

2022-2023, FISCAL YEAR DMHAS CLIENT RIGHTS OFFICERS' SURVEY

Prepared by

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*"Listen ...then shift the focus from what went wrong to
how you can help make it right."*

Rachel Hogue

The Connecticut Department of Mental Health and Addiction Services (DMHAS) promotes the overall health and wellness of persons with behavioral health needs through recovery-oriented services. Addressing complaints is a key aspect of a service provider and while complaints are often resolved informally, DMHAS state operated and DMHAS funded providers use the DMHAS Client Grievance Procedure to resolve those complaints characterized as grievances by DMHAS and Connecticut Statutes. Using the DMHAS Client Grievance Procedure, DMHAS state operated and DMHAS funded direct service providers designate a Client Rights Officer who works with clients in resolving their complaints.

Each year the DMHAS Office of the Commissioner (OOC) asks Client Rights Officers to participate in a survey on how grievances and complaints were addressed. This report covers the fiscal year July 1, 2022, to June 30, 2023, survey. Statistics gathered from the survey demonstrate how the DMHAS Client Grievance Procedure is an effective method of resolving complaints where the parties are able to agree upon an outcome.

DMHAS CLIENT GRIEVANCE PROCEDURE

DMHAS implemented a 'Fair Hearing and Grievance Procedure'¹ in 1997 to "support and uphold" the rights of people receiving services from DMHAS and its "contracted" providers². The procedure addressed complaints from people who received services from DMHAS and from DMHAS funded providers who believed their rights were violated, including those rights

¹ January 15, 1997 Fair Hearing and Grievance Procedure, Albert J. Solnit, MD Commissioner.

² Ibid

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identified by Connecticut General Statutes (CGS) Sections 17a-540 to 17a-550, which are known as the Connecticut Patient Bill of Rights³ (CPBOR).

Among the statutes that apply to DMHAS is CGS Section 17a-451(u)⁴, which requires the DMHAS Commissioner establish a fair hearing procedure to address involuntary reduction, involuntary termination, and denial of service complaints. This fair hearing procedure can be stipulated by the State of Connecticut Regulations of Department of Mental Health and Addiction Services Concerning Fair Hearings (Fair Hearing Regulations)⁵.

The 1997 'Fair Hearing and Grievance Procedure' was replaced in 2021 by the DMHAS 'Client Grievance Policy'⁶ and the accompanying 'Implementing Procedure for the DMHAS Client Grievance Policy'⁷ (DMHAS Client Grievance Procedure).

The DMHAS Office of the Commissioner (OOC) oversees the use of the DMHAS Client Grievance Procedure. The OOC promotes the use of the DMHAS Client Grievance Procedure by educating providers and people receiving services from those providers, distributing notices summarizing the procedure⁸ to DMHAS operated and DMHAS funded providers along with a separate notice which identifies people's rights (Attachment 1 and Attachment 2). The two

³ The Connecticut Patient Bill of Rights (CGS §§ 17a-450 to 17a-540) apply to people with psychiatric disabilities (including substance use disorders) who receive either outpatient or inpatient services from Connecticut psychiatric treatment facilities regardless of the facility's funding source and regardless of whether the person is receiving those services voluntarily or involuntarily.

⁴ 17a-451(u) "The [DMHAS] commissioner shall adopt regulations to establish a fair hearing process which provides the right to appeal final determinations of the Department of Mental Health and Addiction Services or of its grantee agencies as determined by the commissioner regarding: The nature of denial, involuntary reduction or termination of services. Such hearings shall be conducted..., after a person has exhausted the department's established grievance procedure."

⁵ State of Connecticut Regulation of the Department of Mental Health and Addiction Services Concerning Fair Hearings §§17a-451 (t)1 through 17a-451 (t) 20 ([https://eregulations.ct.gov/eRegsPortal/Browse/RCSA/Title_17aSubtitle_17a-451\(t\)/](https://eregulations.ct.gov/eRegsPortal/Browse/RCSA/Title_17aSubtitle_17a-451(t)/))

⁶ DMHAS Commissioner's Policies and Directives, Chapter 6, Clinical and Facilities, Client Grievance Policy, effective February 11, 2021(<https://portal.ct.gov/-/media/DMHAS/Publications/DMHAS-Client-Grievance-Policy---revised-February-2021.pdf>)

⁷ DMHAS Commissioner's Policies and Directives, Implementing Procedure for the DMHAS Client Grievance Policy (<https://portal.ct.gov/-/media/DMHAS/Publications/DMHAS-Client-Grievance-Policy-Implementing-Procedure-2-11-2021.pdf>)

⁸ Both the rights and grievance procedure notices are distributed as 11 x 17 inch posters in both English and Spanish (they are also available in other languages and formats on request). DMHAS providers are required to post notices in locations where they can be read including lobbys and treatment areas. The notices can be found on the DMHAS webpage: [DMHAS-CRG-Know-Your-Rights-Sept-7-2021-NEW.pdf \(ct.gov\)](#) and [DMHAS-Grievance-Procedure-Summary-April-2021.pdf \(ct.gov\)](#)

notices are issued to providers in English and Spanish for posting in public areas, with alternative languages and formats provided by the OOC on request.

The Office of the Commissioner maintains a webpage (www.ct.gov/dmhas/crg) which describes the grievance procedure as well as a list of provider Client Rights Officers (CRO), along with information on rights people have and other resources.

