

# Persevering Through the Storm



Office of Protection and Advocacy  
for Persons with Disabilities

Annual Report 2013



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## A Message from Jim McGaughey, Executive Director, and Arthur Quirk, Advocacy Board Chair

**P&A  
Advocacy Board**

Arthur Quirk  
Chair  
Stonington, CT

Rachel Bogartz  
Danbury, CT

John Clausen  
Storrs, CT

Vivian Cross  
Simsbury, CT

Donald DeFronzo  
Hartford, CT

Ray Elling  
Farmington, CT

Sheila Mulvey  
Plantsville, CT

Chad Sinanian  
Danbury, CT

Marisa Walls  
Avon, CT

**Executive Director**

James D.  
McGaughey

Each year, in response to statutory requirements, the Office of Protection and Advocacy for Persons with Disabilities (P&A) produces an annual report for the Governor and Co-Chairs of the Human Services and Public Health Committees of the General Assembly. Typically, the report summarizes the agency's work during the preceding twelve months, and identifies disability rights issues, including trends from abuse and neglect investigations that affect services for people with disabilities in Connecticut. Yet, preparing the report is not simply about meeting a requirement or demonstrating accountability. More importantly, it gives those of us involved in the daily work of P&A, and those on our Advisory Board, an opportunity to stand back and review – to recognize the tremendous range of issues in which P&A is involved, and to appreciate both the challenges we are still facing and the very real progress to which our efforts have contributed.

This year we thought it appropriate, and accurate, to focus on the persistence needed to sustain those efforts. Hence the title: “persevering through the storm”. “The storm” has both literal and figurative meaning. While much of Connecticut was, and in some places still is, grappling with recovery efforts in the wake of Super-Storm Sandy, P&A has been actively involved with FEMA's disability integration and outreach efforts, and with State-level recovery and preparedness efforts.

Beyond the uncertainty created by shifting weather patterns, we have also had to persevere through other storms – gridlock in the funding and policy-setting mechanisms of our federal government, uncertainty created by rapidly changing global economic realities, and the shock and mourning that accompanies unspeakable violence – whether that violence manifests in the mass murder of little children and educators at their school, or through the incessant drumbeat of assaults and killings that traumatize our families and wound our cities. We are less certain about how to cope with these storms; how to accommodate our differing perspectives on governance; how to position ourselves amidst the ever-accelerating stream of economic change; how to stanch the bleeding, stop the killing and heal the trauma afflicting our children. We know that we must do more than cope, more than merely persevere through these storms. Somehow we must find our compass, reaffirm our values and work toward a world where everyone is respected and belongs, where everyone has a fair chance to participate and contribute.

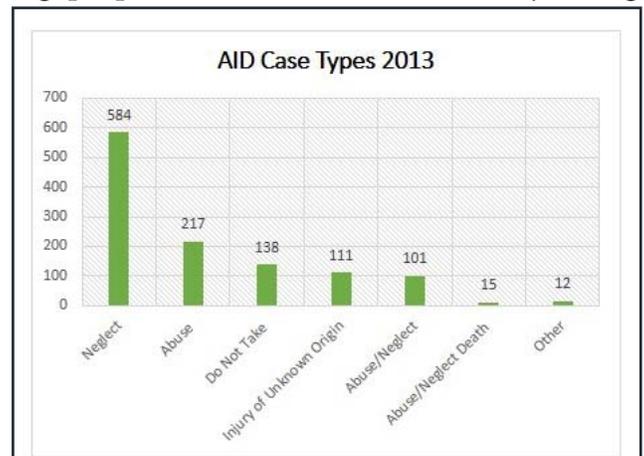
That is the vision of the disability rights movement, just as it has been for virtually every movement to secure justice and human rights throughout history. It is a vision that guides what we do at P&A, and we hope this report reflects our genuine efforts to live up to it.

## 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 1,197 allegations of suspected abuse or neglect of persons with Intellectual Disability, resulting in 1,178 cases. P&A staff investigated or monitored 1,040 cases while 138 allegations did not meet the statutory requirements for a P&A investigation. The 1,178 cases involved 1,275 victims: 571 females and 704 males. Of the 1,040 allegations accepted for case investigation or monitoring, more than 53% of the alleged perpetrators were residential staff while 15% were vocational staff and almost 14% were family members. Other perpetrators included Nurses (23), Van Drivers (9), Guardians/Conservators (6) and others (50). The identity of the perpetrator was not known in 133 of the cases.

### No More Spanking Stick

The Abuse Investigation Division (AID) received a call from a day program provider and was informed that Sally, a young woman with an intellectual disability, had reported that she had a bad morning with her mother. Sally said that she hadn't wanted to change her pants, and, because of that her mother "hit her with her spanking stick." The caller also said that a co-worker of Sally's reported seeing bruising.

According to the reporter, Sally’s family had been having some difficulties addressing Sally’s needs in the home and had requested a residential placement for her, without success.

Sally reported that she felt safe returning home, although she wished her mother would not hit her any more. Because Sally was not fearful about returning home, and because there was no evidence to suggest that she would be in imminent jeopardy of further abuse if she did so, AID did not request that DDS provide emergency respite as part of an Immediate Protective Services Plan (IPSP). However, because the allegation being reported involved suspected abuse, and there was a potential that Sally had incurred more serious injuries that were apparent to the day program provider, AID did request an immediate nursing evaluation of the reported bruising.

**Her mother admitted to using a “Spanking Spoon” on a regular basis...**

P&A Abuse Investigators met with Sally, who stated that her mother hits her with a spoon. Sally also indicated that her father had to install special glass on her bedroom window after she had jumped out of her second story bedroom window. (A later review of P&A records revealed that no report of such an incident had been made to the Abuse Investigation Division).

During interviews with Sally’s family, her mother admitted to using a "spanking spoon" on a regular basis to manage Sally’s behavioral issues. Sally’s mother stated that DDS had provided funding for staff and the assistance of a behaviorist, but that these supports were inadequate to meet Sally’s needs. Her mother said that she and her husband had sought a residential placement for their daughter when she jumped out of her second floor bedroom window over a year earlier and broke her leg. The family hired staff to support Sally, but had not been successful in hiring enough staff to provide adequate supports. Sally’s mother stated that she was exhausted and fearful for her daughter’s safety. Sally’s father said that the family had requested DDS placement but was told “there are no rooms anywhere for her.” Her father, citing escalating behavioral issues, also stated his belief that the family could not safely support her at home.



Based upon the information obtained by AID, it was determined that sufficient evidence existed to substantiate physical abuse concerning the use of the “spanking spoon”, and neglect based upon the stated and demonstrated inability of the family to safely meet her needs inside the family home. (Under AID’s enabling legislation, “neglect” does not necessarily imply that a caregiver has been negligent – only that a person is living in a situation where he or she is not getting services needed to protect his or her health and safety.) As a result of this finding AID initiated a Protective Service Plan calling for permanent placement in a residential environment capable of addressing Sally’s needs. She currently resides in a DDS licensed Community Living Arrangement, and is adjusting well to her new environment.

## 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 individual's 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

Vacancy – Medical  
Professional

The Department of Developmental Services reported 256 deaths to the FRB during the year. Fifty-six (56) of these deaths were subject to in-depth discussion, monitoring and review by the FRB. Additionally, there were 16 deaths reported where there was reason to suspect that abuse or neglect may have been a contributing factor. FRB staff also received reports of 4 deaths from the Department of Mental Health and Addiction Services and reports of 4 deaths from the Department of Correction. All the deaths are reviewed for potential in depth investigation.

