

Americans with Disabilities Act



Office of Protection and Advocacy for Persons with Disabilities

Annual Report 2015

ADA 25

AMERICANS WITH
DISABILITIES ACT

1990-2015

The 2015 P&A Annual Report celebrates the 25th Anniversary of the Americans with Disabilities Act (ADA). As you read through the report, this 25th Anniversary logo designates a P&A case where rights were protected using the ADA or a P&A activity providing education about the ADA. Enjoy!

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A Message from the Executive Director and the Advocacy Board Chair

P&A

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Executive Director

Craig B. Henrici



It's hard to believe that only 25 years ago, people with disabilities had very little protection against discrimination. At that point, only programs that received federal funds had to be accessible, the Fair Housing Act had only just been amended to include people with disabilities and state laws provided inadequate if any additional protections. There was no comprehensive federal law that protected their civil rights or gave them the opportunity to be valued members of their communities.

People with disabilities were still being denied jobs because of employers' stereotypes about disability, including their unjustified fears about absenteeism, insurance costs and ability to do a job. Job applications included questions that screened out applicants with disabilities - they couldn't even get an interview. Community participation was almost impossible. Restaurants, hotels and other places of entertainment were not required to be accessible. Despite state laws requiring access for people with disabilities, state and local governments did not ensure that citizens had access to town programs, emergency messages, and other services. Children were denied the ability to play and make friends with their peers. The list is endless.

On July 26, 1990, President George H. W. Bush signed the Americans with Disabilities Act (ADA), the most comprehensive piece of civil rights legislation for people with disabilities in the world. He declared that the ADA gave people with disabilities the "opportunity to blend fully and equally into the rich mosaic of the American mainstream." The Act provides protections against discrimination in employment, state and local government services, places of public accommodation (privately owned businesses where the public can access the goods and services), transportation, and telecommunications.

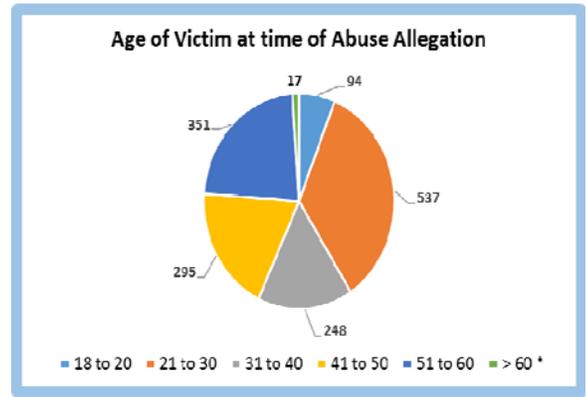
Since the passage of the ADA, people with disabilities have been included in places where the doors were once closed to them. Sometimes, however, it was difficult to get these doors to open because attitudes kept them closed. That's when P&A will get a call for help. Using the ADA and its legal protections, P&A staff have remedied discrimination in employment, lack of effective communication by state and local governments and denial of access to medical providers, to name just a few examples. While the ADA has fulfilled the promise of equal protection for some, the fight is not over and P&A will be there to help. For a few minutes, however, please look through the pages of this 2015 Annual Report to see the commitment and excellent work of P&A staff as they fight for the rights of people with disabilities in Connecticut.

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/or 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 1,480 allegations of suspected abuse or neglect of persons with intellectual disability, resulting in 1,463 cases. P&A staff investigated or monitored 1,258 cases while 205 allegations did not meet the statutory requirements for a P&A investigation. Of the 1,258 cases investigated or monitored, 784 involved an allegation of neglect while the other case types included Physical Abuse (171), Injury of Unknown Origin (126), Abuse/Neglect (105), Sexual Abuse (24), Abuse (11), Abuse/Neglect Death (9) and Other (28). The cases involved 1,575 victims: 751 females and 824 males. Fifty-four percent (54%) of the alleged perpetrators were residential staff, 16% were vocational staff, 11%, were family members and 2% were medical staff. The identity of the perpetrator was not known in 12% of the allegations.

Persistence!

In December of 2010, the Abuse Investigation Division (AID) at the Office of Protection and Advocacy for Persons with Disabilities (P&A) received an anonymous telephone call from a community member who reported her concerns that Shelly, a twenty-six (26) year old woman with an intellectual disability had lost a considerable amount of weight and had not been eating for several days. She was also very concerned

about Shelly's hygiene and apparent lack of medical care, as well as possible physical altercations occurring in the home. Shelly had lived for years with her mother in one of Connecticut's medium sized manufacturing communities.

At the time of this referral, P&A made a request for immediate protective services to the Department of Developmental Services (DDS), asking that Shelly receive a safety and medical evaluation and subsequent treatment necessary to ensure her health and safety in the home. DDS staff did make a subsequent visit to the home, during which visit Shelly's mother assured them that Shelly received regular medical and dental care. She reported that there were no issues of concern. Mom's assurances were later found to be inaccurate.

P&A initiated a follow-up investigation. AID investigators were not able to establish contact with either Shelly or her mother for several months despite making over twenty visits to the home, leaving several telephone messages and sending Shelly's mother a registered letter requesting her to immediately contact P&A's Abuse Investigation Division. P&A kept trying!

**The police
heard a voice
from the
bedroom
saying
"help me."**

In April 2011, P&A investigators happened to visit the home when Shelly's mother arrived at the house at the same time. The investigators asked to visit with Shelly but her mother refused. The investigators contacted the local police to request assistance with gaining access to the home to speak with Shelly. The police came to the home, but Shelly's mother still refused to let them in, stating that Shelly was not there at the time.

P&A persisted. They knew that something was not right and they needed to see Shelly. By September 2012, P&A investigators had visited the home another dozen or more times with no success in getting anyone to answer the door. P&A substantiated neglect with regard to Shelly's mother not allowing her daughter to be seen by investigators, but there was still no success in getting into the family home.

Finally, in November 2014, the local police were summoned to the home in response to a domestic disturbance call. While inside the home, the police heard a voice from inside a bedroom saying, "help me." Police entered the room and observed Shelly sitting in bed in an emaciated state and covered with feces. The police report indicated that the home was extremely cluttered and dirty, with foul odors. Shelly was so frail that it took authorities several minutes to remove her from the room. Shelly was taken to a local hospital for care and treatment.

As requested in the original immediate protective services plan, DDS took custody of her care. AID issued a new protective service plan that requires that Shelly be permanently placed in a new living situation that provides services to maintain health and safety; ensures psychiatric services including evaluation and long term counseling; and monitors medication. It also requests the appointment of a new guardian and participation in a day program. AID continues to follow Shelly's progress. Today, she is thriving in her new home. She is healthier, happy and content with her new life.

Fatality Review Board

The Department of Developmental Services reported 257 deaths to the Fatality Review Board (FRB) from October 1, 2014 through September 30, 2015. Reports of deaths occurring under unusual circumstances, those of unknown cause or those suggesting possible deficiencies in care and treatment are identified for

Fatality Review Board Members

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

Gerard Kerins, M.D.
Madison, CT

Patricia Mansfield,
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James D.
McGaughey
Mansfield, CT

Timothy Palmbach
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Lakisha Hyatt,
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further in-depth review and/or preliminary investigation. In cases requiring in-depth review, FRB staff obtains pertinent data relative to each case, including autopsy reports, medical and other clinical records, police and ambulance reports and investigations completed by other agencies. FRB staff also contacts family members, agency staff, medical professionals and others having knowledge of the person's history and/or the circumstances surrounding the death. Information concerning these cases is prepared for the Board to review. The Board then makes recommendations for further review, investigation, or action in each case. FRB staff also works jointly with P&A/AID investigators in the investigation of the deaths where abuse or neglect is suspected to have played a role.

During the time period between October 1, 2014 and September 30, 2015, fifty-eight (58), or 22.5% of all reported deaths, were subject to in-depth discussion, monitoring, investigation and/or review. Seven (7) of the cases or 3% involved deaths due to suspected abuse or neglect. In addition, the FRB staff also received reports from the Department of Mental Health and Addiction Services (DMHAS) and Department of Correction (DOC). During the same time period, the FRB received reports of 4 deaths from DMHAS and 1 from DOC.