The grievance procedure is overseen by a Client Rights and Grievance Specialist at the DMHAS Office of the Commissioner. The specialist maintains the webpage and list of provider Client Rights Officers and provides training for CRO and on request presentations on the grievance procedure, rights and other related topics. Among the training that is available to all DMHAS employees and staff of DMHAS funded providers are three online classes developed with DMHAS Workforce Development which cover, the DMHAS Client Grievance Procedure, people's rights and an introduction to the Americans with Disabilities Act.

PROCEDURE

Like other complaint resolution methods, the DMHAS Client Grievance Procedure prohibits retaliation against persons for expressing complaints. Unlike the Centers for Medicare and Medicaid Services (CMS) grievance procedure⁹, the DMHAS procedure limits grievances to written complaints submitted to a provider's Client Right Officer by an individual who is seeking services, is receiving services or who has received services from the provider or submitted by the person's authorized representative (conservator, attorney or advocate¹⁰). For this report, persons covered by the DMHAS Client Grievance Procedure including their representatives are referred to as "client(s)"¹¹ and DMHAS state operated and DMHAS funded

⁹ [CMS.gov/Medicare/Appeals-and-Grievances/MMCAG/Grievances](https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Grievances): Grievances are either a verbal or written complaint which is not addressed by staff at the time of the complaint.

¹⁰ Even when a person has a Conservator of Person, they retain the right to an advocate ([Phoebe v Solnit, December 1999](#)) who can be a friend, family member or representative of a state wide advocacy organization.

¹¹ State of Connecticut Regulation of the Department of Mental Health and Addiction Services Concerning Fair Hearings §17a-451(t)1-1, definition of client as "a person with a psychiatric disability, a substance use disorder or both, who has received mental health or substance use disorder services, is receiving...services or is seeking...services from a covered service provider.

providers of direct mental health and substance use disorder services which use the grievance procedure are referred to as "provider(s)".

The DMHAS Client Grievance Procedure is used to address client complaints in a timely manner, by establishing a dialogue for the provider and client to work together towards a resolution. While other staff may assist someone in informally resolving their complaint, the DMHAS Client Grievance Procedure addresses two types of complaints.

1. Written complaints services were Denied, Involuntarily Reduced or Involuntarily Terminated which are complaints are covered by Fair Hearing Regulations.
2. Written complaints where the client believes the provider or staff:
 - i. Violated rights provided by law or DMHAS directive¹².
 - ii. Treated the client in an arbitrary or unreasonable manner.
 - iii. Failed to provide services authorized by a treatment plan.
 - iv. Used coercion to improperly limit choice.
 - v. Failed to intervene when rights were violated by another client in a setting controlled by the provider.
 - vi. Failed to treat the client in a humane and dignified manner which includes failing to develop a treatment (recovery) or discharge plan with the client's participation.

Providers are responsible for addressing grievances and a client can have help from staff in writing out and submitting their grievance to the provider's Client Rights Officer and have help from an advocate of their choice¹³. The DMHAS Client Grievance Procedure includes the following steps:

¹² Complaints from persons with disabilities, who are receiving services from DMHAS or who are visitors and guests of DMHAS facilities, programs and activities are submitted to the DMHAS ADA Title II Coordinator. Complaints are addressed within 21 calendar days unless additional time is authorized and responses may be reviewed by a separate designee of the DMHAS Commissioner on request by the person.

¹³ State of Connecticut Regulation of the Department of Mental Health and Addiction Services Concerning Fair Hearings §17a-451(t)5e: A covered service provider may disapprove an advocate selected by the client who is receiving mental health or substance use disorder services from the same provider on the ground that it is clinically detrimental

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- Grievances are submitted to the provider's Client Rights Officer within 45 calendar days of when the action being complained about occurred unless CRO determines there is good cause for late submission.
 - Grievances should include both the description of the client's complaint and their suggested remedy.
 - Clients are not required to use a form for submitting a grievance. However, providers and the DMHAS Office of the Commissioner make available copies of the 'DMHAS Client Grievance Form'¹⁴ (Attachment 3).
- The CRO acknowledges receiving the grievance and works with the client to resolve the complaint.
 - If the person has a conservator, the conservator may submit a grievance on the person's behalf even when the person does not want to pursue a grievance. However, a conservator cannot prevent a person from pursuing their own grievance¹⁵.
- The provider has 21 calendar days to address the grievance, unless the provider's Chief Executive Officer or designee (CEO) authorizes an additional fifteen calendar days for "good cause" or the grievance is an Accelerated Grievance as provided by Fair Hearing Regulations¹⁶.
- While addressing a grievance, the CRO does necessary fact finding for a thorough understanding of the complaint. This includes interviewing the client (with advocate present if the person has one) and other parties as well as reviewing documents that pertain to the complaint.

¹⁴ [CT-DMHAS-CGP-Complaint-8-2022.pdf](#)

¹⁵ Phoebe v. Solnit Supreme Court of Connecticut December 2 1999 number 16037 (<https://caselaw.findlaw.com/ct-supreme-court/1254087.html>)

¹⁶ State of Connecticut Regulation of the Department of Mental Health and Addiction Services Concerning Fair Hearings §§17a-451 (t)1 through 17a-451 (t) 20

- The CRO works with the client to propose a written “Informal Resolution”.
 - The person has ten business days to accept the proposed resolution.
 - If the person accepts the resolution, the grievance is resolved.
 - If the CRO cannot propose a resolution or the person does not agree with the proposal, the CRO submits a report to the person and provider’s Chief Executive Official (CEO) or their designee,
- The provider’s CEO or designee conducts a separate review of the grievance when the client can offer additional information. The CEO or designee issues a “Formal Decision” within the 21 calendar days after the grievance was received by the CRO, or within the additional 15 calendar days as authorized by the CEO or designee.
- A person who is not satisfied the provider’s Formal Decision has fifteen business days to submit a written request to the DMHAS Commissioner for a “Commissioner’s Review”.
 - The Commissioner’s designee takes steps necessary to thoroughly understand the grievance and work with the provider and person to resolve the grievance before issuing a written “Final Determination” within 21 calendar days¹⁷.
- The “Final Determination” ends review of a complaint using the DMHAS Client Grievance Procedure unless the grievance is covered by Fair Hearing Regulations.