## Needless Deaths

In March 2013, the Hartford Courant released a series of articles, which focused on death investigations involving adults with intellectual/developmental disabilities that have been completed by either the Fatality Review Board (which is chaired by the P&A Executive Director), the P&A Abuse Investigation Division, or the Department of Public Health. These investigations occurred in response to suspicions that abuse or neglect may have contributed to a client's death. Material for the newspaper articles was taken from a report prepared by the Fatality Review Board and the P&A Abuse Investigation Division which spanned a seven-year reporting period from January 4, 2004 through December 31, 2010.

The P&A report, which is posted in its entirety on P&A's website, highlights specific fact patterns associated with each case and the associated issues and trends which surfaced as a result of the Fatality Review Board's reviews. The report includes examples of activities undertaken by the Fatality Review Board to address systemic issues, promote best practices, improve intra and inter-agency communication, ensure accountability and improve the ability of the service system to effectively respond to individual client needs.



Death cases involving health service practitioners and health service facilities that were investigated by the Department of Health were also summarized as part of the P&A report. The report concludes with comprehensive summaries of allegations reported to the P&A Abuse Investigation Division over this seven-year time period, where abuse or neglect was suspected to have contributed to the death of a client of the Department of Developmental Services system. The summaries include the findings of the investigation as well as recommendations made as a result of each.

Major issues highlighted include those associated with choking deaths, burns and deaths associated with scalding, drowning associated with swimming and bathtub drowning. All of these issues appeared to be reoccurring with

unacceptable frequency over the seven year time span. The P&A report's conclusions and recommendations regarding these issues were similar to those findings which were later published by the Courant.

A copy of the report can be downloaded from the P&A website at:

[http://www.ct.gov/opapd/lib/opapd/documents/adobe/reports/full\\_report -  
10 years of reviews and investigations 2012.pdf](http://www.ct.gov/opapd/lib/opapd/documents/adobe/reports/full_report_-_10_years_of_reviews_and_investigations_2012.pdf)

### Did You Know?

The Fatality Review Board was established by Executive Order 25 of Governor John G. Rowland in February 2002 and updated by Executive Order 42 of Governor M. Jodi Rell in April 2010?

## 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 2013, P&A advocates received 3,259 requests for information and referral, or short-term assistance 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 (592) 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 (559), Rights Violations (477), Government Benefits and Services (348), Employment (211), Education (205), Healthcare (145), Services (85), Rehabilitation Services (85), Financial Entitlements (70), Architectural Accessibility (64), Transportation (60), Assistive Technology (30), Guardianship and Conservatorship (36), Parental Rights/Childcare (29), Insurance (13), and Recreation (13). Advocates also responded to 314 requests for simple information like a copy of a publication or the name of a case manager. Callers also contacted P&A about voting rights, forensic commitment, immigration, and access to records.

### 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.

### It's Not Funny!



P&A's I&R Section received a video relay call from a woman named Iris, who is deaf. Iris told the advocate who took her call that she had registered to attend a weekend long comic book convention, and that when she registered she had requested that an American Sign Language (ASL) interpreter be provided for the workshops she specifically wanted to attend. However, she had been told by Mark, the organizer of the event, that the organization sponsoring the convention was not required to provide interpreters – that she should bring her own interpreter. The advocate discussed the relevant requirements of Title III of the Americans with Disabilities Act (ADA) with Iris, and offered to

contact Mark and educate him about his organization's responsibility to provide effective communication under the Americans with Disabilities Act (ADA). Iris agreed and provided the contact information. The advocate had several discussions with Mark. Initially, he was resistant but eventually decided to provide the interpreter. After the convention, Iris contacted the advocate to thank her. An ASL interpreter had gone to every workshop she attended, and she had had a great time.

### Not a Pet!

Laura and her 8 year old dog have lived in the same trailer park together since the dog was a puppy. Laura developed some neurological issues that caused her problems when it came to balance and mobility. Her doctor recommended that she get a service dog to help her get around and remain independent. She found a dog that had been trained to assist with her specific needs and notified her Property Manager that she would be getting a service animal. The Property Manager told her that the park has a one pet only policy and that she would have to give her 8 year old dog away or have him euthanized if she wanted the service dog.

That is when Laura called P&A and spoke with an Information and Referral (I&R) Advocate who told her that service animals are not pets. The Advocate explained Laura's protection under the Americans with Disabilities Act (ADA) and Fair Housing Act (FHA) in regard to service animals. They discussed how to request a reasonable modification to the 'one pet' policy under the ADA and FHA. The Advocate then sent Laura a sample request letter to further assist her in this process. She also told Laura to call her back if the request was denied so they could discuss how to file a complaint for disability discrimination. There was no need for that phone call, as the request was approved.

### How Much is My Bill?

**LARGE  
PRINT**

Penny contacted P&A because she could not read her utility bills. Two large public utility companies had refused to provide her bills in large print. She had already contacted customer service numerous times to request large print but all she got was: "No!" The P&A advocate navigated the limitations of the customer service systems and finally was able to speak with the right personnel. She educated them on the effective communication provisions of Title III of the Americans with Disabilities Act (ADA), which covers private entities such as utility companies. After some resistance, both companies not only complied with their obligations, but established new procedures for front-line customer service workers in regard to effective communication requests. Now Penny, and any other customers with visual impairments, will have immediate access to their utility bills.

**Reasonable Accommodation**

During the summer, Mary called P&A's Information & Referral section to discuss a problem she was having at work. She indicated that she had been working for the same employer for 30 years and had never had a problem completing her work satisfactorily. Mary had recently been transferred to a noisier, busier work environment. She reported that her disability was causing her to lose focus, and, therefore, Mary was making mistakes – mistakes that she had not made before the transfer. Mary said there was an opening in another part of the organization for which she was qualified, where it was quieter and she could work at a slower pace. She also said that she never had disclosed her disability to her employer.



The advocate informed Mary that she had the option of requesting a reasonable accommodation under Title I of the Americans with Disabilities Act. After informing her about reasonable accommodation, the advocate said that he would mail her a sample letter which could be used to write the request. A few weeks later, this individual called the advocate back and informed him that the request for reasonable accommodation had been granted, and as result of the transfer Mary was able to better perform her duties.

**Did You Know that P&A Has Materials in Spanish on Its Website?  
Here are a Few Examples!**

Oficina de Protección y Defensa Para Personas con Impedimentos

**¿Cómo P&A me puede ayudar?**

**¿Qué Es P&A?**

La Oficina de Protección y Defensa Para Personas con Impedimentos ("P&A") es una agencia estatal independiente establecida para salvaguardar y avanzar los derechos civiles y humanos de las personas con impedimentos en el estado de Connecticut. P&A realiza investigaciones, educa a los legisladores y desafía en corte las barreras discriminatorias que se originan contra las personas con impedimentos si esto fuese necesario. Además, P&A ayuda a los individuos con impedimentos a entender y ejercer sus derechos. P&A pertenece a la red nacional de protección y defensa de los derechos de las personas con impedimentos y opera bajo un mandato estatal y federal.

Cuando usted llama a P&A, nosotros podemos proveerle información acerca de los derechos de las personas con impedimentos, referirle a expertos y recursos disponibles en la comunidad. Además de abogar por los derechos de las personas con impedimentos, las leyes estatales requieren que P&A investigue alegaciones de abuso de personas con retención mental entre los edades de 18 a 59 años. La agencia responde aproximadamente a 1,200 informes de esta índole todos los años. Además, la ley federal autoriza a P&A a investigar otros tipos de abuso y negligencia y buscar remedios legales en los tribunales si esto fuese necesario.