Last year, the FRB identified areas of deficiency in the quality of health services provided to residents of Southbury Training School (STS) and made recommendations to the Department of Developmental Services (DDS) for enhancing quality assurance mechanisms to improve the delivery of healthcare. During 2015, the FRB met with DDS representatives and monitored the implementation of its recommendations including the critical component of identifying of an outside expert to evaluate and improve the existing STS healthcare system. FRB members received information about the statutory requirements for a Do Not Resuscitate Order and DDS initiatives to educate community based hospitals and medical personnel about this subject.

Drugged to Death

John needed to go to the Emergency Department (ED). His hand was swollen and required evaluation and treatment. The ED staff gave him a sedative and pain medication but during the course of the sedation, John began to have difficulty breathing and fluid was building in his chest. He lost consciousness and his fever

spiked to 103.1. John's situation quickly deteriorated and he was admitted to the ICU where he was intubated, given a feeding tube and sedative, and medicated for high blood pressure. Several attempts were made to decrease the sedation and withdraw intubation but John could not manage breathing on his own. He died two weeks later.

When John's death was reviewed by the FRB, Board members were interested in learning more about why John needed medication (Ativan and Dilaudid) for agitation prior to his x-ray, who was with John in the ED, and whether ED staff spoke with them. FRB staff spoke with John's group home staff and learned that ED personnel were made aware that John primarily took a sedative before dental appointments (Ativan) and that after taking it, John would still be responsive, would still talk, and even still sometimes refuse to be seen. The group home staff noted that John was only at the ED for a swollen hand, and felt that he was heavily sedated - given more medication than he should have been. The group home staff also reported that ED personnel discharged John in his sedated condition, but they refused to take him home. John was not breathing like he should be. His breathing was overly heavy and sounded like some fluid was either in his throat or his chest. The group home staff alerted an ED nurse who inserted something to open John's airway, which helped very little. The ED staff decided to put John on oxygen and watch him. He was later admitted. The group home staff person noted that John had showed no signs of pain, no complaints of pain, that ED personnel weren't told that John was in pain, nor was John crying or grimacing. The group home staff person noted that the ED nurse was told that John usually got 1 mg of Ativan. The group home staff person reported that "other than a swollen hand, John wasn't sick."

"Other than a swollen hand, John wasn't sick."

After reviewing records, interviewing staff, and completing a literature search about the interaction of the drugs given to John, the FRB highlighted its concerns related to John's care and treatment at the hospital. 1) The literature revealed that using Ativan and Dilaudid together "may increase side effects" and should be avoided except for special circumstances. 2) The literature review also revealed that patients who experience dangerous side effects or overdose symptoms from this combination of medications may be prescribed a narcotic antagonist, such as Narcan, to reverse the effects. "Patients who quickly receive medicine to reverse the effect of the Dilaudid can recover within one to four hours." John's records indicate that he was given Narcan more than 8 hours after he received the drug combination. 3) The ED record indicated that John had been discharged with the MD indicating he was in stable condition.

The FRB sent a letter to the hospital with the Board's findings and concerns, and copied the Department of Public Health (DPH) on the letter. A response from the hospital to the Board's letter was never received. DPH, however, conducted a comprehensive investigation. The report issued by DPH found extensive violations of state and federal law and required the hospital to develop a Plan of Correction. The Plan included further review and education regarding patient assessments/reassessments after medication administration and monitoring of patient's change in condition. Education was provided to all ED nurses, and thirty records per month will be audited for compliance with appropriate assessment and reassessment documentation. Audits will be conducted until 90% or better compliance is achieved.

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.

During 2015, P&A advocates received 3,403 requests for information and referral, from people with disabilities, their family members, and interested parties. In addition to meeting with walk-in clients, advocates handled requests for information and assistance from callers, legislators, e-mail contacts, letters and visitors to the P&A website. The largest volume of calls (573) related to Abuse or Neglect including inappropriate mental health treatment; excessive or involuntary medication administration; personal care; discharge planning; physical, verbal or sexual assault; inappropriate restraint; threats of retaliation by staff and financial exploitation. They also responded to questions concerning Housing (503), Rights Violations (304), Education (309), Government Benefits and Services (278), Employment (146), Healthcare (136), Rehabilitation Services (132), Architectural Accessibility (61), Transportation (59), Financial Entitlements (38), Services with a focus on Personal Assistance (38), Guardianship/Conservatorship (35), Assistive Technology (32), Post-Secondary Education (30), Parental Rights (26), Insurance (16), Non-Government Services (13), Recreation (11), Unnecessary Institutionalization (9), Voting (4). Advocates also responded to 612 requests for simple information like a copy of a publication or the name of a case manager. Callers also contacted P&A about issues related to Privacy, Access to records, Childcare, and Civil Commitment.

No More Blight



Ethan received a notice from his town's Blight Commission, stating that his property needed to be cleaned up within several weeks or he would be fined \$100 per day. Even with his physical disabilities, he could clean the property himself but he would need a little extra time. Ethan tried to attend the public meeting of the Commission to make this request but he arrived at the meeting several minutes late and the Commission told him that he had lost his opportunity to speak. Several days later, the \$100 per day fine began to accumulate. Ethan's sister, Sandy contacted P&A for help. An Information and Referral (I&R) Advocate who spoke with Sandy explained that under Title II of the Americans with Disabilities Act (ADA), Ethan had the right to request an accommodation. In this case, the accommodation request would be additional time to clean the property and to have any fines waived. Sandy helped Ethan write the accommodation request letter and they submitted it to the Blight Commission, the First Selectman, and the town's Attorney. When they did not receive a response, the I&R Advocate contacted the town's Attorney. After several conversations with both the Attorney and the First Selectman, Ethan received a letter saying that his accommodation request had been granted. He had been given several extra months to clean his yard and he would not be fined for that time period. Ethan continued to work on his property and it was cleared long before the extension ran out.

A Call to P&A Becomes a Case



Doug worked for a community college as a HVAC Technician for 9 years. Due to complications from peripheral vascular disease (PVD), Doug had his left leg amputated above the knee. Although he was of retirement age, he loved his job and did not want to stop working. He was determined to return to work with a prosthetic leg. After completing rehabilitation with his new leg, he was cleared to return to work by his doctor. He contacted the college's Human Resources Department and was told that they did not accept his doctor's note and that he needed to be evaluated by one of their doctors. He went to the appointment with the college's doctor and was appalled. The doctor never even asked him any questions or discussed accommodations. He submitted his report, stating that Doug could not perform the necessary duties of his job due to the amputation. Human Resources (HR) informed Doug of their doctor's report and encouraged him to retire. He refused. HR then told him that they would submit his doctor's note saying he could return to work to his Short Term Disability insurance provider, so his benefits would be terminated. He felt that they were doing this to force him to retire. Doug needed help so he called P&A. Doug spoke to an Information and Referral Advocate and explained his situation. The Advocate brought his request for services to the Case Review meeting and he was assigned an attorney.



The Attorney worked to have Doug return to his job at the college but when negotiations failed, the Attorney filed a Commission on Human Rights and Opportunities (CHRO) complaint on Doug's behalf. The complaint alleged violations of the Americans with Disabilities Act and Connecticut employment statutes. Mandatory mediation was attempted during the CHRO process, but that also failed. The case then went to a CHRO fact finding and the CHRO investigator made a cause finding that the college had discriminated against Doug. Following the fact finding, the community college wanted to settle the case. Settlement was reached. Doug received all of his back pay, lost accrued time, seniority, retirement credits and was returned to work.

On the Road Again

David contacted P&A because his Commercial Driver's License (CDL) had been suspended due to a significant respiratory disorder. His disability had not changed from the previous year, but the Department of Motor Vehicles (DMV) still suspended his license. David was working as a trainer for a driving school and even though he could still teach classes despite the suspension, driving was a requirement of the job. If David couldn't get his license restored, he could lose his job. The Information and Referral (I&R) Advocate obtained medical documentation from the David's doctor that his condition had not changed for several years. David was fit to have a CDL. Next, the I&R Advocate contacted the DMV to inquire about the reasons for the revocation of David's CDL. Soon after the inquiry, David received word that his CDL had been restored and he could keep his job. David is back to work, educating future truck drivers once again.