Fair Hearing Regulations Complaints

Grievances where a provider denied, involuntarily reduced or involuntarily terminated services are covered by Fair Hearing Regulations for which the following procedures apply:

¹⁷ Except when the grievance is not a Fair Hearing Complaint, then the Commissioner’s designee may authorize additional time to complete the review and issue a Final Determination

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- Accelerated Grievances: A person receiving medication for opioid use disorder¹⁸ or whose inpatient substance use disorder treatment scheduled for not more than 30 calendar days can submit a written Accelerated Grievance¹⁹ to the provider within five business days of being notified that therapy or treatment was involuntarily terminated. The provider has five business days to issue a “Formal Decision” unless the provider’s Chief Executive or designee authorizes an additional five business days for good cause.
- (Request for) Continuation of Services: A person whose services are involuntarily terminated without the provider notifying them of modified services may submit a written request for a Continuation of Services to the DMHAS Commissioner (along with submitting a grievance to their provider) within five days of being notified. The Commissioner or their designee may direct services be continued or modified or deny the request. The decisions of the Commissioner or their designee regarding a Request for Continuation of Services may stand while the grievance is addressed unless circumstances warrant a change (such as risk of harm to the client or other people).
- Fair Hearings: A person and or their authorized representative may submit a written request to the Commissioner for a Fair Hearing if they are not satisfied with a “Final Determination” of a grievance concerning a Denial, Involuntary Reduction or Involuntary Termination of services. Fair Hearing requests are submitted within thirty calendar days of the Final Determination was issued.
 - During a Fair Hearing, the Commissioner appoints a Hearing Officer who schedules the hearing with the client and their representative under Chapter 54 of the Connecticut Uniform Administrative Procedure Act²⁰. During the hearing, the client has the burden of proving the Final Determination does not comply with state and federal law or is clearly erroneous.

¹⁸ State of Connecticut Regulation of the Department of Mental Health and Addiction Services Concerning Fair Hearings §17a-451(t)7 Accelerated Grievances refer to “Opioid Substitution Therapy.”

¹⁹ Ibid

²⁰ CGS: §§4-166 to 4-189 Inclusive

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2022-2023 SURVEY

An announcement concerning the survey was sent by email in July 2023 to 125 Client Rights Officers for DMHAS state operated and DMHAS funded providers. The announcement included a link to an online Microsoft Forms questionnaire and a pdf copy of the survey which asked the CRO to answer several questions including:

1. The number and types of grievances that were addressed during the Fiscal year as either:
 - "Fair Hearing" related grievances (Denial, Involuntary Reduction and Termination).
 - Other complaints addressed by the grievance procedure.
2. The number of resolutions including
 - Withdrawals of the grievance by the client.
 - Resolution of grievances by the Client Rights Officer.
 - Formal Decisions issued by the provider's CEO or designee.
 - Referrals for a Commissioner's Review.
3. The number verbal and written complaints not covered by the grievance procedure.
4. The number of grievances where an advocate provided assistance.
5. The number of episodes the Client Rights Officer assisted a person by offering information, referral to an advocacy organization or providing direct assistance.

Client Rights Officers were also asked:

- Whether the CRO completed the online Workforce Development Learning Management System 'DMHAS Client Grievance Class'.
- The last time the CRO attended a Client Rights Officer 'Essentials' Class.

A second email was sent four weeks after the announcement as a reminder and a follow-up email was sent to those providers who responded in the past but had not done so for the 2022-23 Survey. Results were compiled by DMHAS Managed Services Division except for

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those sent in using the form attached to the emails and merged into a single spreadsheet by the specialist.

2022-2023 SURVEY RESPONSES

Of the 125 Client Rights Officers who were contacted, 62 responded including 10 DMHAS state operated providers (Attachment 3) and 6 DMHAS funded Local Mental Health Authorities²¹ (LMHA).

Statistics provided by the responding Client Rights Officers were compiled for this report. However, as some Client Rights Officers may have addressed more than one complaint from the same person there are discrepancies between the number of grievances and complaints to the number of resolutions.

DMHAS STATE OPERATED PROVIDERS

DMHAS facility Client Rights Officers reported addressing:

- 512 Complaints including 365 verbal complaints and 147 written complaints.
- 178 Grievances including:
 - 34 Fair Hearing Grievances
 - Denial of Service 18
 - Involuntary Reduction of Services 5
 - Involuntary Termination of Services 11
 - Other Grievances included:
 - Rights violations 52
 - Treatment in an arbitrary or unreasonable manner 42
 - Failed to provide services as authorized by a treatment plan 29
 - Improper use of coercion 5

²¹ DMHAS funded Local Mental Health Authorities responding to the survey included: BH Care, Bridges' Healthcare, Center for Human Resources (CHR), Community Mental Health Affiliates (CMHA), Hartford Healthcare Rushford, United Services .