Usted no tiene que tener un impedimento para llamar a nuestra oficina. Usted puede llamar a P&A para discutir cualquier asunto o pregunta relacionada con cualquier impedimento. P&A ofrece ayuda, información y referido a más de 8,000 personas que nos llaman cada año.

Por ejemplo, las personas nos llaman con preguntas acerca de una variedad de temas, incluyendo:

- Vivienda
- Educación Especial
- Tratamiento y derechos del paciente en facilidades psiquiátricas
- Accesibilidad en los edificios, programas y servicios
- Empleo y rehabilitación vocacional
- Transparencia y estacionamiento para personas con impedimentos
- Derechos Humanos

También, P&A se envuelve en proyectos de alcance comunitario para aumentar el poder de los consumidores, tales como adiestramientos u otras iniciativas. Además, P&A trabaja con otros grupos que sirven a las personas con impedimentos para provocar cambios en el sistema, crear estrategias y educar a las personas que influyen en la política pública (ej. legisladores).

**¿Qué Paso Cuando Usted Llamo A P&A?**

Las llamadas telefónicas (de voz o TTY), las cartas, los correos electrónicos y los facsimiles son enviados al personal que tiene pericia profesional en dicha área. Por lo general, las llamadas son contestadas inmediatamente por el personal, de lo contrario usted recibirá una llamada dentro del próximo día de trabajo. P&A se esfuerza en ofrecer un ambiente agradable y accesible a todas las personas que nos llaman. P&A realiza los arreglos necesarios para facilitar la comunicación si usted no habla inglés, necesita un intérprete de señas o una acomodación particular.

Justicia Ciudadana  
P&A  
Pertinencia

**La Ley del Limón de Connecticut para la Asistencia Tecnológica**  
Estatutos Generales de Connecticut  
§§ 42-330-335

**Ley del Limón de Connecticut proporciona protección adicional al consumidor en relación a los dispositivos de asistencia tecnológica utilizados por las personas con impedimentos.**

Justicia Ciudadana  
P&A  
Pertinencia

**Una Publicación de Auto Ayuda de P&A**

**Sus Derechos Como Votante con Impedimentos**

Producido por el personal de la Oficina de Protección y Defensa para las Personas con Impedimentos del Estado de Connecticut

## 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 34 of this report.

P&A advocates, attorneys and subcontractors provided representation to individuals with disabilities for 644 disability related issues. The 534 individuals served by P&A staff experienced problems in the areas of Education (157), Abuse and Neglect (127), Rehabilitation Services (59), Rights Violations (49), Healthcare (33), Government Benefits (21), Employment (19), Housing (17), Quality Assurance (17), Unnecessary Institutionalization (9), Architectural Accessibility (9), Voting (9), Assistive Technology (7), Services (6), Guardianship (5), Financial Entitlements (4), Transportation (3), and Parental Custody (3). Twenty five (25) advocacy cases involved other problems such as childcare, recreation, and parental rights.

### Forced Medication?

The PAIMI program received a call from the psychiatric unit of an area hospital requesting an advocate to represent Francis, a person



with mental illness, at a forced medication hearing the hospital was planning to convene. (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.)

The advocate met with Francis the next day and reviewed his treatment record in order to prepare for the hearing, which had been scheduled for the following day. Francis had come to the hospital's emergency department (ED) because he was sick with the flu. The staff at the ED identified Francis as having mental illness and subsequently transferred him to the psychiatric unit for treatment. Francis told the advocate that he had been diagnosed with schizophrenia and that he had been hospitalized in the past. He had also had prior experience with the type of medication the doctor at the hospital wanted him to take, and he definitely did not want any more of it. Francis lives alone on a stretch of land adjacent to the Connecticut River, housed in a large tent. He has a few friends in the town where he lives, including the owner of the land who allows him access to his tent. He is known in town as "eccentric" but "harmless".

The treating psychiatrist had determined that Francis was delusional and required medication to stabilize his symptoms. However, during a lengthy conversation between the advocate and Francis, the advocate realized that statements that initially appeared to reflect delusional thinking were actually related to Francis' experiences living in a tent overlooking the river, and to the activities he pursued in the community. He enjoyed collecting stuff from the local transfer station and tying his treasure on the back of his moped. A review of the record indicated that Francis was becoming increasingly communicative during his hospital stay, possibly as a result of the structure and support he was receiving on the unit, and certainly because his flu was slowly resolving.

One of the statutory standards that must be met before medication can be forced on someone in a hospital involves the "substantial probability" that, without the medication, the patient's condition will deteriorate. At the hearing, the advocate argued that the hospital had not, and could not meet that standard. The hearing officer (an independent psychiatrist) agreed that the standard had not been met, and, after talking with Francis, concluded that Francis' condition was *who* Francis was all the time. He may have been under stress because of being sick but he certainly was not going to be given medication without his consent. Francis was subsequently discharged to finish a course of antibiotics.

### Moving Toward a Successful Transition

In many ways, Heather is a typical high school student looking forward to getting on with life and finding her niche in the world. Yearning for independence and rewarding work, she developed a set of personal goals: she wants to get her driver's license, and to secure full-time, competitive employment, hopefully in child care, animal care, or some aspect of the fashion industry. As a 19 year old student with an intellectual disability and hearing loss, she received special education services throughout her academic career.

Heather knew she would need help in realizing her goals, and wanted opportunities to explore options and to figure out the level of support she would need to be successful. But, even though the federal Individuals with Disabilities Education Act (IDEA) requires that Individualized Transition Plans be developed for each special education student by age 16, she was getting no help from her school. Heather's school had never developed a transition plan for her, and neither she nor her Mom could get them to do so. So, they came to P&A.

At P&A, advocates reviewed Heather's school records. She did have an IEP – an Individual Education Plan – but the advocates confirmed that there was no transition plan. They also noted that the IEP wasn't very individualized: it was written in formulaic, boiler-plate language, making no mention of Heather's interests and preferences, nor of her future goals and the specific skills and supports she would need to achieve them. As often occurs when the step-wise inquiries and thought processes that are supposed to underlie individualized education planning are reduced to mass production and bureaucratic routine (and key elements are disregarded altogether), communications between Heather's family and the school had become notably strained. Conscious of the conflict, Heather felt misunderstood and devalued.



After meeting with Heather and then with her mom, and after thoroughly reviewing Heather's educational record, a P&A Advocate began attending PPT meetings. Through advocacy efforts at these meetings P&A was able to secure for Heather an appropriate transition plan, based upon her needs and preferences, which would allow her to successfully transition to competitive paid employment. Heather's team has also changed from its position of managing Heather, to supporting her, and communication is now effective and respectful amongst members. Heather is now looking forward with excitement to her future and the possibilities it offers.

### All Charged Up!



Kim had owned her motorized wheelchair for many years. When she called the vendor to request a new battery charger, she was informed that the company was on the brink of bankruptcy and that, if they could supply a charger at all, it would take many weeks. By the time she called P&A, she had been using a borrowed charger for months. Because neither the manufacturer's original warrantee nor the Assistive Technology Lemon Law covered the problem Kim was having, she had little legal recourse. The P&A advocate suggested that the most expedient way for Kim to obtain a new charger was to leave the present company and choose a new vendor.

After Kim chose a new company, the P&A advocate eased the way for her to receive repair and order services paid by Medicare. This did not happen quickly; switching vendors generally requires new documentation and a whole new set of authorizations. After about a month, Kim both received her new charger and was granted regular customer status with the new vendor.

