The paralegal was very knowledgeable and my son received prompt attention. If it had not been for your help, my son would have been homeless."*

*"It was truly a blessing that Connecticut Legal Rights Project was there for me when I needed legal intervention. I pray that others will find the helping hands of CLRP when they find themselves in dire need, as I found myself in, this last year."*  
 -Diane Blauvelt, Plainville C.

*"My legal needs were met above and beyond. CLRP is truly blessed to have such amazing, kind and compassionate staff working with them."*  
 Jacob D. Scatton

*"If it were not for CLRP, I would likely be homeless."*  
 -Robin Harrison, Norwalk

*"A+++ job. I could not have resolved my legal issue without the help and support of Attorney Hall and Tanisha Gilbert, paralegal."*  
 Janice C.