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- Failure to intervene 4
- Failed to treat the person in humane and dignified manner: 12

DMHAS Client Rights Officers reported:

- 73 grievances were addressed, and 35 grievances were withdrawn.
 - 31 grievances were resolved by the CRO.
 - 16 by the CEO or designee.
 - 1 referred for a DMHAS Commissioner's Review.
- Assisting clients on over 1,300 occasions including providing information, helping with referrals and providing direct assistance. Of these occasions,
 - 653 episodes were attributed to Connecticut Valley Hospital,
 - 400 to Whiting Forensic Hospital.
 - 276 to Western Connecticut Mental Health Network.
- 243 occasions where clients received help from an advocate. Of these occasions
 - 166 occasions were reported by CVH.
 - 48 occasions were reported by WFH.
 - 21 occasions were reported by SWCMHS/GBCMHC.
 - Seven occasions were reported by WCMHN.
 - One occasion was reported by CRMHC.

DMHAS FUNDED PROVIDERS

57 DMHAS funded providers responded to the survey (Appendix 4).

- 893 Complaints including 591 verbal complaints and 302 written complaints.
- 479 Grievances, including:
 - 75 Fair Hearing Grievances:
 - Denial of Services 37
 - Involuntary Reduction of Services 13

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- Involuntary Termination of Services 25
- Other grievances including:
 - Rights Violations 89
 - Treatment in an arbitrary or unreasonable manner 139
 - Failed to provide services as authorized by a treatment plan 61
 - Used coercion to improperly limit choice 12
 - Failed to reasonably intervene during client to client incidents in a setting controlled by the provider 19
 - Failed to treat the person in humane and dignified manner 87
- Client Rights Officers from DMHAS funded providers reported that:
 - 401 grievances were addressed including:
 - 265 resolved by the CRO.
 - 50 addressed by Formal Decision.
 - 1 was referred for a Commissioner's Review.
 - 85 were withdrawn.

As with responses from state operated CRO, the discrepancy between the number of grievances reported and responses may be due to clients having more than one grievance.

- Client Rights Officers for DMHAS funded providers reported:
 - They assisted clients on 1,715 occasions by providing information, referral and direct assistance.
 - Clients received help from an advocate on 9 occasions.
 - 19 Client Rights Officers did not address any grievances.

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- 7 Client Rights Officers did not address any complaints or grievances.

FY 2022-2023 COMMISSIONER REVIEWS

While not included in the CRO Survey, the Client Rights and Grievance Specialist conducted on behalf of the DMHAS Commissioner, four "Commissioner Reviews" of grievances during the fiscal year that ended on June 30, 2023. The results of those reviews included:

- One review led to the provider reviewing the client's complaints and addressing them.
- Two requests for Commissioner's Reviews were withdrawn
- One Final Determination issued after a Commissioner's Review was rejected by the client.

CRO TRAINING

The DMHAS Client Grievance Implementing Procedure requires Client Rights Officers to complete the DMHAS Workforce Development, online Learning Management System (LMS) 'Client Grievance Procedure', class and to participate in other training provided by DMHAS including a presenter-led 'Essentials' class. The online class has been available since 2014 and to date almost seven hundred and sixty members of the DMHAS workforce and DMHAS funded providers have completed it.

The Essentials class is generally offered three times a year. Originally a day long in-person presentation held at Connecticut Valley Hospital, the class was modified to a two day online course with each day having two 60 to 90 minute segments including: An Introduction to Rights, Introduction to the Americans with Disabilities Act, Review of the DMHAS Client Grievance Procedure and Overcoming Barriers to Resolving Complaints. Between July 1, 2022 and June 30, 2023 over 50 Client Rights Officers completed at least one if not all segments of the 'Essentials' class.

The 2022-23 survey asked if Client Rights Officers completed the Online class and when did they most recently take Essentials class? Of the 62 CRO who completed the survey:

- 58 CRO reported completing the LMS Class.
- 57 CRO reported completing the Essentials class with 36 noting it was within the last three years and 15 reported it was longer than three years with one CRO stating that “it was a very long time ago”.
- Five CRO reported they had not participated in the Essentials’ class.
- One CRO reported they had neither participated in the Essentials class or completed the LMS class.

Advocates

According to the survey, there were 252 occasions (243 DMHAS state operated and 9 PNP) when an advocate helped a client. Advocates aid people in understanding their rights, participate in meetings and have their voices heard. A client can authorize an advocate to help the client pursue a complaint using the DMHAS Client Grievance Procedure or other remedies.

Advocates can be friends, family members or work for a statewide advocacy organization such as: Advocacy Unlimited (AU), Connecticut Legal Rights Project (CLRP) and Disability Rights Connecticut (DRCT). AU is a peer run organization which receives funding from DMHAS, DRCT is Connecticut’s federally funded Protection and Advocacy System. CLRP is a private nonprofit funded by the state of Connecticut to work with DMHAS clients and DMHAS provides office space for CLRP at three locations CMHC, CVH and GBCMHC as well as, when needed, CRMHC, SMHA and WCMHN.

Several DMHAS facilities employ Human Service Advocates (HSA) a State of Connecticut job class²² including Connecticut Valley Hospital (CVH), Office of the Commissioner (OOC), Western Connecticut Mental Health Network (WCMHN) and Whiting Forensic Hospital (WFH).

²² [Department of Administrative Services \(jobapscloud.com\)](https://www.jobapscloud.com).

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Human services advocates at CVH share assignments as they may be the Client Rights Officer for one unit and an advocate for another unit. Human Service Advocates at WCMHN are designated Client Rights Officers while at WFH they may assist clients and work the WFH Client Rights Officer. The OOC Human Services Advocate is the Department's Client Rights and Grievance Specialist as well as the Americans with Disabilities Act (ADA) Title II Coordinator.