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 are assigned to protect 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. Advocates also focused on unnecessary institutionalization of people with intellectual disability who reside at Southbury Training School and the Regional Centers operated by the Department of Developmental Services. They also provided advocacy to people with disabilities seeking remedies for issues related to abuse, neglect, accommodations in housing, access to assistive technology, forced medication, parenting with a disability, programmatic and structural accessibility, effective communication in hospital and law enforcement settings, and guardianship. Advocacy Representation Division staff attorneys seek administrative or judicial remedies for cases involving discrimination based on disability.



The Division is composed of a number of distinct federally mandated advocacy programs for people with disabilities, as illustrated on the chart on page 30 of this report.

P&A advocates, attorneys and subcontractors provided representation to individuals with disabilities for 641 disability related issues. The 544 individuals served by P&A staff experienced 577 problems in the areas of Education (144), Abuse and Neglect (106), Rights Violations (77), Rehabilitation Services (55), Government Benefits (32), Employment (27), Assistive Technology (24), Healthcare (20), Housing (18), Quality Assurance (16), Architectural Accessibility (14), Transportation (12), Unnecessary Institutionalization (4), Post-Secondary Education (5), Guardianship/Conservatorship (4), Recreation (3), Voting (2), Parental Rights (2), and Program Access (2). The remaining cases involved problems in the areas of Financial Entitlements, Parental Rights, and Childcare.

A Matter of Interpretation



Maggie contacted P&A on behalf of her 19 year old son Paul, who is deaf and communicates using American Sign Language (ASL). Recently, Maggie contacted both the Social Security Administration (SSA) and the Department of Motor Vehicles (DMV) to set up appointments for her son. Both agencies denied Paul an ASL interpreter for his meeting. First, Maggie called SSA to make Paul an appointment to apply for benefits. She was told an interpreter would be present for the meeting but when Paul arrived, no interpreter. The appointment was rescheduled but again, no interpreter. This happened a total of 4 times and Paul was denied benefits. During this same period, Paul had gotten his learner's permit from DMV. When it was time for his road test, Maggie requested an interpreter. She was told that the DMV provides ASL interpreters for the written exam but not for the road test. Both entities were denying Paul his right to effective communication under federal law including the Americans with Disabilities Act.

An Advocate was assigned to work on both issues. When the Advocate contacted the Case Worker at the SSA, she was told that the problem was that all of the interpreter services required a signed contract and that she was not authorized to sign contracts. The Advocate made numerous phone calls to SSA Supervisors and Managers at both the local and regional levels. Finally, she found the right person and a contract for ASL interpreter services was executed. An eligibility appointment was then scheduled for Paul but this time, he was able to communicate with the SSA staff. The Advocate then focused on an ASL interpreter for Paul's driving test. DMV policies prohibit anyone other than the driver and the Examiner to be in the car during a road test. The Advocate argued that the DMV needed to provide effective communication and she assisted Paul with negotiating a solution. Both Paul and the DMV agreed that an ASL interpreter would give Paul the instructions for the road test just prior to taking the road test. In both situations, the Advocate was able to get Paul the effective communication that he needed. He is now a licensed driver and has been approved for his SSA benefits.



An Alarming Request

After three years of trying to obtain visual smoke alarms and door bells, P&A received a call from Jane, a deaf woman who made repeated requests for the equipment without success. Under the Fair Housing Act, her housing complex was required to install this kind of equipment free of charge. The P&A Advocate encouraged the manager of the complex to communicate with Jane via the video relay service and explained the importance of the requested equipment. She also emphasized that Jane had the right to choose the kind of equipment that would best serve her needs unless the cost exceeded affordability, a factor unlikely to present itself in this case. The advocate reviewed her conversation with Jane, including information about possible products. After several video communications, equipment was ordered and installed, enabling Jane to enjoy equal opportunity in safety and residency.

Dare to Dream!

At 26, most young people are discovering their independence and dreaming about the future. At 26, Peter had those same dreams. Except Peter's dreams weren't about moving out of his parents' house. They were about moving out of a nursing home. Peter was born with Huntington's disease which causes a progressive breakdown of nerve cells in the brain and leads to physical as well as cognitive issues. He lived with his mother until she passed away and then moved in with his father. When his father remarried, Peter went to live with his aunt who eventually moved Peter into his own apartment.



Soon, Peter found himself alone and he had no supports. He was overwhelmed and could not handle everything alone. He was evicted and became homeless. Six months later, Peter was found living under a bridge. Because he was in desperate need for medical and dental care, he was admitted to a nursing home. Peter became a client of the Department of Developmental Services (DDS) and his aunt became his Power of Attorney (POA).

Peter's health issues had been addressed and he no longer needed a nursing home level of care, but he was stuck there. His aunt and his medical providers at the Huntington's Clinic at the University of Connecticut felt that he would not be safe in the community and required 24 hour care. They would not allow him to move out of the nursing home.

Peter was frustrated. He had regained his health and now he wanted to regain his independence. He hated the restrictions of the nursing home and walked out on several occasions. As a result, citing safety concerns, Peter's aunt approved placing an ankle bracelet on him.

P&A received an anonymous call asking the agency for assistance. Could P&A do anything to help Peter? A P&A Advocate visited Peter. He was adamant that he wanted to live in the community and requested help to make his dream come true. He told her how much he enjoyed working at the Farmer's Market run by the ARC and how he wanted to bake things in his own kitchen. He was confident that with support, he could do all that and more. Peter's DDS case manager reported that DDS, Money Follows the Person (MFP), the ARC of Meriden/Wallingford and the Social Worker at the nursing home all felt that Peter could live successfully in the community with the proper supports. P&A, DDS, MFP and the ARC, became Team Peter!

**Peter wanted to
bake things in
his own kitchen.**

Team Peter was ready to help him move to a more independent situation but they were concerned that if they tried to move him, his aunt would file for conservatorship and then he would never get out of the nursing home. The P&A Advocate tried to arrange for a meeting with Peter's aunt and the Huntington's Clinic so that Team Peter could address their concerns and explain how Peter could be successful but

neither party would participate in that conversation. They simply did not believe it was possible for Peter to live in the community. The Advocate then spoke to Peter about requesting a voluntary conservatorship through the Probate Court so his aunt could not oppose the move. Peter agreed and the search for a conservator who would support Peter's wishes began. When one was identified, an application was filed with Probate Court. Although Peter's aunt and the Huntington's Clinic continued to oppose the move from the nursing home, the Probate Court approved the appointment of the conservator. Peter's aunt could no longer stand in the way of his move.

Team Peter developed a comprehensive plan that included a budget, supports and assistive technology (See picture of medication dispenser on the right). Next was finding an apartment. Peter and his staff looked for apartments and found one that was



perfect for him. Peter's new conservator contacted the Probate Court to request the move into the community. As it was expected, Peter's aunt and the Huntington's Clinic opposed the move telling the Probate Judge that Peter required 24 hour care and the safety provided by the nursing home. Team Peter was ready to refute their arguments and presented the support plan they developed for Peter. The Judge reviewed all of the information. He approved the plan, stating that the plan was the best he had ever seen.

Peter finally moved into his apartment in February 2015. The P&A Advocate visited Peter several months later to see how he was doing. He now has a roommate and showed off his apartment with a great deal of pride, particularly his kitchen, where he bakes all kinds of treats. Peter is free and loving life. Sometimes dreams do come true!

Unsafe at Home

Sam is a young man with multiple disabilities and extensive care needs. His parents, who are his guardians, have always been very devoted to him. They planned to care for him at home, indefinitely. To do so, the family relied on home health aides to assist with his daily care. Sam also enjoyed attending a day program. Unfortunately, there were perpetual problems with the home health aides. They were not reliable and finally the provider agency just admitted that there was no one available to assist Sam with his care. This was challenging enough, but then both parents experienced major medical setbacks. Suddenly, they were not able to provide Sam's care. Sam started to have injuries, spent hours without hygiene care, and even spent a night in his wheelchair. Important therapies didn't happen, such as daily time standing with the assistance of a stander. The situation was unacceptable.

The family tried to make the Department of Developmental Services (DDS) understand how desperate the situation was, but they were getting no help at all. The family told DDS that Sam needed residential placement for his own health and safety. DDS, however, continued to make suggestions that were not helpful, and nothing improved. Even though DDS was aware that the situation was continuing to

deteriorate rapidly, they assigned him a “priority 1” designation, which means he would not be considered for placement. This priority designation is granted when a DDS consumer has a serious need of support, but is not in an unsafe situation. Due to serious resource limitations, DDS is only placing people who do not have a viable place to live.