### Special Delivery

Mary lives in a large 55+ community. All of the residents' mailboxes are in a centralized location which is about 2 city blocks away from Mary's condo. Mary uses a walker and, due to the nature of her disability, was having a difficult time getting her mail on a daily basis. Her medications were delivered by mail and sometimes they would sit in her mailbox for several days because she just wasn't feeling strong enough to make the walk. Mary contacted the developer and asked that he install a mailbox at her condo. The developer replied that he could not relocate her mailbox. That was when Mary contacted P&A and spoke to an advocate.

The advocate explained that she could request the accommodation of a closer mailbox from both the Post Office and the developer, and explained how to write those letters. Mary followed through with the requests but called P&A back when her requests were denied. With Mary's permission, the advocate contacted the Post Office Station Manager, who is responsible for handling these requests. When that discussion did not provide a resolution, the advocate then contacted various other administrators within the Post Office. After numerous phone calls, the accommodation was finally granted. Mary then contacted the developer and told him that the Post Office had granted her request and she needed to have her mailbox installed at her home. The developer again told her that he could not do this. She made another call to P&A, and the advocate then contacted the developer and explained Mary's rights under the Americans with Disabilities Act and Fair Housing Act. Several days later a new mailbox was installed just outside Mary's door.



### On the Road

Ronald went to the Bureau of Rehabilitation Services (BRS), Connecticut's vocational rehabilitation provider, for help. He very much wanted to work, but had conducted his own job searches with no success. After researching his options, he decided that he wanted to go to tractor trailer driving school, get his license to drive big rigs, and ultimately find employment on the open road. He had friends and family in the trucking industry who were ready to hire him if he got his license.

Ronald immediately met resistance. His BRS Counselor refused to support his employment goal. She had researched tractor trailer schools and in order to drive, Ronald would have to be able to lift 50 lbs. But, because of his physical disabilities, Ronald was restricted to lifting only 30 lbs. Unsuccessfully, Ronald

explained to his Counselor that he wanted a Class A license which did not have the 50lb lifting requirement. Ronald was frustrated and called P&A.



The P&A advocate provided a vital link to restoring communication between Ronald and his BRS Counselor. After reviewing the file and Ronald’s research on tractor trailer schools, Ronald and the P&A advocate met with the BRS Counselor. The Counselor finally agreed to do some additional research and found that Ronald could get a Class A license with his 30 lb. restriction. Rather than move forward with training, however, the Counselor then decided that Ronald needed to apply for jobs to see if employers would hire him. But, the requirement amounted to a classic “Catch-22”. Nobody was going to hire Ronald; he didn’t have a license!

The P&A advocate immediately sought the intervention of the Counselor’s supervisor who attended Ronald’s next meeting with his BRS Counselor. Ronald’s employment goal was approved. Ronald applied for schooling and financial aid. BRS followed through with supporting his plan, providing tuition assistance and mileage reimbursement. Ronald is now done with his school and on his way to getting his license and a life on the open road.

### Parenting with a Disability

When Sarah called P&A, she was desperate. She complained bitterly that the only reason she wasn’t being allowed to raise her son was because of discrimination, based on her disability. Her son had been taken into State custody at the hospital where he was born. He was coming up on his first birthday, and the Department of Children and Families (DCF) was pursuing permanent termination of Sarah’s parental rights. Sarah had lost parental rights to two other children the same way, and there seemed to be no hope of turning the tide that was running so strongly against her. Even so, she was not about to give up the fight – not just for her own sake, but for the sake of her son as well.

Sarah had been identified as eligible for services from the Department of Developmental Services when she was in school, but had never actually received services through that agency. She lived in a nice apartment and managed all her own affairs. She had a network of friends and staff from a local support agency to whom she could turn for advice and assistance. Despite all that she had going for her, her son had been taken from her at the hospital when he had been born. He was her third child, and the other two had also been removed because she had been deemed incapable. The same psychologist who had previously judged that she would be unable to effectively parent was brought back to do an updated assessment. To no one’s surprise, he submitted a report finding

**Did You Know?**  
**In the United States,**  
**more than 8 million**  
**parents have a**  
**disability?**

that Sarah was unfit to raise this child, too. In addition to calling P&A, Sarah had recently changed attorneys. She felt she could no longer trust that the first attorney that had been appointed to represent her would fight for her and her son. The new attorney took the assignment seriously, meeting with the P&A advocate who was, herself, just getting to know Sarah. The advocate and attorney quickly assembled all the people from Sarah's network who were involved in supporting her in order to find out what the real facts of her case were. Virtually everyone who knew her gave her glowing endorsements, emphasizing Sarah's great maternal instincts, her devotion to her child, and the attention she paid to his needs when she was allowed to visit. Some of them had known her for a number of years. The psychologist had not spoken to any of these people.



The P&A advocate invited Sarah to a conference hosted by the Connecticut Parents with Cognitive Limitations Workgroup and The Association for Successful Parenting, which is an international not for profit organization. The conference was being held in Mystic. P&A was a co-sponsor. The advocate introduced Sarah to an expert on the assessment of needs and abilities of parents with intellectual disability; an expert who uses a "strength-based" approach, rather than just looking at the deficits of the parent. It took a considerable effort by all involved, but this expert was able to meet with Sarah within days of the conference and began to gather information that she could use to generate a report on Sarah's fitness to parent. Though the report was not going to be completed before the trial, the expert was able to give immediate feedback to Sarah's attorney: she said that she totally disagreed with the psychologist's opinion.

In the days before the start of the trial for termination of Sarah's parental rights, the psychologist finally interviewed all the people who had been working with her for years. He heard their glowing reports and learned that there was an expert who was preparing a report that would refute his assessment. In the eleventh hour, he updated his assessment to say that he had changed his mind; that he would support the mother being given a chance to parent. With this shift, DCF no longer had a case. Sarah had never done anything wrong – no abuse, no neglect, no substance abuse. The case against her, like the cases that had resulted in terminating her right to parent her other children, was based solely on the opinion of a single professional who thought that her disability made her unfit to parent.

Finally, 14 months after the birth of her son, the conversation Sarah had been hoping for took place – a conversation which should and could have taken place before the child's birth. It was a conversation about what supports she might benefit from as she raised her child.

Sarah and her son are now spending more time together every week. Soon, they will be living together full time. Any support needs and issues will be worked out in a positive, collaborative manner. The family is looking forward to the day when DCF can close this case, and they can close an unfortunate chapter of their lives.

### A Matter of Interpretation



Nicole, who is deaf, has a 15 year old son named David who has a psychiatric disability. David was facing a transition in his mental health support services from one agency that provided a short term intensive treatment program to another agency for that provided long term services. His treating clinician from the first agency called the long term treatment agency to make an intake appointment for David. After making the appointment, the clinician said that David's mother is deaf and that they would need to provide an ASL interpreter for the intake. The receptionist told the clinician that they were not required to provide an interpreter since it was the mother, not the client, who was deaf.

The clinician was not sure about who needed to provide the interpreter under those circumstances, so she postponed making the appointment. After arranging for her agency to pay for the interpreter for the intake appointment, she called the second agency back and made the appointment. The referring agency paid for an interpreter for several more appointments at the new agency. But, as David was no longer a client of the first agency, this arrangement could not continue. David's new psychiatrist ultimately (and somewhat reluctantly) agreed to provide an interpreter for discussions with Nicole, but, after discussing the situation with the Director of the new agency, reversed his decision. Even though consultations with both David and Nicole were part of the treatment plan, the Director believed that it was not their responsibility to provide an interpreter because they were a private agency.