COMMENTS

Client Rights Officers responding to the survey were asked to share comments, these comments include:

- Many clients need to be heard!
- The state websites provide some resources but could include organized topics with more detailed information on how to navigate the broader system so clients can seek answers on their own.
- Many clients seek reassurance, validation, and an understanding ear. Trust is also a big issue.
- Clients need to feel their grievance is private and the grievance process will protect their anonymity.
- Resolutions also have to be acted on, many clients don't have a way to confirm that their resolution was actually completed. Because of workplace rules, "retraining" and other assurances that no other client will suffer what they went through is not able to be verified. The client sees the worker still in place and wonders if anything was really done with the resolution.
- Advocacy should not have system restraints - the client should be able to ask for help from whomever they trust.
- Knowledge is Power! When approached with a concern, further explanation of the situation goes a long way.

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- The people we support are amazing and appreciate being given the time to explain themselves, treated as equals, and also to be educated on topics surrounding their care.

PREVIOUS SURVEYS

The 2022-23 Survey was the ninth annual survey conducted by DMHAS. While 62 respondents does not quite represent 50% of all the providers which are required to use the Grievance Procedure, it ranks as the second highest since surveys were initiated in 2015.

• 2022	41	• 2019	45	• 2016	20
• 2021	68 ²³	• 2018	35	• 2015	28
• 2020	44	• 2017	42		

FINDINGS

- **Complaints and Grievances**

According to the 2022-23 survey, almost all grievances were resolved by the provider. 76% were resolved by the Client Rights Officer and 12% by the provider's CEO or designee. Less than 1% of grievances were reported to have been referred for a DMHAS Commissioner's Review.

However, out of the 62 Client Rights Officers who participated in the survey, 27 noted they had not addressed a grievance and 22 noted they had not addressed any complaints with 14 reporting they had not addressed either complaints or grievances. In comparison, according to the 2021-2022 survey, out of 41 respondents, 19 Client Rights Officers did not address grievances, 10 did not address complaints and seven did not address either complaints or grievances.

²³ The 2021 survey (July 1, 2020-June 30, 2021) was sent out during the distribution of revised Rights and Grievance Procedure notices to all DMHAS state operated and funded providers.

Although this report cannot identify reasons why such a significant portion of responding Client Rights Officers report they did not address complaints or grievances, there are anecdotal references to confusion by Client Rights Officers regarding what kind of complaints are addressed by the procedure as well as reluctance around using the procedure due to its reference to “grievances”.

- **Advocacy**

Client Rights Officers reported that clients had the help of an advocate on 252 occasions with over half of those occasions being either CVH (166) and WFH (48).

While none of the respondents to the survey noted in their response whether the advocate was associated with a statewide advocacy organization, according to a follow-up questionnaire sent to DMHAS state operated facilities, CVH and WFH reported that in almost all of the occasions where an advocate was involved, the advocate was one of the DMHAS Human Service Advocates assigned to work at the facility.

As a snapshot of the importance of advocacy, Connecticut Legal Rights Project noted in its Annual Report for July 1, 2021, to June 30, 2022²⁴ 549 individuals were assisted including 192 individuals who were inpatient.

RECOMMENDATIONS

Based on the results of the 2022-23 Survey the following recommendations are made to encourage the use of the DMHAS Client Grievance Procedure.

1. **DMHAS Office of the Commissioner**

²⁴ Source, CLRP Annual Report 7/1/2021-6/30/22 website:
<http://www.clrp.org/website/cmsAdmin/uploads/Annual-Report-July-2021-June-2022.pdf>

- Continue to assist providers and clients in understanding and using the DMHAS Client Grievance Procedure through ongoing training for Client Rights Officers and presentations as requested.
- Maintain webpages regarding the DMHAS Client Grievance Procedure.
- Review the DMHAS Client Grievance Procedure with providers, clients and stakeholders to consider whether the Commissioner's Policy and Implementation procedure needs revision to be more accessible to clients.

2. Providers

- Encourage all staff to complete the Workforce Development LMS Client Grievance Procedure class as well as its companion class on "Patient Rights"
- Require Client Rights Officers to complete the LMS classes provided by DMHAS which pertain to the Grievance Procedure and rights as well as complete Client Rights Officer Essentials' Class.
- Require CROS to maintain statistics on the number of complaints and grievances which can be provided on request to the DMHAS Office of the Commissioner.
- Notify the DMHAS Office of the Commissioner when there are changes in the assignment of Client Rights Officers

Conclusion

It is natural for people to have complaints. How complaints are addressed is a measure of engagement between the provider and person. Complaints that are not addressed promptly or thoroughly can negatively impact this relationship.

Addressing complaints in a timely and thorough manner helps improve overall satisfaction with the provider's services and empowers people who receive those services in developing their problem solving skills.

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As responses to the 2022-2023 Client Rights Officers' survey demonstrate, the DMHAS Client Grievance Procedure encourages providers and people to work together in shifting the focus from what went wrong to how to make it right.

