



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
JOINT LISTENING SESSION FOR APPROPRIATIONS, HUMAN
SERVICES & PUBLIC HEALTH COMMITTEES
SEPTEMBER 3, 2020

Regarding: Potential legislative proposals regarding COVID-19 related issues affecting nursing homes and other public health issues

Chairs, ranking members, and distinguished members of the Appropriations, Human Services, and Public Health Committees:

Good afternoon. My name is Kathy Flaherty and I'm the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. I'm also a former Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of advocates (people living with mental health conditions, family members, mental health professionals and interested community members) with a vision of a state in which people with mental health conditions are able to live successfully in the community because they have access to housing and other community-based supports and services that are recovery oriented, person-driven and holistic in their approach to wellness. Lastly, I'm a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages with all disabilities who pursue a unified agenda.

You will hear testimony from my colleagues at legal services, fellow disability advocates, and family members regarding COVID-19 related issues affecting nursing homes. I am focusing my testimony today on “other public health issues” affecting the communities for which I advocate.

COVID-19 has a disproportionate impact on people in all congregate settings. The state has a special duty to protect those that it serves in state facilities and facilities for the elderly. These congregate settings are not limited to nursing homes and assisted living facilities. They also include jails, prisons, inpatient psychiatric hospitals, state training schools, veterans’ home and hospital, residential care homes, and group homes. There has not been much public discussion, and varying amounts of transparency, regarding the spread of COVID-19 within those facilities. **The legislature should consider requiring uniform, mandatory, public, weekly reporting of COVID-19 cases and deaths in all of these facilities . The State should ensure that patients and staff in all state facilities have adequate masks, PPE, daily/weekly testing, cleaning/disinfecting, minimized admissions, maximum discharges and ensure social distancing, including bedrooms. The State must invest in specialist nursing staff in infectious disease control who should be supervised by a specially-trained infectious disease physician for all state facilities and other facilities with at-risk populations.**

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One of the ways in which COVID-19 impacts the mental health of Connecticut’s residents is the effect of physical isolation. Especially for those who are segregated in institutions, without regular access to technology, the limitations on in-person visits have been problematic. Soon it will be winter, and outdoor visits will not be able to take place. **The legislature should consider setting standards with regard to in-person, indoor visitation if it is safe to do so (i.e., no active cases within a facility for a set period of time, screening of visitors, PPE for visitors, etc.) in all congregate settings.** There is a reason that the legal right to visitation is enshrined in the Patients’ Bill of Rights for both psychiatric facilities and nursing homes.

One issue that has come to my attention is the failure of nonprofit provider agencies to ensure that their employees are wearing masks properly within the workplace, when that workplace is a disabled person's home. **The legislature should consider imposing some kind of requirement on state agency contracts with private non-profit providers that the providers ensure that their employees wear masks when they are inside the home of a person with a disability.** If necessary, sanctions should be imposed on agencies that fail to take steps beyond putting a poster on the wall.

I appreciate that the legislature passed a bill during the special session to extend insurance coverage of **telehealth** visits through March of 2020. **Extending the requirement permanently must be a priority when the legislature reconvenes.**

People are safer from the virus when they are able to socially distance themselves from others. This is not always possible in congregate settings. We must continue to do what we can to ensure that people with disabilities who could live in the community with services and supports are not trapped and segregated in congregate settings and state facilities where they are at higher risk of exposure to COVID-19. **This state must provide funding so that people can be discharged from state-operated institutions to housing in the community that is affordable with voluntary services and supports.**

Two years ago, the Public Health Committee raised bill 294, An Act Concerning the Psychiatric Review Board (see https://cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2018&bill_num=294.) Had that bill passed, it is quite possible that some of the people who remain stuck in Whiting Forensic Hospital under the jurisdiction of the Psychiatric Review Board might have been discharged and living in the community, safer from the virus. Statistics demonstrate that the PSRB system itself results in a disproportionate impact on people who are Black. (see http://clrp.org/website/cmsAdmin/uploads/PEOPLE_WHO_FALL_UNDER_THE_JURISDICTION_OF_THE_PSYCHIATRIC_-

[SECURITY REVIEW BOARD ARE TRAPPED -
IN A RACIST SYSTEM.pdf.](#)) **I encourage the legislature to re-
introduce the language of raised bill 294 from 2018.**

Thank you for the opportunity to present this testimony to you today. If I can be of any further assistance as you begin to craft legislative responses to the pandemic and the resulting public health concerns, please do not hesitate to reach out to me.