Nicole contacted David's old clinician and explained the situation. The clinician contacted P&A. After speaking with Nicole, the P&A advocate contacted the new agency and spoke to the psychiatrist, who confirmed that he had been told by his Director that their agency was not obligated to provide an interpreter. The advocate explained Title III under the Americans with Disabilities Act and emailed him a copy of P&A's publication 'Healthcare Providers Obligations Under the ADA.' After a lengthy discussion, the psychiatrist agreed that it was his agency's responsibility to provide the interpreter. David and Nicole have since attended many counselling appointments, and there has been an interpreter present each time.

### Involuntary Medication

"They want to tie me down and give me medication" George said to the PAIMI Advocate. "I don't want the medication." George was a patient at a large hospital in the Hartford area. He told the Advocate that he didn't want the medication because it caused him bad side effects, including nausea, and that he felt he did not need it. Shortly after his conversation with George, the Advocate received a call from the hospital: The involuntary medication hearing was to take place the next day.

**"They want to tie me down and give me medication."**

Before the hearing, the Advocate visited George at the hospital. George signed a release so that the Advocate could review his records. George was fearful of taking the medication, but even more fearful of being restrained and forced to take medication.

On reviewing the record, the Advocate discovered that George had a history of mental illness but had not been on medication for a long time. George had made sense during the interview when answering the Advocate's questions. The biggest problem appeared to be that George did not have a permanent home. It seemed to the Advocate that securing a place of his own - a place that offered social and emotional support - should be much higher priority for George than forcing him to take medication that made him feel physically sick, and which, if he were to be restrained in order to be injected with it, would inflict needless additional trauma.



At the hearing, George could not answer questions from the Hearing Officer or otherwise speak up for himself. The PAIMI Advocate argued for George that his mental illness and homelessness did not meet the legal standard for involuntary medication. The Hearing Officer agreed with the Advocate. He ordered that the hospital could not give George medication against his will.

### Title II in Action

Like many other 7 year olds, Susie was looking forward to summer vacation and going to her town-sponsored day camp with her friends from school. But, several weeks before camp was scheduled to start her mother was told that Susie could not attend. Susie needed daily insulin injections, and the town refused to provide this service.



The P&A advocate who responded to the mother's inquiry conferred with P&A's legal unit. A P&A lawyer then contacted the attorney for the town and explained the town's obligations under Title II of the Americans with Disabilities Act. The town did not believe that they would be able to provide the injections, claiming that the expense and logistics of hiring a professional to deliver the injections were a burden. However, after discussions with the P&A attorney, who showed the town the results of court cases that addressed this very issue, the town realized that they were obligated to provide the service. Susie was able to attend camp with her friends.

The case services and legal units at P&A worked together to produce a positive resolution, both for the camper, and for the town, which learned about its obligations under Title II of the Americans with Disabilities Act (ADA), and is now better prepared to afford access to other children.

## Legal Representation



The Legal Services Division of the Case Services Unit provides legal advice and representation to selected agency clients. 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, attorneys, and recreational venues; eligibility for services from the Department of Developmental Services; proper treatment for prisoners with disabilities; sterilization of persons with Intellectual Disability; removal of life support; rights under the Americans with Disabilities Act for people with disabilities in nursing homes and other institutions; employment discrimination in both the public and private sectors; and education of children with disabilities in special education settings and post secondary institutions. 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 Americans with Disabilities Act Coordinators at Connecticut state agencies.

## Target of Bullies

When Jennifer came to P&A, she was a student who had essentially disengaged from school. It would be hard to blame her. Throughout her educational history, Jennifer had been the target of bullies. The bullying became so intense that, in middle school, she had, for a time, refused to go to school. Jennifer received special education services under the category of severe emotional disturbance, and never had the ability to effectively deal with this problem on her own. And, she had never been given the consistent support she needed. Things did not get better as she entered high school. Jennifer began dating an older boy during her freshman year. Before long, however, her new boyfriend assaulted her and, after that, his friends started a whisper campaign against her. She felt she had no recourse: She left her district high school with the intention never to set foot in it again. And she meant it.



From 2012 to early spring 2013, Jennifer did not return to the District High School. The school did not seem to get the message. They sent vans to pick her up and Jennifer refused to go. The district filed truancy petitions, even though, by then, Jennifer had enrolled herself in alternative education program hosted by a regional adult education center. There she had found a place of refuge with a teacher that she trusted and she was able to progress

academically. Jennifer's therapist recognized this and asked that the school understand her situation. The school case manager's response: "She is playing us". The District issued Jennifer an ultimatum: attend the district high school, or attend a private hospital school with students who have much different, severe mental health challenges. Neither program was appropriate.

Jennifer and her Mom came to P&A in February 2013. A P&A attorney reviewed her records and developed a strategy to help Jennifer. The records clearly showed that the school had not done its job in evaluating her educational needs and had failed to take into account how her emotional need for safety and security impacted her ability to perform in the classroom. The school also clearly did not understand that it could not just plunk Jennifer down in high school without a plan to get her there.



Working with a P&A advocate, the attorney represented Jennifer at a mediation. He argued that an independent evaluation from a clinical psychologist or psychiatrist was necessary to get at the roots of her educational problems, and to develop a strategy for supporting her. After discussions with Jennifer and her family, and the P&A advocate who had considerable experience representing students who experienced emotional distress, the attorney provided the mediator a list of reputable evaluators capable of conducting the assessment. The school district agreed to obtain an evaluation from one of the psychiatrists on the list, but insisted that Jennifer return to the district high school first. They were still missing the point. So the P&A attorney bypassed the mediator and negotiated directly with the school district's attorney. It turned out that the school's most immediate concern was the upcoming CAPT test, and determining where Jennifer would be able to take the testing. After a few minutes of negotiating, it was determined Jennifer could, in fact, take the test in her alternative program. It was further agreed that a Planning and Placement Team (PPT) meeting would be conducted following the outcome of the evaluation.

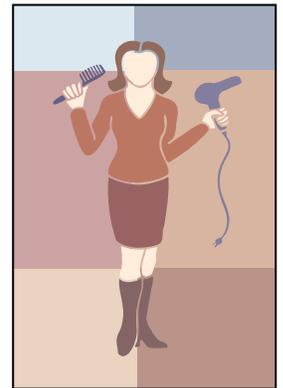
The evaluation made it clear that Jennifer needed to remain in an environment that made her feel safe. The psychiatrist found that she was not manipulating events, that she had Post Traumatic Stress Disorder from previous bullying and assaults, and would need a gradual reintroduction to the high school, if at all. He suggested that she complete her academics but find community resources that would give her social experiences.

At the PPT meeting, the school accepted this recommendation. To his credit, the case manager who had earlier believed Jennifer was "a manipulator", reversed his position. The most exciting development was that Jennifer's teacher in the alternative program translated the report into a personal mission. The teacher wanted her class to become a haven for students like Jennifer – kids who have experienced emotional turmoil and trauma in other school environments. The report inspired the teacher to both create ambitious goals and objectives that were tailor made for Jennifer, and to begin creating a program that school systems could readily recognize as appropriate for other school avoidant children. All things considered, Jennifer's case represents a very good outcome: she received the educational program she needed, and a new resource is being developed for other students with similar needs.

## Preparing for Work

Anna has wanted to be a hairdresser for most of her life. As a person who is deaf, she had applied for assistance from the Bureau of Rehabilitation Services (BRS), and together with her counsellor, had agreed upon an Employment Plan that included hairdressing school. BRS helped Anna apply for school and agreed to help with the funding. Anna was accepted by the school and was ready to begin. However, things began to go downhill from there. Anna was first told that classes weren't going to begin when scheduled. She was then told that her acceptance was only valid for the classes that were cancelled and that she would need to reapply. When that got resolved, she was finally told the real reason why she couldn't start classes: the school did not want to provide a sign language interpreter.