Submitted by
William Pierce
DMHAS Client Rights and Grievance Specialist
December 2023

Attachment 1: 'Know Your Rights In a Connecticut Psychiatric Treatment Facility'



KNOW YOUR RIGHTS
IN A CONNECTICUT PSYCHIATRIC TREATMENT FACILITY



You are entitled to humane and dignified treatment at all times with full respect to your
CIVIL RIGHTS PERSONAL DIGNITY RIGHT TO PRIVACY

You have the right to be treated with respect free from physical or mental abuse or harm
Your rights are protected by federal law and Connecticut General Statutes

The "CONNECTICUT PATIENT BILL OF RIGHTS" (CPBOR) are Connecticut General Statutes (CGS) Sections 17a-540 through 17a-550 which protect your rights as a voluntary or involuntary patient of Connecticut inpatient and outpatient psychiatric treatment facilities including but not limited to facilities operated by the Connecticut Department of Mental Health and Addiction Services (DMHAS).

The CONNECTICUT PATIENT BILL OF RIGHTS protects your personal and Civil Rights including: your voting rights, property rights and right to enter into contracts unless in accordance with law you are declared incapable of exercising those rights.

The CONNECTICUT PATIENT BILL OF RIGHTS also protects your right to:

- Be treated in a humane and dignified manner at all times with full respect to your personal dignity and privacy and participate in developing your specialized treatment and discharge plan and be given reasonable notice of an impending discharge.
- Give informed consent to treatment, medication and medical procedures except when you are legally determined unable to do so and a conservator of person is appointed to act on your behalf or it is determined a delay in providing your treatment would be medically harmful or for proposed electro-convulsive therapy when there is no other less intrusive beneficial treatment.
- Authorize an advocate as your representative.
- Request treatment by prayer alone according to principles and practices of your religious denomination or church.
- Be free from involuntary restraint or seclusion when inpatient except when you present imminent physical danger to yourself or others or while being transported as a patient of Whiting Forensic Hospital. Restraints cannot be substitutes for less restrictive alternatives and their use must be documented in your clinical records within twenty-four (24) hours. Medication cannot be used to manage behavior or movement when it is not standard treatment for your condition.
- Receive physical and psychiatric examinations when hospitalized with an initial psychiatric examination within forty-eight (48) hours and initial medical examination within five (5) days.
- Send and receive mail without it being intercepted or censored; be provided writing material and postage and have access to public phones in appropriate locations except when restricted by the head of a hospital or their designees due to clinical or safety concerns as documented in your clinical records.
- Receive visitors during scheduled visiting hours and meet privately with an attorney, paralegal and/or clergy.
- Personal Dignity including: wearing your own clothes; keeping and using personal possessions; having personal storage based on facility or living arrangements; space limitations; having access to your own money for personal purchases; being present unless restricted by law during searches of your personal property.
- Request access to your medical records in accordance with confidentiality laws.
- Be informed of your rights at the facility but not limited to: the right to submit written notice to leave a psychiatric treatment facility; the right to hearings when the facility proposes involuntary hospitalization or involuntary medication; the right to file a complaint.
- Be free from discrimination in employment or housing due to a psychiatric disability or history of a psychiatric disability.
- Seek remedy for violations of your rights in court.

You rights CANNOT be restricted except in accordance with law and as documented in your clinical records

* If you are voluntarily inpatient at a psychiatric treatment facility and you submitted a written notice to leave, the facility has three (3) business days to file for a Probate Court commitment hearing. A hearing will be scheduled within seventy-two (72) hours excluding Saturdays, Sundays and Holidays when you have the right to be present and represented by counsel.

YOU HAVE OTHER RIGHTS INCLUDING, BUT NOT LIMITED TO:

- The right to be free from abuse and neglect by healthcare providers and from abuse, neglect and exploitation by DMHAS staff and workforce.
- The right to freedom of movement while inpatient to the greatest degree possible as determined by your clinical and safety needs.
- The right to be free from discrimination and being deprived of your rights due to age, alienage, blindness, color, disability, gender identity, gender expression, national origin, race, sex, sexual orientation and status as a veteran.
- The right as a person with disabilities to effective communication and equal access and be provided upon written request reasonable modifications unless it can be demonstrated the modifications would fundamentally alter programs, services and activities.
- The right as a person with limited English Proficiency to meaningful language services from all federally funded healthcare providers.

YOUR RIGHTS ARE PROTECTED BY FEDERAL LAW, CONNECTICUT GENERAL STATUTES AND COURT DECISIONS INCLUDING: Americans with Disabilities Act, Civil Rights Act, Section 504 of the Rehabilitation Act, Section 1557 of the Affordable Care Act, Protection and Advocacy for Individuals with Mental Illness Act, Health Insurance Portability and Accountability Act, Confidentiality of Substance Use Disorder Patient Records (42 CFR part 2), Federal Patient Bill of Rights (42 CFR 482.13), Advance Directives (CGS 19a-570), Hospital Patient's Bill of Rights (CGS Section 19a-550), Protection from Discrimination (CGS 46a-58), advocacy rights (Doe v. Hagan, Phoenix v. Gehr), Whiting Forensic Hospital patient rights (Roe v. Hagan)

Call an advocacy organization or seek legal advice if you have questions about your rights or if you need help

STATE-WIDE ADVOCACY ORGANIZATIONS:

Advocacy Unlimited (AU):	1-800-573-6929, 860-505-7581
Connecticut Legal Rights Project (CLRP):	1-877-402-2299, 860-262-5030
Disability Rights Connecticut (DRCT):	1-800-642-7303, 860-297-4300

DMHAS and other federally funded healthcare providers comply with federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex (Affordable Care Act Section 1557).

DMHAS and DMHAS contracted providers use the DMHAS Client Grievance Procedure to help clients and patients resolve complaints about violations of rights at the lowest possible level.