The P&A Advocate went to the home and met Sam, observed his situation, and discussed his current circumstances with his parents. The advocate quickly realized that the situation was very unsafe for Sam. DDS should already have been aware of the extremely serious nature of the situation. The P&A Advocate submitted a request for a Priority Designation Hearing with DDS, requesting that Sam be designated as in need of emergency placement, based on his health and safety needs not being met in the family home. Within a few days, Sam ended up in the emergency room with an injury. This injury was related to the family’s inability to provide the level of care needed. The P&A Advocate immediately contacted key DDS personnel, explaining that it would be unsafe for Sam to return home from the emergency room. Within hours, DDS agreed to designate Sam as having an emergency need for placement. Within another day, he was on his way to a group home.

Sam is adjusting to his new home and is currently getting the care he needs. The family is spending a good amount of time with the new staff to ensure they have all the necessary information they need to support Sam appropriately. Sam is doing well, his injuries are healing, and his team is planning a comprehensive array of services to meet his needs.

Working Toward an Employment Goal

Andrew wanted to work for himself and had a goal of starting his own business underwriting insurance policies. Having been in the insurance industry for the past 30 years, he had the wealth of knowledge and experience needed to be successful. Because of his disability, Andrew could no longer drive and therefore, he wanted a business that could be done from his home. He was working with the Bureau of



Rehabilitation Services (BRS) to develop an employment goal but his BRS Counselor would not support his home business. He called P&A for help.

The P&A advocate reviewed Andrew’s case and assisted him with presenting his case at an appeal of his counselor’s decision, called an informal review. The informal review was not favorable and in fact during the informal review, Andrew’s BRS Counselor told him that he should be focusing on enjoying his remaining years and volunteer.

Andrew was 75 years old and felt that BRS had always had an issue with his age. P&A decided to assign an attorney to provide legal representation at a hearing. The P&A Attorney and Advocate worked closely and diligently to prepare for the hearing including research and contacts with national experts in the field of vocational rehabilitation. All along Andrew felt that BRS had an issue with his age and being able to run a

business. The hearing was not favorable for Andrew, the hearing office denied the plan for a small business.

P&A continued to work with Andrew and encouraged him to request a meeting with his BRS Counselor to work toward being an independent contractor as an alternative way to achieve his goal of becoming an underwriter. At first, BRS gave Andrew a hard time with his new employment goal but with P&A intervention, Andrew's Counselor finally agreed. P&A strategized with Andrew and together they decided that the next step toward his goal would be to become an insurance agent, obtaining his license would be a great start to achieving his goal. At his BRS Counselor's insistence, Andrew completed a work evaluation with an insurance agent. The evaluation was successful and Andrew demonstrated that he has the skills and ability to run a business. The evaluator had high praises for Andrew's abilities. The insurance person even offered Andrew a job working for him but, Andrew refused the job since he wanted to be an independent contractor.

The next hurdle was advocating to get Andrew an Assistive Technology evaluation and training to update his computer skills. Originally, Andrew's BRS Counselor balked at paying for an Assistive Technology evaluation but P&A reminded the Counselor that Assistive technology must be provided at all stages of the BRS process. Andrew is scheduled to receive 10 hours of one to one computer lessons and Assistive Technology necessary for his success. P&A will continue to assist Andrew as he goes through the steps to meet his employment goal.

Compensatory Education

Each year, P&A assists students like Frank. Frank, a 20 year old young man was not receiving appropriate educational and transition services in the program that his local school district had developed for him. A P&A advocate attended an Individualized Education Plan (IEP) meeting with Frank and assisted him with expressing his frustration with his program and the progress he was making toward his post-secondary

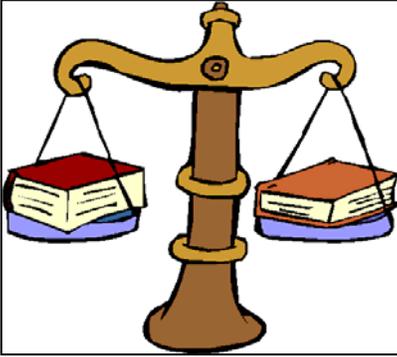


education goals. The P&A Advocate requested an independent educational evaluation (IEE). The school district denied the request and the P&A Advocate reminded the school staff that they must request a due hearing in order to deny an IEE.

Frank's social emotional needs were also concerns. He would "shut down" and not communicate at his educational program. The P&A Advocate also requested an IEE for a Functional Behavioral Assessment (FBA). The school district denied the FBA, but "dragged their feet" in requesting the due process hearing and, therefore denied Frank his right to Free Appropriate Public Education. A P&A Attorney got involved in the case and through a number of IEP meetings and a Mediation Hearing, Frank was able to get the services he needed and get compensatory education relief past the age of twenty-one.

Legal Representation

The Legal Unit provides legal advice and representation to selected agency clients who meet certain criteria established through funding sources and established agency priorities and objectives. Staff attorneys also



represent individuals and groups seeking administrative or judicial remedies for discrimination based on disability. During the year, the P&A legal division provided individual and systemic representation and monitoring on a number of legal issues including, but not limited to: reasonable accommodation and discrimination in housing including inappropriate discharge from a residential care home; lack of effective communication by law enforcement, healthcare facilities, and post-secondary institutions, eligibility for services from the Department of Developmental Services; appropriate proper treatment for prisoners with physical disabilities and mental health treatment issues; sterilization of persons with Intellectual

Disability; architectural accessibility and reasonable accommodation at Connecticut community colleges; rights under the Americans with Disabilities Act for people with disabilities in nursing homes, the Judicial branch and other institutions; and education of children with disabilities in special education settings and post-secondary institutions. Employment issues have also been a criteria for case selection during the past couple of years as P&A focuses resources on removing barriers to employment for persons with disabilities. P&A attorneys addressed employment discrimination in the areas of employment preparation and vocational rehabilitation, denial of reasonable accommodation and discrimination based on disability. P&A attorneys also consulted with outside attorneys and the public on questions of disability law; prepared and reviewed amicus briefs; worked with staff to ensure quality responses to public inquiries and prepared comments on proposed state and federal regulations; and collaborated on training for police officers.

Congratulations



P&A Attorneys work on many cases each year that involve disability related discrimination in a variety of settings including work sites, hospitals, recreation facilities, police departments and state offices. These cases sometimes involve architectural barriers but often involve failure to accommodate, denial of sign language interpreters and other violations of the

Americans with Disabilities Act. This year, all three P&A attorneys were honored by the Connecticut U.S. Attorney's Office. The U.S. Attorney recognized the P&A trio for their work in the investigation and prosecution of Quinnipiac University's failure to accommodate students with depression and Saint Francis Hospital and Medical Center for failure to provide interpreter services. Both cases are included in this section of the report.

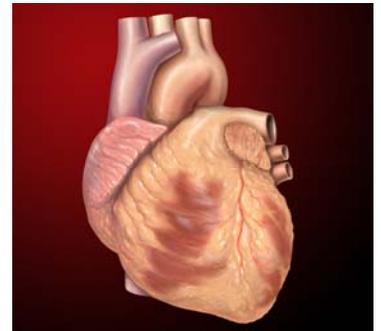


Is it Really Informed Consent?



Richard was admitted to two area hospitals multiple times between September 2010 and June 2011 for a serious heart condition. Richard is also profoundly deaf and uses American Sign Language (ASL) as his primary method of communication. He is not proficient in writing and reading English. He was admitted to Backus hospital on September 30, 2010 and was not provided with an ASL interpreter until October 5, 2015. During that time two heart procedures were performed and Richard was not able to communicate with medical staff.

Richard was transferred to St. Francis Hospital for a consultation regarding his heart condition and prior to his transfer, his family requested that an interpreter be scheduled for the consultation. No interpreter was scheduled. Moreover, St. Francis Hospital claimed that it did not know how to schedule an interpreter. During the consultation, the doctor used a visual aid and Richard's son, who finger spells, to communicate to Richard the proposed stent procedure and the informed consent form. Finger spelling is not Richard's primary method of communication and therefore, difficult for Richard to understand. On another transfer to St. Francis Hospital due to chest pains, the hospital failed to provide interpreter services. St. Francis Hospital's pattern of not providing interpreting services and using family members, a violation of Title III of the Americans with Disabilities Act, continued for each hospital visit.



