

## 2022 FISCAL YEAR DMHAS CLIENT RIGHTS OFFICERS' SURVEY

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Prepared by  
William Pierce, DMHAS Office of the Commissioner

**12/15/22**

*"When complaints are freely heard, deeply considered  
And speedily reformed, then is the utmost bound of civil liberty attained"*

*John Milton*

### **SUMMARY:**

The Connecticut Department of Mental Health and Addiction Services (DMHAS) Client Grievance Procedure helps DMHAS state operated and DMHAS funded direct service providers work with people to resolve complaints. Providers designate a Client Rights Officer to respond to grievances and this report is a summary of the eighth annual fiscal year survey of Client Rights Officers for the fiscal year ending June 30, 2022.

Surveys were sent to one hundred twenty-five (125) Client Rights Officers and although less than one quarter of the providers who received surveys responded, the results that were received indicate the DMHAS Client Grievance Procedure can be an effective way of resolving complaints.

### **DMHAS CLIENT GRIEVANCE PROCEDURE:**

People receiving mental health and substance use disorder treatment services from DMHAS operated and DMHAS funded providers have the same rights as other Connecticut residents. These rights include those identified in Connecticut General Statutes (CGS) as the Connecticut Patient Bill of Rights<sup>1</sup> (CPBOR) as well as other state statutes, federal law, court rulings and regulations.

The DMHAS Office of the Commissioner distributes a notice identifying these rights (Attachment 1) to all DMHAS state operated and DMHAS funded providers of direct mental

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<sup>1</sup> 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. The CPBOR is separate from 'Hospital Patient Bill of Rights (CGS § 19a550) which protect the rights of people in residential care homes, nursing home facilities and long term care hospitals.

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health and substance use disorder services (providers) along with a similar notice describing the DMHAS Client Grievance Procedure (Attachment 2)<sup>2</sup>.

Connecticut Statutes, CGS Section 17a-451u, requires the DMHAS Commissioner to establish a fair hearing process regarding complaints of denial, involuntary reduction or involuntary termination of services. In 1997, DMHAS implemented a 'Fair Hearing and Grievance Procedure<sup>3</sup> to "support and uphold" the rights of people receiving services from DMHAS and its "contracted" providers<sup>4</sup>.

In 2012, State of Connecticut Regulations of Department of Mental Health and Addiction Services Concerning Fair Hearings (Fair Hearing Regulations)<sup>5</sup> pursuant to CGS 17a-545u were revised by the Connecticut General Assembly and in February 2021, DMHAS Commissioner Miriam Delphin-Rittmon signed the DMHAS 'Client Grievance Policy<sup>6</sup>. The grievance policy was accompanied by the 'Implementing Procedure for the DMHAS Client Grievance Policy<sup>7</sup> (DMHAS Client Grievance Procedure).

### **DMHAS CLIENT GRIEVANCE PROCEDURE:**

The DMHAS Client Grievance Procedure (grievance procedure) is used by DMHAS state operated and DMHAS funded providers which provide direct mental health and/or substance use disorder treatment services<sup>8</sup>. The grievance complies with Fair Hearing Regulations and includes the grievance procedure for addressing complaints concerning Title II of Americans with Disability Act from people receiving services through DMHAS state operated providers<sup>9</sup>.

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<sup>2</sup> 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 \(ct.gov\)](#)

<sup>3</sup> January 15, 1997 Fair Hearing and Grievance Procedure, Albert J. Solnit, MD Commissioner.

<sup>4</sup> Ibid

<sup>5</sup> 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)/))

<sup>6</sup> 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> )

<sup>7</sup> 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> )

<sup>8</sup> Per state of Connecticut Regulation of the Department of Mental Health and Addiction Services Concerning Fair Hearings §§17a-451(t) and DMHAS Client Grievance Policy Implementing Procedure

<sup>9</sup> Complaints from qualified persons with disabilities, clients, patients, visitors and guests to DMHAS facilities, programs and activities are submitted to the DMHAS ADA Title II Coordinator.

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Unlike the Centers for Medicare and Medicaid Services (CMS)<sup>10</sup>, grievance procedure which defines grievances as written or verbal complaints, DMHAS Client Grievances are written complaints. DMHAS Client Grievances can be submitted by an individual who is seeking services, is receiving services or who has received services (or by the person's authorized representative, conservator, attorney or advocate<sup>11</sup>) from a DMHAS state operated or DMHAS funded direct service provider of mental health and/or substance use disorder treatment or recovery services. Throughout this report, these individuals and their representatives will be referred to as "client(s)"<sup>12</sup>.