ENGLISH AND SPANISH COPIES OF THIS NOTICE ARE POSTED BY DMHAS OPERATED AND DMHAS CONTRACTED PROVIDERS IN EVERY SERVICE LOCATION, CLIENT LOUNGE, WAITING AREA AND UNIT

THIS NOTICE IS AVAILABLE UPON REQUEST IN OTHER FORMATS AND LANGUAGES.


DMHAS Office of the Commissioner
 410 Capitol Ave 4th Floor P.O. Box 341431 Hartford, CT 06134
 Phone: 860-418-7000 Fax: 860-418-6691 TTY: 888-621-3551 (Relay Connecticut: 7-1-1)

CT DMHAS OR RIGHTS 0304 23

Attachment 2: 'DMHAS Client Grievance Procedure Summary'



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency



DMHAS CLIENT GRIEVANCE PROCEDURE SUMMARY

A Department of Mental Health and Addiction Services (DMHAS) Client Grievance is your written complaint that a DMHAS operated or DMHAS contracted mental health or substance use disorder service provider: Denied, Involuntarily Reduced or Involuntarily Terminated services or a written complaint you believe the provider or its staff:

- i. Violated rights provided by law or DMHAS directive
- ii. Treated you in an arbitrary or unreasonable manner
- iii. Failed to provide you services authorized by a treatment plan
- iv. Used coercion to improperly limit your choice
- v. Failed to reasonably intervene when your rights were put at risk by another client in a setting controlled by the provider
- vi. Failed to treat you in a humane and dignified manner

THE DMHAS CLIENT GRIEVANCE PROCEDURE:

1. You may submit a grievance to the provider's Client Rights Officer (CRO) no later than 45 calendar days after a complaint occurred unless the CRO determines good cause for a late submission. Grievances should include your complaint and suggested remedy. You do not need to use a form. But, one will be provided by the CRO.
2. The provider has no later than 21 calendar days to address your grievance unless an additional 15 calendar days is authorized for good cause in writing by the provider's Chief Executive Officer or designee or your grievance is an Accelerated Grievance or the CRO reasonably suspects a violation of a personnel policy, work rule or criminal statute.
3. The CRO acknowledges your grievance and works with you to propose a written Informal Resolution. You have 10 business days to consider the Informal Resolution which does not affect the time the provider has to address your grievance.
4. If you do not agree with the Informal Resolution or if one cannot be proposed, the CRO will prepare a report for you and the provider's Chief Executive Officer or designee. The Chief Executive Officer or designee reviews the grievance giving you the opportunity to present additional information before issuing the provider's written Formal Decision.
5. You may submit a written request for a Commissioner's Review of your grievance no later than 15 business days after receiving the provider's Formal Decision. You may also submit a request for a Commissioner's Review if the provider fails to respond to your grievance or an Informal Resolution is not carried out. The DMHAS Commissioner's designee conducts the review and issues a Final Determination which completes the DMHAS Client Grievance Procedure.

DENIAL, INVOLUNTARY REDUCTION OR INVOLUNTARY TERMINATION OF SERVICES:

Regulations of Connecticut State Agencies Sections 17a-451(b)-1 through 17a-451(b)-20

- **Accelerated Grievance:** You may submit an Accelerated Grievance to your provider within 5 business days of being notified Opioid Substitution Therapy is involuntarily reduced or terminated or you were involuntarily discharged from an inpatient substance use disorder treatment program of 30 days or less. The provider has no later than 5 business days to issue a Formal Decision unless the provider's Chief Executive Officer or designee authorizes an additional 5 business days in writing with advance notice to you.
- **Continuation of Services:** You may submit a written request to the DMHAS Commissioner for a Continuation of Services no later than 5 business days from when you received notice services were involuntarily terminated and you were not offered modified services and after you submit a grievance to the provider. The Commissioner or Commissioner's designee reviews your request and can order services continue, be modified or terminated. This determination may remain in effect while your grievance is being addressed.
- **Fair Hearing:** You may submit a written request for a Fair Hearing to the DMHAS Commissioner no later than 30 calendar days after a Final Determination regarding Denial, Involuntary Reduction or Involuntary Termination of services is mailed to you.

The DMHAS Client Grievance Procedure does not apply to matters within the jurisdiction of the Psychiatric Security Review Board.

You may pursue other remedies to your complaint outside of the DMHAS Client Grievance Procedure.
 If you have questions or need help, speak to a Client Rights Officer, call an advocacy organization or seek legal advice.

STATEWIDE ADVOCACY ORGANIZATIONS:

<u>Advocacy Unlimited (AU):</u>	1-800-573-8929	860-505-7581
<u>Connecticut Legal Rights Project (CLRP):</u>	1-877-402-2299	860-262-5030
<u>Disability Rights Connecticut (DRCT):</u>	1-800-842-7303	860-297-4300

CLIENT RIGHTS OFFICER:

Information on the DMHAS grievance procedure including a list of Client Rights Officers can be found on the DMHAS website:
<http://www.ct.gov/dmhas/crg>

DMHAS and other federally funded healthcare providers complies with federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (Affordable Care Act Section 1557).

ENGLISH AND SPANISH COPIES OF THIS NOTICE ARE POSTED BY DMHAS OPERATED AND DMHAS CONTRACTED SERVICE PROVIDERS IN EVERY SERVICE LOCATION, CLIENT LOUNGE, WAITING AREA AND UNIT.

This notice is available upon request in other formats and languages.

DMHAS Office of the Commissioner
 410 Capitol Ave 4th Floor P.O. Box 341431 Hartford, CT 06134
 Phone: 860-418-7000 Fax: 860-418-6691 TTY: 888-621-3551 (Relay Connecticut: 7-1-1)
www.ct.gov/dmhas

2022-2023, FISCAL YEAR DMHAS CLIENT RIGHTS OFFICERS' SURVEY

Attachment 3:

Zoom the document so you can see the entire page in the window.