P&A received a call from Richard in 2012. He was tired of having his rights violated and wanted help with addressing lack of interpreter services at St. Francis Hospital. The P&A Attorney assigned to the case filed a complaint with the United States Department of Justice (DOJ). The United States Attorney's office in Connecticut, along with the Department of Health and Human Services (HHS), investigated the complaint specifically against St. Francis Hospital. The parties reached a settlement in January 2015 with St. Francis Hospital. Richard received \$45,000 in compensatory relief for the hospital's failure to provide effective communication. St. Francis Hospital was also required to make policy changes to ensure effective communication for deaf and hard of hearing patients and companions. Both DOJ and HHS will be monitoring St. Francis Hospital for 3 years. The resolution agreement can be found at: http://www.ada.gov/st_francis_ra.htm.

Punishing Policies

Being a college freshman is tough. For many, it's their first experience away from home for an extended time. They are searching for belonging and purpose. Trying to do all of this while battling mental illness is even tougher. Toughest of all, is when your university does not want you on campus. Nationally, students with mental illness face discriminatory mandatory leave policies that are designed to keep students out of college. At P&A, however, our staff attorneys have been fighting these policies at Quinnipiac University for the last three years.



Ashley entered Quinnipiac University in the fall of 2011. Like all freshman, Ashley struggled with the transition to college. She was having roommate troubles, and her grades were slipping. On top of this, Ashley's cousin recently passed away from a terminal illness. As Ashley describes it, "I think every freshman has days when they are just like shell-shocked." Ashley went to the Quinnipiac counseling center on the advice of her mother. She met with a counselor, was interviewed and asked to fill out an evaluation. What happened next started a three year odyssey. The counselor read the evaluation and determined that Ashley was a danger to herself and called 911. Ashley was forced into an ambulance and sent to St. Raphael's Hospital in New Haven. Before she left campus she was handed a couple of envelopes, one for her mom and one for herself. The contents were clear. She was barred from campus until she saw a psychiatrist appointed by the university. She would be arrested if seen on campus.

Ashley was not held at St. Raphael's and wanted to resume her studies. She met with the college's appointed psychiatrist, who saw her for less than thirty minutes. An hour later, Quinnipiac staff informed Ashley and her Mom that Ashley could not return to campus because she was at potential risk of harming herself and was not able to cope with the stresses of the Quinnipiac environment. Ashley was told that she had to leave the University for at least a semester and could not return until she was approved by the same psychiatrist (at Ashley's expense). Ashley was told that there was no appeal.

Frustrated, Ashley and her mother contacted P&A for assistance. P&A attorneys found that Quinnipiac's mandatory medical leave policy at the time Ashley was terminated from the University, discriminated against individuals with psychiatric disabilities. Only students with psychiatric disabilities could be placed on mandatory medical leave if the University felt they were "unable to withstand the rigors of the college experience." This policy was not applied to individuals coming back to campus after hospitalization for physical illness or injuries. Furthermore, Quinnipiac placed much more burdensome requirements on individuals with psychiatric disabilities with regards to re-entry. Despite efforts by P&A attorneys, Quinnipiac was unwilling to resolve the matter. P&A filed a complaint with the U.S. Department of Justice (DOJ) on behalf of Ashley, alleging violations of Title III of the Americans with Disabilities Act.

Ashley showed incredible resilience as she waited for a decision from DOJ. Encouraged by her Mom, Ashley enrolled in community college. She then transferred to a different four year university, where she now majors in film. However, her journey was not without hardships. The family had to pay back the loan that she took out to go to Quinnipiac, creating financial hardships. Ashley has always felt that she had made a mistake in going to counseling, wishing she never did.

In January 2015, Ashley finally received news that Quinnipiac agreed to settle her case. In an agreement with the Department of Justice, the University was required to change their policies to prohibit discrimination against students with mental health disabilities, and to provide accommodations that would allow students like Ashley to continue coursework from home, if needed. Ashley also received compensation for the costs she incurred because of her attendance at Quinnipiac. She was also compensated for emotional distress.

The case generated considerable press coverage, both locally and nationally. Ashley hopes that the publicity caused by the settlement will lead other Universities to change their mandatory medical leave policy. In her words, "It's not fair to these students out there who go to get help and are basically punished for it," she said. "That's how I felt. I felt punished for going to talk and get help. No student should have to feel that way."

A Model Settlement



Jorge was accused of sexual assault and the Wallingford police wanted to speak with him. He is a young man with an intellectual disability who is deaf. He receives services from the Department of Developmental Services (DDS) including residential support. A resident at one of Jorge's previous group homes filed an allegation with the Wallingford police that he had been sexually assaulted by Jorge. The police department made arrangements with his group home to bring him to the police station for an interview. The group home staff clearly knew that Jorge is deaf, yet did not inform the police that he needed a Sign Language Interpreter. Upon arriving at the police station, Jorge was interviewed by the police without an interpreter, and the group home staff did not request an interpreter. All Jorge understood was that he was in danger of being arrested. He was terrified.

P&A staff filed a complaint against both DDS and the Wallingford Police with the United States Department of Justice (DOJ). The complaint alleged violations of the effective communication requirements of the Americans with Disabilities Act. The Department voluntarily agreed to enter into a settlement agreement during the Justice Department's investigation into allegations that it failed to effectively communicate with persons who are deaf and hard of hearing. In an April 6, 2015 groundbreaking settlement, the Wallingford Police Department agreed to:

- Ensure its policies and practices are nondiscriminatory, and provide effective communication for people with communication disabilities, including the provision of sign language interpreters;
- Post a notice of the policy in public areas;
- Train staff on the policies; and
- Ensure that appropriate auxiliary aids and services, including qualified interpreters, and specifically tactile interpreters, are made available to all individuals who are deaf or hard of hearing.

This was a ground breaking settlement for Connecticut and the rest of the United States. DOJ considers it a model policy for law enforcement and plans to use it when resolving future complaints. The full settlement agreement is available on the Department of Justice website:

http://www.ada.gov/wallingford_sa.html

The remainder of the complaint is still pending.

Pursuing Systems Change

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. Others 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 2015 Annual Legislative Report can be downloaded from the P&A website at:

<http://www.ct.gov/opapd/cwp/view.asp?a=1749&q=569150&opapdPNavCtr=#56978>

OPA's primary concerns during the 2015 legislative session were proposals involving physician assisted suicide; use of restraint and seclusion in schools; closing institutions; credentialing and qualifications of interpreters for the Deaf; ensuring changing requirements for training of election officials include the rights of voters with disabilities; and accessible parking (known also as "handicapped parking").

P&A opposed **House Bill 7015, An Act Concerning Aid in Dying for Terminally Ill Patients**, a bill that would have allowed doctors in Connecticut to prescribe deadly medications so individuals who met certain criteria could take their own lives. P&A educated policymakers about the real risks of such legislation especially for vulnerable people with disabilities who may not be afforded the supports needed to make an informed choice. The bill was never voted on and died in committee.

P&A is proud to be a partner in **Campaign 2020**, a collaboration of agencies and organizations whose goal is to close Southbury Training School and 5 regional centers run by the Department of Developmental Disabilities by 2020. P&A supported **Raised Bill 1088, An Act Concerning Services for Individuals with Intellectual Disability**, encouraging amendment of the Bill to include a closure date of June 30, 2020. P&A, and its partners, educated lawmakers about how permanently shutting down these outdated institutions is the right thing to do and also would save the State millions of dollars. No legislation passed, but the Campaign continues to work toward closure of these facilities.

P&A also supported **House Bill 6765 An Act Concerning Interpreter Qualifications**, a bill that reflects the need to update and strengthen training and educational requirements for sign language interpreters. A report issued by the Department of Rehabilitation Services pursuant to **Special Act 14-15 An Act Concerning Interpreter Qualifications** addressed the many issues surrounding interpreter qualifications and the need for high standards, especially in legal, school and medical settings. The bill had unanimous support in the House of Representatives but time ran out before it could be addressed by the Senate.



