TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
APPROPRIATIONS COMMITTEE PUBLIC HEARING
MARCH 1, 2019

REGARDING: HB 7148, AN ACT CONCERNING THE STATE BUDGET
FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2021, AND MAKING
APPROPRIATIONS THEREFOR. [Specifically, Appropriations regarding the
Department of Mental Health and Addiction Services (with a particular focus
on CLRP); Department of Developmental Services, and Department of Public
Health (school based health centers).]

Senator Osten, Representative Walker and distinguished members of the
Appropriations Committee:

Good evening. My name is Kathy Flaherty and I’m 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.
CLRP was established in 1990 pursuant to a Consent Order that mandated that the
state provide funding for CLRP to protect the civil rights of DMHAS clients who
are hospitalized, as well as those clients who are living in the community. I’m also
the Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of
advocates (people living with mental health conditions, family members, mental
health professionals and interested community members) with a vision of a state in
which people with mental health conditions are able to live successfully in the
community because they have access to housing and other community-based
supports and services that are recovery oriented, person-driven and holistic in their
approach to wellness. Lastly, I’m a member of the steering committee of the
Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages
with all disabilities who pursue a unified agenda.
We appreciate that the Governor’s proposed budget includes investments for funding human and social services that work. As the Executive Director of CLRP, I appreciate that the proposed DMHAS budget includes funding for a 1% COLA to private non-profit providers and additional funding to support caseload growth as the need for the services that we collectively provide continues to grow. The level funding for housing supports and services reflects the recognition of the importance of supportive housing. Our clients face two significant challenges in returning to community life after an inpatient stay – first, the lack of affordable housing; second, the need for supportive services in maintaining that housing.

Connecticut Legal Rights Project has continued to provide services to clients statewide despite facing ongoing fiscal challenges the last several years. We had previously right-sized the organization to adjust to reduced funding levels. This required us to figure out how to most effectively represent our clients when we had fewer people available to do the work. We retooled our intake process. We focused on systemic cases. We sought additional funding that would allow us to continue to dedicate our resources to the issues that mattered most to our most marginalized clients. We forged connections with new allies and strengthened our relationships with old friends.

We responded to the allegations of patient abuse at Whiting Forensic Hospital by changing the way we do business. We now meet with Whiting Service clients on their units, just as we meet with clients at every other state-operated inpatient facility. We initiated a class-action lawsuit on behalf of all civilly committed patients in all of the state-operated inpatient psychiatric facilities. People with mental health conditions have the right to receive treatment in the most integrated setting appropriate to their needs. Because of the state’s failure to keep its promise to re-invest money saved by the closure of two large state hospitals into community-based services, people often spend months segregated in hospitals when they should be discharged to the community with voluntary supports in place.

Connecticut Legal Rights Project currently employs a staff of 12, of which only one is not directly involved in client services. We have seven attorneys and two
paralegal advocates. We opened over 1000 cases last year; 40 percent were about issues related to treatment in state-operated inpatient facilities; just fewer than 30 percent related to housing issues; and the remainder were individual rights cases to help our clients maintain self-sufficiency and self-determination.

The CLRP report is available online:
and is attached to this testimony. A number of CLRP clients have submitted written testimony to the committee and I encourage you to read their testimony. You have often heard us talk about the importance of our representation in housing cases, since maintaining shelter is so critical to a person’s ability to maintain their recovery. Continuing to ensure that our clients’ legal rights under the Patients’ Bill of Rights are protected in both inpatient and outpatient settings is of primary importance. Because we have successfully been able to break down the silos in how we fund our work, I want to talk to you today about some of the other kinds of cases that CLRP handles, with which you may be less familiar but are no less important to our clients.

We represent clients who are unable to work who have been denied benefits from Social Security. One client we successfully represented had experienced homelessness multiple times during the last several years. The approval of Social Security benefits will provide that client a stable source of income, which will increase the client’s ability to access and maintain stable housing. CLRP also represents clients who are seeking waivers of wrongfully assessed overpayments. We assisted one client who had an overpayment due to his former conservator's failure to keep his bank accounts below the asset limit. The large overpayment was waived and the deductions from the client's Social Security checks were reimbursed. The reimbursement amounted to approximately $3,000, which the client was able to use immediately to meet his basic needs.

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

The funding of the DMHAS legal services line item (which provides funding to CLRP) does not exist within a vacuum; our clients are impacted by all the other funding decisions made within the Governor’s proposed budget.

That budget includes cuts to grants for mental health and substance use services; these funds have been cut year over year the last several years. We are concerned that the state’s increasing reliance on federal funds devoted to combating the opioid crisis means that core mental health services are being overlooked as the pendulum swings to the “addiction services” side of “mental health and addiction services.” When funding drives function, rather than the other way around, this is bound to happen. The mission of the new Regional Behavioral Health Action Organizations, which were designed to replace the Regional Mental Health Boards and Regional Action Councils, demonstrates this. I encourage you to look at the testimony of Marcia DuFore regarding this issue.

The Governor’s proposed budget reduces funding to “reflect restructuring of state-operated services to private operation” – in other words, privatization. There is no debate that state-operated services are more expensive than the service provided by private non-profits. However, my primary concern is that the clients served by CLRP have access to the services of their choice in the communities where they live. Decades ago, this state promised to re-invest the savings generated by the closure of two large state-operated psychiatric inpatient facilities into the home and community-based system of care. That promise has never been kept in the intervening years and that’s why you see so many people wearing blue ribbons today. This state cannot look at privatization simply as a means of cutting money to a service system which is already experiencing challenges meeting the needs of the population it serves.

The Governor’s proposed budget for DDS provides funding to, among other things, support the PCA Collective Bargaining Agreement. I serve as a governor’s appointee to the PCA Workforce Council; access to personal care attendant
services enables people with disabilities to engage in life in the community. Funding for the supportive services for 70 new supportive housing units in the community means that more people will have the opportunity to live in less restrictive placements, rather than institutions. The slight increase in funding for emergency placements is likely insufficient to meet the needs of families as care giving parents age and become unable to care for their adult disabled children. The DDS budget also includes savings based on privatization of the group home level of care and conversion to private non-profits. Again, privatization must not be looked at strictly as a money-saving measure; an inadequately funded private system will be unable to provide necessary services and supports.

When I served on the Sandy Hook Advisory Commission, we identified the importance of meeting the mental health needs of students where they are at – in school. It is deeply concerning when programs that have been demonstrated to work for children and families and represent a cost-effective investment continue to face cuts in their appropriations. The Governor’s proposed DPH budget includes a reduction to funding for school-based health centers; I urge you to find reductions elsewhere in the state budget and restore this funding.

I recognize the challenge faced by the members of this committee, and indeed, the entire legislature, as you craft a budget that meets the needs of the residents who rely on state-funded services and supports while balancing the burden placed on those who provide the revenue. Tonight we are only addressing one side of that equation. Thank you for your time and attention to those who are sharing their personal stories and explaining how important these services are for them to live their best lives in Connecticut.

Thank you for considering the testimony I offer here today as you make your decisions about the budget.