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency
DMHAS CLIENT GRIEVANCE PROCEDURE
Grievance Complaint Form (2 Sides)
Submitted to a provider's Client Rights Officer or designee

To: _____
Client Rights Officer

Provider: _____
DMHAS state operated or DMHAS funded provider

From: _____
Person or their authorized representative submitting this grievance

Contact information: _____
Address and apartment number

City, State and Zip Code _____

Phone Number: _____ email (optional): _____

Do you have help from an advocate? Yes No

If NO, you can authorize an advocate to help you. For more information contact: [Advocacy Unlimited](http://AdvocacyUnlimited.org), 860-505-7581 email: info@advocacyunlimited.org; [Connecticut Legal Rights Project](http://ConnecticutLegalRightsProject.org), 860-262-5030 email: info@clrp.org; [Disability Rights Connecticut](http://DisabilityRightsConnecticut.org), 860-297-4300 email: Info@DisRightsCT.org.

Describe your complaint:
(Include What Happened, When and Where Did It Happen; Who Was Involved and Witnesses if any)

(Attach additional pages if necessary)

CT DMHAS CGP Complaint Form 7/2012 (REVISED 6/2022) Side 1 of 2

DMHAS CLIENT GRIEVANCE PROCEDURE
Grievance Complaint Form

Remedy/remedies you are seeking:
(DMHAS Client Grievances should include your remedy or remedies to your complaint)

(Attach additional pages if necessary)

Please sign this form and submit it to your provider's Client Rights Officer, keeping a copy for yourself

Person submitting the grievance _____ Date _____

Client Rights Officer _____ Date received _____

The Client Rights Officer (CRO) or designee will acknowledge receiving your written complaint and work with you and your authorized representative (if you have one) to propose an **Informal Resolution**.

THIS FORM IS AVAILABLE IN OTHER LANGUAGES AND FORMATS UPON REQUEST

Confidentiality: DMHAS Client Grievances and grievance related documents contain confidential information protected under applicable laws and are maintained by the provider's Client Rights Officer.

Information on the DMHAS Client Grievance Procedure can be found at: www.ct.gov/dmhas/org or by contacting a statewide advocacy organization or the DMHAS Office of the Commissioner, 410 Capitol Ave, 4th Floor PO Box 341431, Hartford, Connecticut 06134 Voice: 860-418-7000, TTY relay: 7-1-1 (1-800-842-9710) Fax: 860-418-8891

DMHAS and other federally funded healthcare providers complies with federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability or sex (Affordable Care Act Section 1557)

(Attach additional pages if necessary)

CT DMHAS CGP Complaint Form 7/2012 (REVISED 6/2022) Side 2 of 2

Attachment 4:

- **DMHAS state operated providers who completed the 2022-2023 survey:**
 1. Capitol Region Mental Health Center (CRMHC)
 2. Community Mental Health Center (CMHC)
 3. Connecticut Valley Hospital (CVH)
 4. River Valley Services (RVS)
 5. Southeastern Mental Health Authority (SMHA)
 6. Southwest Connecticut Mental Health Services (SWCMHS) including F.S. DuBois Center in Stamford and Greater Bridgeport Community Mental Health Center (GBCMHC)
 7. Western Connecticut Mental Health Network, (WCMHN): Torrington and Waterbury sites
 8. Whiting Forensic Hospital.
- **DMHAS funded providers who completed the 2022-2023 survey:**

2022-2023, FISCAL YEAR DMHAS CLIENT RIGHTS OFFICERS' SURVEY

1. Advanced Behavioral Health (ABH)
2. Ability Beyond
3. ABRI/Homes for the Brave
4. APT Foundation
5. BH Care
6. Bridge House
7. Bridges' Healthcare
8. Catholic Charities Archdiocese of Hartford
9. Catholic Charities of Fairfield (Danbury and Bethel)
10. Center for Human Development
11. Center for Human Resources
12. Chemical Abuse Service Agency (CASA)
13. Chrysalis
14. Community Mental Health Affiliates (CMHA)
15. Columbus House
16. Connecticut Counseling Center, Brookside
17. Connecticut Counseling Center,
18. Connection (The)
19. Continuum of Care
20. EdAdvance
21. Family and Children's Agency
22. Gilead Community Services
23. Guardian Ad Litem Services
24. Hartford Healthcare, Backus Hospital
25. Hartford Healthcare, Hartford Hospital
26. Hartford Healthcare, Charlotte Hungerford
27. Hartford Healthcare, Institute of Living
28. Hartford Healthcare, Midstate Medical
29. Hartford Healthcare, Natchaug
30. Hartford Healthcare, Rushford
31. Hartford Healthcare, St. Vincent's
32. Kennedy Collective (The)
33. Laurel House
34. Leeway
35. Liberation Programs
36. Liberty Community Services
37. Martin House
38. McCall Behavioral Health Network
39. Mercy Housing and Shelter Corporation
40. My Sister's Place
41. Pathways
42. Prime Time House
43. Recovery Network of Programs
44. Reliance Health Inc.
45. Root Center for Recovery
46. Southeastern Council on Alcoholism and Drug Dependence (SCADD)
47. Sound Community Services Inc.
48. St. Vincent DePaul Mission
49. St. Vincent DePaul Mission of Waterbury Inc.
50. United Services
51. Wheeler Health
52. Yale Behavioral Health Services