The DMHAS Client Grievance Procedure gives clients the opportunity to work with providers to resolve complaints at the lowest possible level without having to fear retaliation. Two types of complaints are addressed by the grievance procedure:

1. Written complaints services were Denied, Involuntarily Reduced or Involuntarily Terminated.
2. Written complaints where the client believes the provider or staff:
  - i. Violated rights provided by law or DMHAS directive<sup>13</sup>
  - 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

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<sup>10</sup> 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.

<sup>11</sup> 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

<sup>12</sup> 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.

<sup>13</sup> Including client complaints regarding violation of rights under the Americans with Disabilities Act and Affordable Care Act

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Clients submit their grievance to the provider's designated Client Rights Officer(s) who works with the person to propose a resolution to the complaint(s) if possible.

- Grievances are submitted within forty-five calendar days of when the action being complained about occurred unless the Client Rights Officer (CRO) determines there is good cause for late submission.
  - Although it is not necessary to use a form when submitting a grievance, providers and the DMHAS Office of the Commissioner make available copies of a 'DMHAS Client Grievance Form', which provides space for the complaint as well as the person's suggested remedy.
- 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 if the person does not want to pursue a grievance. However, according to the December 1999 Connecticut Supreme Court ruling "Phoebe G v. Albert J Solnit (Commissioner)"<sup>14</sup>, a conservator cannot prevent a person from pursuing their grievance.
- The provider has twenty-one 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 the Fair Hearing Regulations<sup>15</sup>.
- While addressing a grievance, the CRO does fact finding necessary to develop a thorough understanding of the complaint and work with the client to propose a written "Informal Resolution".
  - If the person accepts the resolution, the grievance is resolved.

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<sup>14</sup> Phoebe v. Solnit Supreme Court of Connecticut December 2 1999 number 16037 (<https://caselaw.findlaw.com/ct-supreme-court/1254087.html>)

<sup>15</sup> 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

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- If the CRO cannot propose a resolution or the person does not agree with the resolution, the CRO submits a report to the person and provider's CEO or designee who reviews the grievance separately and issues a "Formal Decision".
- 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 twenty-one (21) calendar days<sup>16</sup>.
  - The "Final Determination" ends the DMHAS Client Grievance Procedure unless the grievance is covered by Fair Hearing Regulations.

**Fair Hearing related procedures:** Fair Hearing related procedures apply only to those grievances where the provider denied, involuntarily reduced or involuntarily terminated services. These procedures address:

- Accelerated Grievance: A person receiving Opioid Substitution Therapy or whose inpatient substance use disorder treatment scheduled for not more than thirty (30) calendar days can submit a written Accelerated Grievance<sup>17</sup> 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.
- 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.

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<sup>16</sup> 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

<sup>17</sup> State of Connecticut Regulation of the Department of Mental Health and Addiction Services Concerning Fair Hearings §17a-451(t)7

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- In a Fair Hearing, the Commissioner appoints a Hearing Officer who schedules the hearing with the client under Chapter 54 of the Connecticut Uniform Administrative Procedure Act<sup>18</sup> where the client has the burden of proving the Final Determination does not comply with state and federal law or is clearly erroneous.
- 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). 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.

### **2021-2022 SURVEY:**

An announcement was sent by email to one hundred twenty-five (125) Client Rights Officers in early July 2022. The email included a link to a questionnaire which included questions that were identical to previous fiscal years. Prior to 2021, questionnaires were completed and returned to the DMHAS Office of the Commissioner. In 2021 Survey Monkey was used and in 2022, responses to the survey were made using 'Microsoft Forms'. Results were then compiled by DMHAS Managed Services Division at the end of September 2022.

The survey asked CRO to identify the number of complaints and grievances they addressed during the previous fiscal year as well as the number of times they provided someone assistance. Survey questions included:

1. The number and types of grievances:
  - "Fair Hearing" related grievances (Denial, Involuntary Reduction and Termination).
  - Grievances where the client believed:

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<sup>18</sup> CGS: §§4-166 to 4-189 Inclusive

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- i. Their rights were violated;
  - ii. They were treated in an arbitrary or unreasonable manner;
  - iii. The provider failed to provide services authorized by a treatment plan;
  - iv. The provider used coercion to improperly limit the client's choice;
  - v. The provider failed to reasonably intervene when the client's rights were put at risk by another client in a setting controlled by the provider;
  - vi. The provider failed to treat the client in a humane and dignified manner
- 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.
2. The number verbal and written complaints not covered by the grievance procedure.
  3. The number of grievances where an advocate provided assistance.
  4. The number of episodes the Client Rights Officer assisted a person by offering:  
information, referral to an advocacy organization or providing direct assistance.

Respondents 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.