A P&A attorney contacted the school's attorney who recognized that the school had a legal obligation to provide Anna with communication access to its program. However, despite being informed that an ASL interpreter was the only form of effective communication that would allow Anna to attend the school, the school's attorney insisted that Anna be interviewed by an audiologist retained by the school. Because the audiologist was in California, P&A facilitated this interview by using Skype. After the interview was completed, the school's attorney informed P&A that the audiologist confirmed that Anna required an ASL interpreter. Anna is now busily taking classes.



## Sitting on the Job

Lisa works as a self-checkout clerk for a large grocery store. She has developed osteoarthritis of her knees which affects her ability to stand on her feet for long periods at a time. Earlier this year she went out on medical leave and, upon her return provided her employer with a letter from her doctor verifying her disability and requesting that she be allowed to sit on a stool at her work station as an accommodation.



However, when Lisa returned to work, she was sent home. She provided her employer with another letter from her doctor in which he repeated his verification of her disability, and supported her request to be allowed to sit as an accommodation. Her employer then sent her a letter seeking unspecified "additional information". Lisa very much wanted to return to work, but was unsure of what to do. So she called P&A.

After speaking with an advocate and sharing copies of the two letters her doctor had already written, Lisa's case was referred to P&A's legal division. After speaking to Lisa, the attorney attempted to engage her

union in resolving this matter. The attorney spoke with her union rep, explained the law and that Lisa was seeking to return to work with accommodations and back pay for the time she missed when she had been sent home. Her union rep said he'd call the employer's Human Resources (HR) Department, set up a meeting, and "read them the 'riot act'."

That did not happen. Lisa waited a week, but, heard nothing from the union representative. Short on cash and extremely anxious to return to work, she called the P&A attorney again. This time the attorney called the employer's HR Department and, ultimately, discussed Lisa's situation with the HR representative who had been assigned to Lisa's case. Together, they went over the doctor's letters, and the HR Manager confirmed that the information provided was sufficient. He agreed to provide Lisa with the accommodation she was requesting, and to "look into" the issue of back pay.

Lisa went back to work immediately, and can now work her full shift without experiencing pain. But, so far, there has been no response from the employer about Lisa's request for back pay. The P&A attorney has informed the employer that she will not be dropping the back pay issue.



### Did You Know?

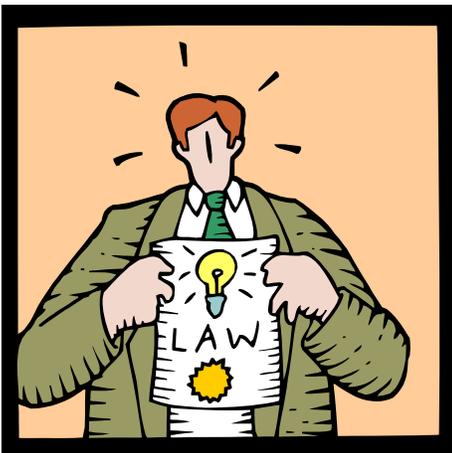
- P&A has been protecting the human and civil rights of people with disabilities since 1977?
- There are 57 "protection and advocacy" agencies in the United States and its territories?
- Connecticut P&A is a state agency?
- P&A serves people with disabilities all over the state of Connecticut?
- P&A is launching a new Speakers' Bureau in January 2014? Need a Speaker on a disability related topic? Call us!
- The P&A website has news and other current information affecting people with disabilities. The website address is [www.ct.gov/opapd](http://www.ct.gov/opapd).
- You can complete a survey on P&A website that asks for your input on issues affecting people with disabilities in Connecticut and that information is used to help P&A set its annual priorities?

## 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 2013 Annual Legislative Report can be downloaded from the P&A website at:

[www.ct.gov/opapd/cwp/view.asp?a=1749&q=516670&opapdPNavCtr=#52244](http://www.ct.gov/opapd/cwp/view.asp?a=1749&q=516670&opapdPNavCtr=#52244)

The primary concerns during the 2013 session were legislative proposals resulting from the tragic event in Newtown in December 2012 and the continued efforts of national groups to legalize physician-assisted suicide. P&A testified before various working groups established in response to Newtown, supporting expansion of community based, recovery oriented mental health services and a comprehensive initiative to

help school systems understand and fulfill obligations to students with behavioral health needs and testifying about various proposals to address gun violence and school safety. 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 for people with disabilities.

P&A testified on many bills that would impact the lives of people with disabilities in Connecticut, supporting proposals that would require school systems that have agreements with police agencies that assign specific officers to schools to also have specific memoranda or policies that define the expectations for police interaction with the students and school personnel; establish statutory recognition of the importance School-Based Health Centers can play in ensuring the availability of mental health services in public schools; and, require local and regional boards of education to assess every child for possible behavioral health issues to ensure that proper mental health services and interventions are provided to children who need them. P&A also urged the legislature to reject proposals that would require psychiatrists and other treating professionals to report to “authorities” when an individual they are treating “may” pose a threat to him or herself or others; requiring school aged children (whether enrolled in school or being home schooled) to receive behavioral health assessments at certain intervals; and to allow certain medical providers to obtain records of persons who have been patients in psychiatric hospitals without the person’s consent.

In addition, legislation was passed to require: (1) a report on accessibility in and to state buildings, (2) teacher candidates to complete a training in children’s social and emotional learning and development, (3) police officers to issue a warning or summons for vehicles parked illegally in handicapped parking spaces, (4) the Department of Social Services to conduct a cost benefit analysis of home care versus institutional care for children under 18 years of age, and (5) Probate Courts to apply the rules of evidence in all conservatorship hearings rather than just for hearings on applications for involuntary conservatorship. Other newly passed legislation broadens the mental health provisions that disqualify a persons for a gun permit and establishes an Advisory Council on Palliative Care.

### A Statutory Fix

During the past several years P&A has been actively involved with a case involving a young woman with significant physical and communication disabilities who was sexually assaulted by her mother’s boyfriend. In *State v. Fourtin*, Docket No. SC-18523, State prosecutors charged Mr. Fourtin under a statute that relates to the sexual assault of a person who is said to be “physically helpless.” The jury convicted him based on the unwavering testimony of the victim who had to testify in 15 minute intervals over 5 days because the process was extremely fatiguing. Using a closed circuit TV system, the jury watched as



the victim finger-spelled her answers on a picture board. The jury convicted Mr. Fourtin but the appellate court reversed the decision saying that the victim did not meet the definition of “physically helpless” because, according to her mother’s testimony she could screech, scratch, kick and bite.

When the Connecticut Supreme Court affirmed the decision of the appellate court, P&A joined with other disability and legal organizations to address the issue legislatively. After several attempts the Connecticut Legislature finally passed Public Act 13-47, An Act Concerning the Sexual Assault of a Person Who Is Physically Helpless or Whose Ability to Consent is Otherwise Impaired. The Public Act deletes offensive language from the criminal codes related to sexual assault and more importantly, expands the definition of “physically helpless” to include someone who is physically helpless to resist an act of sexual intercourse or sexual contact.

### Making Change for Parents with Disabilities

In October 2013, P&A cosponsored a conference entitled Innovative Partnerships and Practices: The Path to Success for Parents with Learning Difficulties and Cognitive Limitations. This was an international

conference, attracting participants from many states and several countries. The major sponsors of the conference were the Parents with Cognitive Limitations Workgroup, based in Connecticut, and The Association for Successful Parenting, which is an international not for profit organization. P&A has supported both organizations for many years financially and through the direct involvement of a staff member in both organizations.