Accessible parking is a perennial issue in Connecticut and each year, there is at least one bill that would make changes to the Handicapped Parking statute (C.G.S. §14-253a). P&A submitted testimony in support of **HB 6359, An Act Concerning Snow Removal and Handicapped Parking Spaces**. This bill would have created a fine for placing snow in handicapped parking spaces during the snow removal process. Ultimately, some of the provisions of the bill ended up in a budget implementation bill.

P&A also supported Connecticut's Independent Living Centers by opposing proposals to defund them; supportive housing for people with intellectual disability; requiring the Department of Developmental Services to provide services by January 1, 2017 to all eligible individuals; and a pilot program for individuals with Autism Spectrum disorder. The agency also commented on a bill that would make several changes to strengthen elections to ensure that the rights of voters with disabilities are recognized in the changes. P&A opposed legislation that would have allowed the sharing of patient information with families if the patient has a psychiatric disability.

No More Restraint or Seclusion in School

P&A supported **Senate Bill 927, An Act Concerning Seclusion and Restraint in Schools**, testifying that subjecting children to seclusion is not the same as "time out" and why restraint and seclusion have no educational or therapeutic benefit in a child's education. The bill passed overwhelmingly. The bill passed both chambers with only one negative vote. It was signed by Governor Malloy on June 23, 2015 and went into effect July 1, 2015. Now restraint and seclusion can only be used in emergencies when there is a direct threat of physical harm to the student or any other person.

Is Your Polling Place Accessible?

At P&A, Every 1 Counts! Every 1 Counts is a project that educates people with disabilities, policymakers and election officials about the rights of voters with disabilities. In addition to maintaining a section on the P&A website that focuses on voters with disabilities and registrars of voters, P&A staff provide training, information and technical assistance to Registrars of Voters in many areas of the voting process including evaluation of polling places for structural and communication access.

Every Election Day, P&A staff members evaluate polling places across Connecticut for accessibility to voters with disabilities. The evaluations consider the basic elements of structural access (for example, parking, path of travel, polling area), as well as the availability of communication access items (magnifiers, signature templates, etc.) and the location and set up of the Interactive Voting Systems (IVS). What is the IVS? In addition to the optical scan ballot system, each polling place in Connecticut is required to provide the IVS, a phone-based voting technology that provides voters an alternative method of marking a ballot. The IVS works by means of audio cues. The voter pushes different buttons on the telephone style key pad to make ballot choices. The voter is then given the opportunity to review and revise selections and the choices are transmitted to a fax machine, which produces a paper ballot with the choices marked on it. The phone system often works well for people with visual disabilities, as well as for people who prefer following audio cues and people who lack the manual dexterity for filling in the circles on the optical scan ballots.



Sometimes, what staff observe is gratifying: Compliant accessible parking; smooth, safe ramps; door hardware that is easy to use; polling areas that include lowered booths for filling out the optical scan ballots; the Interactive Voting System (IVS) appropriately placed and set up. Election Day 2014, however, revealed problems of an unusual magnitude at several polling places within a single municipality. P&A had spent significant time in the past educating polling personnel at this city regarding their civil rights obligations toward voters with disabilities. When education fails, enforcement becomes necessary.

P&A submitted a detailed complaint, including photographs, to the State Elections Enforcement Commission describing the numerous issues identified. These included lack of accessible parking; dangerous ramps; personnel unfamiliar with the IVS; placement of the IVS in non-compliant locations; non-compliant door hardware; and inaccessible paths of travel. The result of the complaint was a Consent Agreement in which the town's Registrars agreed to 1) comply in the future with all State elections requirements for accessibility and 2) remediate all identified structural problems by September 15, 2015.

As a result of this action and its resolution, voters should now enjoy barrier-free, compliant voting in one of the State's larger municipalities. The United States Department of Justice is aware of the complaint and will be



following up by surveying all the polling places in this municipality on Election Day 2015 to ensure that the municipality is meeting its obligation under the Consent Agreement. P&A will continue to evaluate polling places to ensure that Every 1 Counts.

Fighting for Autism Services

The Department of Social Services (DSS), the state agency that administers Connecticut's Medicaid Program had taken the position that Autism services, such as Applied Behavior Analysis, may not be provided to children because those services are not considered "rehabilitative" services. Therefore, children with Autism on HUSKY A were not receiving these much needed services. A P&A attorney has been working in collaboration with other legal organizations to advocate for a change in this policy. P&A contributed written comments to proposed regulations, written comments on a proposed State Plan Amendment, testimony before various committees that are considering this issue, and educating decision makers in state government. P&A staff has also engaged in extensive outreach to families whose children are affected by this policy.

Changing the Culture Away from Restraint and Seclusion

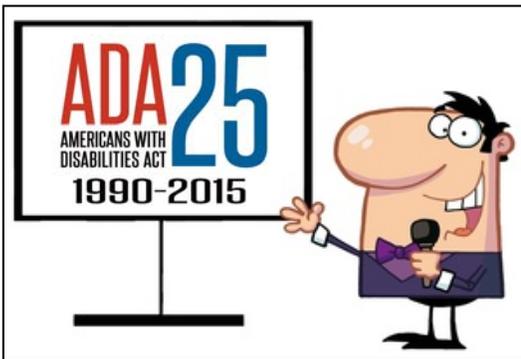
P&A continued to collaborate with other state agencies in the Connecticut Restraint and Seclusion Prevention Initiative Partnership. The idea for the initiative grew out of investigations by P&A's PAIMI program into reports of serious injuries in special education and residential treatment programs for children identified as having various Emotional Disturbance and Developmental Disability labels. Discussions were held with representatives from the Departments of Children and Families and Education regarding the heavy reliance some programs were placing on restraints and seclusion, while others had virtually eliminated their use. In turn, those discussions led to connections with other State entities which were also concerned with reducing injuries and trauma associated with restraint and seclusion, and with leaders in other states and national organizations. The partner agencies include the Departments of Developmental Services, Children and Families, Mental Health and Addiction Services, Education, Health, Correction; the Office of the Child Advocate; and the Court Support Services Division of the Judicial Branch. The partnership, which now includes people who have experienced restraint and/or seclusion, focuses on the elimination of restraint and seclusion across all State operated, sponsored and regulated service settings.

In September, 2015, the Partnership held its third annual symposium. The day-long event featured speakers on the role of trauma and the use of aversive technologies; and the tools of functional behavior analysis and strategies for de-escalation. Conference participants found a panel discussion, with people who have experienced restraint and/or seclusion, most meaningful in understanding the negative impacts and consequences of restraint and seclusion, as well as the positive steps that can be taken.

The Initiative continues to provide information, referral and follow up and support to an established network of conference participants. Service providers wanted more training in how to get the job done. The Initiative is planning several workshops for 2016, including intensive training for providers in implementing the Six-Core Strategies. P&A will encourage its providers to register and attend these workshops. The goal for participants is to have a measurable plan to reduce and eliminate the use of restraint and seclusion.

Reaching and Teaching

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



Every year, P&A staff participate in a variety of outreach events. This year, P&A sponsored or participated in 99 training and outreach events, including presentations, workshops, conferences, and resource fairs. More than 3,000 individuals received training on topics that included P&A programs and services; rights under the Americans with Disabilities and the Fair Housing Acts; voting rights of persons with disabilities; special education including “least restrictive environment,” inclusion, the requirements of the Individuals with Disabilities Education Act, transition planning,

Functional Behavioral Assessments, and due process; employment rights and work incentives; vocational rehabilitation; assistive technology; emergency preparedness; and the rights of people with mental illness including forced medication process and requirements. Information was also distributed to more than 7,600 attendees at resource events. More than 15,000 publications and P&A program brochures were distributed to individuals and organizations throughout the year. More than 3,300 people were given the opportunity to register to vote. P&A staff also responded to requests for information from news media, educating the public about service animals, the need to close Southbury Training School and the Regional Centers operated by the Department of Developmental Services; and the obligations of state agencies to provide effective communication under the Americans with Disabilities Act.

The P&A website is constantly updated and includes current news and a calendar of upcoming events; P&A program descriptions and agency publications; legislative updates; links to websites for disability rights and resources; and reports on developments in the field of disability rights. Many of the P&A publications have been translated into Spanish and are available on the P&A website. Last year, the website (www.ct.gov/opapad) had more than 128,600 hits for information and more than 42,100 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 to provide in kind support for African Caribbean American Parents of Children with Disabilities (AFCAMP), and Padres Abriendo Puertas (PAP), both organizations support parents who have children with disabilities.