The conference was very well attended, with about 200 people participating each day. One reason it worked so well was the consistent involvement of parent self-advocates throughout the planning process, and their strong participation in presentations as well. A family panel which included three young people whose parents have cognitive impairments, was also a big hit. As the parents

and young people spoke, there were a lot of laughs and even a few tears. Overall, a tremendous amount of information was shared, ranging from sophisticated academic research to useful, practical tips for parents. Through it all, there was growing recognition of a fundamental paradox: these families have much in common with any other families, and yet each is also unique. Appreciating this dual reality is essential for those who would attempt to assist these families: the more fully and carefully the unique identities and needs of each family is understood, the better supports can be tailored.

A generation of young people with and without disabilities is now reaching adulthood having benefited from a far more integrated educational system than was known to previous generations. As these young people become parents, service systems will need to adjust their thinking and paradigms of support in order to better meet the challenges ahead.

## Collaborating to End Restraint and Seclusion in Connecticut

For the past two years, P&A has worked in collaboration with other State partners, including the Departments of Developmental Services, Children and Families, Mental Health and Addiction Services, Education, Health, the Office of the Child Advocate and the Court Support Services Division of the Judicial Branch to develop a major initiative to prevent the use of restraints and seclusion across all State operated, sponsored and regulated service settings. Officially known as the Connecticut Restraint and Seclusion Prevention Initiative Partnership, the effort has led to adoption of a set of guiding principles which all members have signed, and, in September, 2013, to a highly successful symposium for approximately 400 stakeholders from across the State.

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.



Acknowledged by a Proclamation from Governor Dannel Malloy, the symposium featured a keynote address by Kathryn Power from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), and a presentation by Beth Caldwell on the Six Core Strategies for prevention that SAMHSA and the National Association of State Mental Health Directors jointly developed in an effort to bring change to human service programs that routinely employ Restraint and Seclusion. These presentations were followed by reports from four Connecticut provider organizations that have successfully reduced their dependence on

restraint and seclusion, and by a consumer panel that challenged assumptions and shared a perspective that is seldom recognized.

The symposium was just a kick-off event. Additional activities, including a two day training about the six core strategies, and a series of programmatically appropriate forums are in the works.

## Emergency Preparedness

In the aftermath of Storm Sandy P&A has been working with FEMA and disability organizations over the long term. Connecticut is still grappling with the devastation wrought by Storm Sandy, especially along the coast of Long Island Sound. In the aftermath of the storm, P&A participated with FEMA's assigned Disability Integration Specialist in efforts to ensure that federal Disaster Recovery Centers throughout the State were accessible and equipped to meet the needs of people with disabilities. After recovery efforts got underway, P&A also participated on State committees and working groups to help plan for the rebuilding of damaged housing, and the establishment of a permanent recovery structure capable of assisting with future recovery needs. Working with our Developmental Disabilities Network Partners and the Council of Independent Living Centers, P&A also helped form an ad hoc preparedness group focused on deepening efforts to assist people with disabilities plan and implement individual preparedness strategies.



In addition to these efforts P&A provided essential funding for two conferences on emergency management that focused on the communication and other needs of people who are deaf. The conferences, held in Norwich and Bridgeport each attracted about ninety Deaf participants. In addition, emergency management personnel from utility companies and police and fire departments were in attendance.

The conferences featured keynote speaker, Neal McDevitt, an expert on emergency preparedness for people who are deaf. He also moderated a panel discussion by local emergency management personnel, Red Cross officials, and experts on communication technology. Panelists covered topics that included personal preparation for an emergency or disaster; communication/etiquette tips for officials; new technology, especially personal devices that enable better distance communication; the creation of links between officials and members of the Deaf community; and, at the Norwich event, technical information about Millstone and the challenges of proximity to a nuclear power facility.

### Did You Know?

On the P&A Website, there is an Emergency Preparedness Document. Take a look at it:

[http://www.ct.gov/opapd/lib/opapd/documents/adobe/guide\\_final.pdf](http://www.ct.gov/opapd/lib/opapd/documents/adobe/guide_final.pdf)

## 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 participates in a variety of outreach events. This year, P&A sponsored or participated in 118 training events, including presentations, workshops, conferences, and resource fairs. More than 3,400 individuals received training on topics that included P&A programs and services; rights under the Americans with Disabilities and the Fair Housing Acts; special education including “least restrictive environment”, inclusion, the requirements of the Individuals with Disabilities Education Act, transition, behavior plans and due process; voting rights of people with disabilities; employment rights and work incentives; vocational rehabilitation; assistive technology; parent leadership; structural accessibility; rights



of parents with disabilities; experience of siblings with disabilities, how the legislature works; emergency preparedness; rights of people with mental illness including individuals of residential care homes; and reporting of abuse and neglect. Information was disseminated to more than 2,500 people at 21 resource fairs. Over 13,500 publications and P&A program brochures were distributed to individuals and organizations throughout the year. More than 3,100 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, 75,128 visitors obtained information through the site ([www.ct.gov/opapd](http://www.ct.gov/opapd)) and more than 44,730 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.

### Outreach to Empowerment

In P&A’s ongoing efforts to reach out to traditionally underserved communities, the Agency often collaborates with local non-profit organizations. The latest such collaboration has been with Generations

Family Health Center in Willimantic. Through their Home Initiative for Children and Youth with Special Needs a parent advocacy support group for Latino parents has emerged. P&A has provided extensive training on Special Education Laws and Leadership development to this group.

Carmen and Pedro attended those trainings. Originally from Guatemala, they are the parents of “Rosita”, who was born in California. The family moved to Connecticut for better job opportunities. They speak Spanish at home, but Rosita can speak English quite well. Mom described Rosita as a happy girl with beautiful brown eyes a long black shining hair. She likes to play with her dolls, dance and play music. At home, she can perform age-appropriate chores and follow instructions. However, the school that Rosita attends reported that she was not performing at her grade level. Carmen and Pedro met with Rosita’s teachers, who explained that this was because Rosita’s classes were all in English, whereas she was bilingual. After listening to that explanation for over a year, and seeing little improvement in Rosita’s school performance, Carmen and Pedro attended the series of special education trainings referred to above. They learned that they could challenge the explanation being offered by the school and requested that Rosita be evaluated to determine if there is a disability impacting her learning. Through the evaluation, it was learned that Rosita has a learning disability which impacted her learning. Now, as Carmen said, “As informed parents we feel that we are better equipped to advocate for my daughter”.

### 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. 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, Self Advocacy, Vocational Rehabilitation and Employment Rights, Housing, State and Federal Laws and Regulations, Inclusive Education, Assistive Technology, Communication and Team Building, and the Legislative Process. As part of the graduation requirement, each Partners participant was responsible for developing a project that would benefit the disability community. One of the Partners participants developed a project called “Together We Can,” a series of trainings for Latino children with disabilities and their parents that focused on transition from school to work. Often Latino parents are not able to participate in their child’s education due to cultural differences, language barriers and socio-economic disadvantages. The project addressed these barriers with the assistance of P&A and in collaboration with an after-school program from a local school. The uniqueness of the project was that parents came to school and received information in the same classroom with their children in their dominant language. This training provided the opportunity for parents to have a better understanding about transition and to improve their advocacy skills while working with their children to develop goals and self-advocacy strategies.



## 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.

**Mental Health Services:** Following the incomprehensible mass murder of first grade students, teachers and other staff at Sandy Hook Elementary School in December, 2012, there has been considerable focus on issues related to behavioral health and gun control. These issues became the basis of omnibus emergency-certified legislation that was enacted and signed into law as Public Act 13-3, *An Act Concerning Gun Violence Prevention and Children's Safety*. Many of the provisions of this legislation will have a positive effect – particularly those that address insurance issues, provide for mental health training of school personnel, expand community mental health treatment programs and establish a commission to study and make specific recommendations regarding improvement in services and supports for young people who may be experiencing behavioral health issues. However, from the perspective of many disability rights advocates, one provision of that legislation is highly problematic: Under the new law, the names of people who voluntarily admit themselves for inpatient psychiatric treatment are now automatically reported to the State. Restrictions that previously only applied to individuals who have been committed to a hospital or determined not to be competent by a court now extend to anyone who seeks psychiatric help at a hospital.

Concern over this provision centers on the mechanism for its implementation, and on the long term implications of using that mechanism for all people who are seeking help. The legislation requires all Connecticut hospitals that provide inpatient psychiatric services to forward the name of every person voluntarily admitted for psychiatric care to the Department of Mental Health and Addiction Services (DMHAS). DMHAS then enters and maintains those names on a confidential database. Through a “black box” computer system wherein neither agency has unfettered access to the other’s database, the Department of Emergency Services and Public Protection (DESPP) electronically cross checks its gun permit information with the DMHAS data to identify whether any of those who have been admitted for psychiatric care on a voluntary basis are gun permit holders or applicants. This “black box” system is an extension of the mechanism previously established to provide information about adjudications and commitments to the National Instant Criminal Background Check System (NICS).

Simply knowing that the State will now maintain a record of every person who seeks psychiatric treatment in a hospital will likely discourage some people who need and would otherwise seek such treatment from obtaining it. The issue is not necessarily about guns (although there may be some gun owners, or individuals whose employment requires them to be armed, who find themselves in need of help but who will avoid it for fear of losing their guns.) The larger concern is about people who are suspicious of governmental interference in their lives, or who just do not want the government to know that they have

presented themselves to a hospital for psychiatric treatment. This would include not only people who periodically seek such treatment, but also people who encounter unexpected distress at some point in their lives and seek treatment on a one-time basis. Many of these individuals consider their mental health treatment needs to be a private, confidential matter between themselves and their doctors. The latter group includes some people who even elect to pay hospitals directly for the cost of their care because they do not want to be listed in databases maintained by insurance companies. To the extent this reporting and data gathering requirement creates a disincentive for obtaining treatment, it operates at cross purposes to a longstanding public policy that encourages people who are experiencing psychiatric distress to seek help.

Ensuring consumer confidentiality has long been recognized as an essential element of that policy. The underlying reason such a policy is needed in the first place involves the historical prevalence of stigma and discrimination against people with mental illness. Advocates point out that, ironically, establishing a statutory presumption that people who voluntarily seek treatment are, as a group, more likely to be violent than others in the general population perpetuates that stigma; that various published studies indicate that the connection between mental illness and violence is statistically quite small. They also point to the equally ironic fact that similar studies indicate a much stronger link between substance use and potential violence. Yet the legislation specifically exempts hospitalizations that are exclusively for substance use treatment from the reporting and gun permit revocation/ban requirements.

Concerns have also been expressed about the implications this reporting and data-gathering hold for ongoing efforts to transform the State's mental health services into a consumer-friendly, recovery-oriented system of care and support. A recovery-oriented treatment system is one that consumers can trust – one that they feel confident approaching; not one that is perceived as an element of the State's police authority and which engages in practices that reflect the very categorical prejudices and coercive tendencies it is otherwise struggling mightily to overcome.

As an aside, P.A.13-3 also makes it a Class C Felony to possess a firearm during the six month period following a voluntary hospital admission for psychiatric treatment. Conviction carries with it a fine and mandatory two year prison sentence. Many Connecticut residents own legally acquired firearms that are not registered or listed anywhere. Until P.A. 13-3 was enacted, it was not necessary to obtain permits, certificates or otherwise file any paperwork with the State in order to obtain many types of firearms. DMHAS now provides a letter to people who have been voluntarily admitted to a hospital informing them about the existence of the database and the six month period of disqualification for gun permits. If a person who is admitted to a hospital has a permit, DESPP sends a letter of revocation (which the person may or may not get if he or she is still hospitalized). However there is currently no procedure in place to notify all voluntarily hospitalized individuals of the potential criminal liability they face if they simply own a firearm.

### **Special Education.**

As pressures increase on public schools to remedy poor performance, and all levels of government are facing significant financial problems, the institution of Special Education has come under increasingly

hostile fire. 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. There is some good news, however: Recognizing that nobody should have to enter a State building through the “back door” or the service entrance used by the shipping department, in 2013, the General Assembly enacted a requirement for, and the Department of Administrative Services has recently completed, a preliminary survey of all State facilities. This, in conjunction with the first training held for State agency ADA Coordinators in over 15 years, and establishment of bond funds for accessibility improvements has given Connecticut State Government a good start in the right direction.
- 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 building 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. Additional legislation provided protection against housing discrimination for renters with mental and intellectual disabilities.

- 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.



## Fiscal Facts and Figures

In the fiscal year ending June 30, 2013, P&A had a total operating budget of \$3,820,570.77. Of this, \$2,238,177.20 (59%) was state funding and \$1,582,393.57 (41%) was federal funding. Personal services expenditures comprise 91% of P&A's General Fund Budget, with an additional 9% expended on contracts, outside services and necessary expense items, including supplies, equipment, telephone, postage, and printing.

### P&A Federal Expenditures for Fiscal Year 2013

**\$1,582,393.57**

U.S. Department of Education, Rehabilitation Services Administration – Client Assistance Program (CAP)	<b>\$40,995.17</b>
U.S. Department of Health and Human Services - Protection and Advocacy for Individuals with Mental Illness (PAIMI)	<b>\$514,262.59</b>
Connecticut Department of Social Services - Social Services Block Grant (SSBG)	<b>\$118,012.35</b>
U.S. Department of Health and Human Services, Administration on Intellectual and Developmental Disabilities - Protection and Advocacy for Developmental Disabilities (PADD)	<b>\$457,702.50</b>
U.S. Department of Education, Rehabilitation Services Administration – Protection and Advocacy for Individual Rights (PAIR)	<b>\$165,383.92</b>
U.S. Department of Education, Rehabilitation Services Administration – Protection and Advocacy for Assistive Technology (PAAT)	<b>\$54,764.85</b>
Social Security Administration - Protection and Advocacy for Beneficiaries of Social Security (PABSS)	<b>\$74,479.78</b>
U.S. Department of Health and Human Services - Administration on Developmental Disabilities – Protection and Advocacy for Voting Access (PAVA)	<b>\$78,189.69</b>
Health Rehabilitation Services Administration - Protection and Advocacy for Traumatic Brain Injury (PATBI)	<b>\$63,578.58</b>
Social Security Administration – Representative Payee Monitoring Project	<b>\$16,024.14</b>

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

Federal Program	Program Description
<b>Protection and Advocacy for Individuals with Developmental Disabilities (PADD)</b> <b>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)</b> <b>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)</b> <b>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)</b> <b>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)</b> <b>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)</b> <b>42 U.S.C. §1320b-19</b> <b>20 CFR 411.635</b> <b>(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)</b> <b>42 U.S.C. §15301 et. seq.</b> <b>(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)</b> <b>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, <u>et. seq.</u> 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 <u>et. seq.</u>	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.



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