Celebrating the ADA!



During the month of July 2015, P&A hosted a series of events to celebrate the 25th Anniversary of the Americans with Disabilities Act (DAD). These events, designed to educate the public about the ADA, took place in diverse locations throughout the state. Some events were held in town halls, some in libraries and one took place in a city park. P&A also participated in events hosted by the Cities of New Haven and New Britain. The events included a resource table and many included an “Ask the Advocate” session that allowed participants to ask questions and discuss individual and systemic disability issues. In addition to the statewide events, P&A celebrated on its website with **25 Facts for 25 Years**, a series of facts spread over 25 days. Each day a new ADA fact was added and by the end of the 25 days, a reader would have a basic understanding of the law and its significance for people with disabilities. Interested in seeing the **25 Facts for 25 Years?** The following is the link to all 25 facts.



<http://www.ct.gov/opapd/cwp/view.asp?Q=567752&A=4257>

The facts are available in both English and Spanish. P&A’s celebration was recognized locally and in the New England ADA Center Newsletter and the Federal Emergency Management Administration Rhode Island Disability Integration Newsletter.

Taking it on the Road

Often inner city neighborhoods don’t have access to affordable fresh food/produce. In response, the Farmers Association created the concept of the Mobil Market, a bus that brings fresh fruits and vegetables



to the inner city. Similarly, people with disabilities and family members experience social, economic, educational and language barriers timely information about disability rights and services. This year a window of opportunity was open for P&A staff to be part of the Mobil market to do disability outreach in disadvantaged communities. P&A staff dropped educational materials into the shopping bags, distributed P&A agency information before shoppers entered the Mobil Market. At times P&A staff were also inside the bus, distributing information and answering disability related questions. Staff used any way possible to get in contact with the Mobil market patrons. “Mobil Marketing” was successful and P&A is looking forward to a continued relationship with the Mobil Market and is hoping to expand to new communities next year.

Partners in Policymaking – Partners in Advocacy

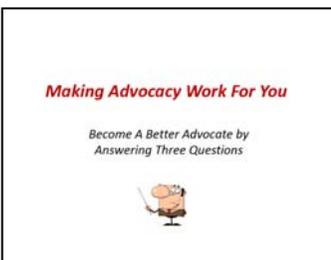
For the past few years, P&A has featured Partners in Policymaking (Partners) in its Annual Reports. Partners is a nationally recognized comprehensive leadership training for people with disabilities and parents or grandparents of children with disabilities. In Connecticut, partners is a project of the Connecticut Developmental Disabilities Network (DD Network), which includes P&A, the Connecticut Council on Developmental Disabilities and the University Center for Excellence. Three P&A staff were directly responsible for development and implementation of the training and several additional P&A staff provided training in their areas of expertise to educate the program participants. As they have done in previous years, participants spent seven overnight sessions at a hotel where they had an opportunity to learn from state and national experts about disability related topics. Participants learn about the legislative process, how to research issues and write testimony. They also had an opportunity to practice legislative advocacy by speaking with multiple Connecticut legislators about an issue.



Partners Graduates have become leaders in their communities. Several graduates now sit on various Boards including the DD Network Agencies, the legislature-appointed Family Support Council, and Down Syndrome Congress. One graduate is chairperson of the Commission for Persons with Disabilities in a large Connecticut town. Partners graduates have also established Parent support groups, and one graduate worked to establish a Commission for Persons with Disabilities. These are just a few examples of the great work being done by Partners Graduates. Look for the work of a graduate near you!!!

Special Education Clinic

Every year, P&A receives hundreds of calls from parents and guardians who need assistance with obtaining an appropriate educational program from the local school system. Some of the parents don't understand their rights while others need guidance on next steps. To address both these issues, P&A, in collaboration with the Connecticut Council on Developmental Disabilities developed a Special Education Clinic. The clinic had two components. The first was a training on special education rights and developing an appropriate educational program for a child. The second component was an individual appointment with an advocate or attorney who has extensive experience in special education. The appointments were an hour long and included time for reviewing recent records and discussing next steps in developing a program for the child. Participants were required to attend the training prior the appointment. Twenty eight (28) parents/guardians attended the training and twelve (12) had individual appointments. Evaluations of the Clinic were positive. One participant wrote, "I'm so happy I came. I learned a lot that I can bring to my next PPT." Many participants encouraged P&A to do it again and are interested in training on other topics.



Major Issues Affecting People with Disabilities



Connecticut General Statutes §46a-13 mandates that P&A report annually on issues affecting people with disabilities in Connecticut. The issues listed below are not new and not surprising! As citizens, we all want the same basic things such as an education, a good job, a place to live, transportation and to be truly valued as members of our communities. For people with disabilities, barriers to these basic things are created by low expectations, lagging infrastructures and societal attitudes. Using state and federal statutory protections, including the Americans with Disabilities Act (ADA), P&A works to address the civil rights aspects of these issues on both individual and systems levels.

Frequent Use of Restraint and Seclusion: In Connecticut, people with disabilities of all ages are subjected to restraint and seclusion. For years, restraint and seclusion were routinely included in a child's educational plan, creating psychological and sometimes physical injury. Over the past several years, legislation passed that prohibits the use of both restraint and seclusion in educational settings. P&A, however, continues to receive calls from families whose children are being restrained or placed in time-out to handle behavioral issues. School systems worried about cost are not providing children with Functional Behavioral Support Plans and Behavioral Intervention Plans that focus on learning about situations that trigger behaviors in a child, de-escalating such situations and rewarding positive behaviors. These children are punished for behavioral incidents which can escalate behavior and lead to restraint and seclusion. Such incidents are also occurring at Connecticut's juvenile training school and residential treatment facilities.

Adults with disabilities are also subjected to restraint and seclusion. P&A receives calls from people with psychiatric disabilities who report that they are being medicated against their will. Some callers report spending extensive time in mechanical restraints while others are placed in small bare seclusion rooms. None of these methods are therapeutic, and in the long run, only harmful.

Employment: In Connecticut, people with disabilities experience higher unemployment than the general population. They are also under employed, finding it difficult to find jobs and employers who recognize and are willing to pay for their skills. Employers often do not understand their legal obligations under state and federal disability law, leading them to fail to provide the job accommodations necessary for equal employment opportunity. Private providers are still allowed to operate sheltered workshops where people with intellectual disability are paid less than minimum wage. These workshops are based on low expectations about people with disabilities rather than their ability to work. As recent court decisions have upheld, they also violate the integration mandate of the Americans with Disabilities Act. Until these workshops are closed



and the state adopts customized employment, workshops will continue to oppress and segregate people with disabilities.

Housing: Connecticut continues to experience a significant shortage of affordable, accessible housing for persons with disabilities. Existing accessible rental housing is extremely limited for families, tending to be structured as one or two bedroom units. Programs such as Money Follows the Person that are designed to move people from long-term care to community settings can't find accessible living arrangements hindering progress in moving people from institutional settings. Building codes must continue to require that a percentage of new housing units be adaptable and accessible for people with disabilities. They must ensure that that accessible features be maintained throughout the life of the housing and outdoor weather elements, such as ice and snow, be removed from ramps and paths of travel.

Additionally, people with disabilities are subjected to discrimination in the sale or rental of housing due to the assumptions made by landlords and management companies. Landlords and condo associations often refuse to allow residents with disabilities to make modifications to their homes that will allow them equal opportunity to use and enjoy the unit. Tenants with service or support animals often are told that they cannot have a pet or that their service animal must be limited in size.

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). 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.

Unnecessary Institutionalization: Connecticut currently maintains six state institutions, Southbury Training School and five Regional Centers, where approximately 500 individuals with intellectual disabilities reside. Connecticut chooses to maintain these six segregated institutions, even though in 1999, the United States Supreme Court, in the *Olmstead v. L.C.* decision, ruled that segregated institutions violate the Constitutional rights of individuals with disabilities to live in the community as fully participating members of society. State-operated institutions cannot be justified morally or legally. There are 15 states that no longer have institutions and people with the same type and severity of disability as those in Connecticut's institutions, live in community. Until the political will in Connecticut changes to come in line with current societal norms, people with disabilities will be subjected to institutional segregation rather than being valued members of their communities.



Education: P&A receives hundreds of calls each year from parents, and family members disappointed with the educational outcomes for their children and frustrated with the continuous struggle to obtain an appropriate educational program. Schools are obligated to provide each child who receives special education services with a “free, appropriate, public education” (FAPE) in the “least restrictive environment” (LRE). This obligation exists despite the cost of providing such an education, but this

struggle causes school systems to fail in conducting required evaluations, and developing individualized services and implementing them in an inclusive environment. Areas of particular concern include:

- 1) Inadequate Evaluations: An inappropriate educational program often begins with an inadequate evaluation. Parents/guardians contact P&A when their child is not doing well in school and often P&A staff discover that the educational program is not based on evaluations or that the evaluation performed was not diagnostically comprehensive or was performed by an experienced professional. 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, communication disabilities, autism spectrum disorders, developmental disabilities, and significant emotional distress are being short-changed.
- 2) Lack of Appropriate, Effective Transition Planning – School systems are required to assist a student who requires special education services with planning for transition from school to work or post-secondary life. The federal law requires the planning to begin at age 14 and continue until the student leaves school or age 21. In some cases, the school does not provide any type of transition plan and in others, the student is sent to an already existing program that does not take into account his or her interests, preference, strengths and abilities. Students leaving school are not prepared to leave, to work and manage their own lives.

Architectural Barriers: State and federal building codes require structural accessibility for persons with disabilities. They also require that services and programs of state and local governments be accessible to people with disabilities. Places of public accommodation such as restaurants, medical offices and other public places, must remove structural and policy barriers to accessibility. These standards, however, often fall short because they are the result of compromises by drafting committees. Municipal building inspectors are often unfamiliar with accessibility provisions of the code and do not understand its nuances, resulting in dangerous structural features. Requirements for state and local governments do not require structural accessibility and, therefore, many public buildings and municipal pathways remain inaccessible for people with disabilities. Lack of resources for enforcement of these codes allows many places to remain unchanged.



Transportation: Connecticut's transportation infrastructure has always created difficulty for people with disabilities. While paratransit services required by federal law and the addition of accessible taxis in the New Haven and Hartford areas have improved transportation opportunities, travel to rural parts of the state remains almost impossible. Many towns have dial-a-ride services within their municipality, but it is still tremendously difficult to arrange transportation between different regions. This limits the choices for people with disabilities, choices of medical providers, choices of where to shop, choices of when or where to participate in community activities.

Mental Health Services: For the past several years, mental health services have come under increased scrutiny due to the number of shootings at schools and other public places around the country. In response, House Resolution 2646, Helping Families in Mental Health Crisis Act, was introduced by Congressman Tim Murphy of Pennsylvania. HR 2646, also known as the Murphy Bill, contains many provisions that would restrict the rights of persons with disabilities and discriminate against people with disabilities in housing, education, employment. Fewer people with mental illness will receive the treatment and supports they need. The bill offers states financial incentives to implement Involuntary Outpatient Commitment laws that would result in more people being forcibly medicated. The Murphy Bill also permits the release of an adult's diagnosis, treatment plans, medication plans and other information to family members even if the person objects to the release of his or records. Other provisions weaken "peer specialist services" and restrict the activities of the Protection and Advocacy for Mental Illness (PAIMI) programs across the United States including the PAIMI program in Connecticut. These regressive provisions and others in the Bill would significantly degrade the rights of people with mental illness.

Did We Forget Anything?

After reading the section on "Issues Affecting Persons with Disabilities" did you see anything that we missed? Do you have questions about anything that you read? Please call and let us know!!

Please Help P&A with Priority Setting

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

- Call P&A and speak with a staff member. The P&A phone numbers are on the back of this Annual Report. We can take your information or assist you with completing an issues survey. We are also interested in suggestions on how P&A can address any of these issues.
- You can complete a survey on the P&A website that asks for your input on issues affecting people with disabilities in Connecticut. The link to the survey is:

<https://www.surveymonkey.com/r/VP9VJR2>

- Send P&A a fax, email or letter with your ideas. The fax number is (860) 566-8714. To send your information via email, please send to Gretchen Knauff, Assistant Director at Gretchen.Knauff@ct.gov.

Fiscal Facts and Figures

In the fiscal year ending June 30, 2015, P&A had a total operating budget of \$3,972,730. Of this, \$2,386,305 (60%) was state funding and \$1,586,425 (40%) 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 2015 \$1,586,425

U.S. Department of Education, Rehabilitation Services Administration – Client Assistance Program (CAP)	\$169,600
U.S. Department of Health and Human Services - Protection and Advocacy for Individuals with Mental Illness (PAIMI)	\$446,603
Connecticut Department of Social Services - Social Services Block Grant (SSBG)	\$131,784
U.S. Department of Health and Human Services, Administration on Intellectual and Developmental Disabilities - Protection and Advocacy for Developmental Disabilities (PADD)	\$423,364
U.S. Department of Education, Rehabilitation Services Administration – Protection and Advocacy for Individual Rights (PAIR)	\$156,314
U.S. Department of Education, Rehabilitation Services Administration – Protection and Advocacy for Assistive Technology (PAAT)	\$56,782
Social Security Administration - Protection and Advocacy for Beneficiaries of Social Security (PABSS)	\$64,224
U.S. Department of Health and Human Services - Administration on Developmental Disabilities – Protection and Advocacy for Voting Access (PAVA)	\$80,031
Health Rehabilitation Services Administration - Protection and Advocacy for Traumatic Brain Injury (PATBI)	\$36,956
Social Security Administration – Representative Payee Monitoring Project	\$20,767

Federally Mandated P&A Programs for Persons with Disabilities

Federal Program	Program Description
Protection and Advocacy for Individuals with Developmental Disabilities (PADD) 42 U.S.C. §15001 et seq.	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.
Client Assistance Program (CAP) 29 U.S.C. §732	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 Bureau of Education and Services for the Blind (BESB).
Protection and Advocacy for Individuals with Mental Illness (PAIMI) 42 U.S.C. §10801	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.
Protection and Advocacy for Assistive Technology (PAAT) 29 U.S.C. §2001 et. seq.	PAAT provides consumer education and representation in an effort to expand the availability of assistive technology devices and services for people with disabilities.
Protection and Advocacy for Individual Rights (PAIR) 29 U.S.C. §794e	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.
Protection and Advocacy for Beneficiaries of Social Security (PABSS) 42 U.S.C. §1320b-19 20 CFR 411.635 (P.L. 106-170)	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.
Protection and Advocacy for Help America Vote Act (PAVA) 42 U.S.C. §15301 et. seq. (P.L. 107-252, Sec. 291)	PAVA is charged with expanding participation of people with disabilities in voting processes and protecting their rights.
Protection and Advocacy for Persons with Traumatic Brain Injury (PATBI) 42 U.S.C. § 300 d. -51	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
Chair and Support Fatality Review Board for Persons with Disabilities (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.
I&R Services C.G.S. §46a-11(3)	Provides response to more than 3,500 inquiries/requests for assistance annually. Conducts limited research and provides individualized information.
Case Advocacy Program 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.
Public Education C.G.S. §46a-11(10)	Presentations and self-help literature; website and other publications.
Fund or initiate litigation to secure rights C.G.S. §46a-11(7)	Staff attorneys; sub-contracts with legal services provider.
Investigate allegations of abuse and neglect of adults with mental retardation 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.
Review and issue joint decisions or requests for exception to accessibility of building code; installation of wheelchair lifts 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.
Review and rule on requests for waivers from polling place access requirements C.G.S. §9-168 <u>et. seq.</u>	Applications forwarded by Secretary of State: 8-12 requests per election cycle.
Ensure compliance with federal P&A system requirements Public Act 03-88	Requires director to operate agency in conformance with federal P&A system requirements.
Annual Report to Governor and Human Services Committee C.G.S. § 46a-13	Annual Report submitted 1 st of December. Report must include status of services for persons with disabilities and make recommendations regarding rights.
Accessibility Advisory Board established Public Act 06-56	Allows the director to establish an accessibility advisory board to be comprised of design professionals, people with disabilities, people whose family members have disabilities, and anyone else the director believes would provide valuable insight and input on matters relating to accessibility.



Contact Information:

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

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

Telephone (voice): (860) 297-4300

TTY: (860) 297-4380

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

Fax: (860) 566-8714

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