### **2021-2022 SURVEY RESPONSES**

Of the one hundred and twenty-five (125) Client Rights Officers who received an invitation to participate in the survey, forty (40) responded including ten (10) CRO for DMHAS state operated providers and thirty (30) for DMHAS funded providers. Of the responses from DMHAS

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funded providers, three were DMHAS funded Local Mental Health Authorities (LMHA) and five were Substance Use Disorder treatment providers.

### **DMHAS STATE OPERATED PROVIDERS:**

- DMHAS facility Client Rights Officers reported receiving:
  - 265 Complaints including 143 verbal complaints and 122 written complaints.
  - 61 Grievances of which there were:
    - 0 Fair Hearing Grievances:
  - Other Grievances including:

○ <u>Rights violations</u>	28
○ <u>Treatment in an arbitrary or unreasonable manner</u>	19
○ <u>Failed to provide services as authorized by a treatment plan</u>	7
○ <u>Improper use of coercion</u>	1
○ <u>Failure to intervene</u>	4
○ <u>Failed to treat the person in humane and dignified manner:</u>	12

DMHAS Client Rights Officers reported that sixty-two (62) grievances were addressed including: fifty seven (57) resolved by the CRO and three (3) by the CEO or designee and two (2) through a DMHAS Commissioner's Review. The discrepancy although not identified in the response may be attributed to a client submitting a grievance for more than one reason.

DMHAS Client Rights Officers reported assisting clients on two thousand two hundred and thirty seven occasions (2237) occasions including providing information, referral and direct assistance. Of these occasions, one thousand nine hundred and sixty-six episodes were attributed to Connecticut Valley Hospital.



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There were one hundred and thirty (130) occasions when clients received help from an advocate. Of these reported occasions one hundred twenty three (123) reported by CVH)<sup>19</sup>.

### **CONNECTICUT VALLEY HOSPITAL (CVH)**

Connecticut Valley Hospital's 'Rights and Advocacy Program' addresses a range of complaints and Human Services Advocates, a state job class<sup>20</sup> have the role of either patient advocate or Client Rights Officer for either CVH's 'General Psych' or 'Substance Use Disorder' programs.

Statistics provided by CVH for fiscal year 2021-2022 include:

- 62 complaints addressed by CVH Client Rights Program staff.
- 4 grievances were resolved, 1 grievance was unresolved, 1 was addressed by the CEO, and 1 grievance was submitted to OOC for a Commissioner's Review.

### **DMHAS FUNDED PROVIDERS:**

Thirty (30) DMHAS funded providers responded to the survey including three (3) Local Mental Health Authorities funded by DMHAS<sup>21</sup> and five (5) Substance Use Disorder treatment providers<sup>22</sup>.

- 113 Complaints including 69 verbal complaints and 44 written complaints.
- 134 Grievances, including:
  - 27 Fair Hearing Grievances:
    - Denial of Services 9
    - Involuntary Reduction of Services 2
    - Termination of Services 16

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<sup>19</sup> Survey responses did not identify what advocacy organization assisted clients. However, Connecticut Legal Rights Project has an office at GBCMHC as well as at CMHC and at other DMHAS operated Local Mental Health Authorities (LMHA) where either a paralegal advocate or attorney can meet people receiving services from those facilities.

<sup>20</sup> Department of Administrative Services (DAS) Human Services Advocate (<https://www.jobapscloud.com/CT/specs/classspecdisplay.asp?ClassNumber=1419SH&R1=&R3=> )

<sup>21</sup> DMHAS funded LMHA responding to the survey included: BH Care, Bridges and Community Mental Health Affiliates. Other DMHAS funded LMHA: Community Health Resources, InterCommunity, Rushford (HHC) and United Services did not respond.

<sup>22</sup> DMHAS funded substance use disorder treatment providers responding to the survey included: Connecticut Counseling Center (Waterbury and Norwalk), McCall Center for Behavioral Health, Perception Programs Inc., Recovery Network of Programs and Southeastern Council on Alcoholism and Drug Dependency.

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- 107 Other grievances including:
  - 25 Rights Violations:
  - 46 Treatment in an arbitrary or unreasonable manner:
  - 9 Failed to provide services as authorized by a treatment plan
  - 2 Used coercion to improperly limit choice
  - 9 Failed to reasonably intervene during client to client incidents in a setting controlled by the provider
  - 16 Failed to treat the person in humane and dignified manner
- Client Rights Officers from DMHAS funded providers reported that:
  - 140 grievances were addressed including
    - 99 resolved by the CRO
    - 27 addressed by Formal Decision,
    - 1 referred for a Commissioner's Review
    - 13 withdrawn

As with responses from state operated CRO, the discrepancy may be due to a client having more than one grievance.

- Client Rights Officers for DMHAS funded providers reported they assisted clients on one hundred and six occasions including providing information, referral and direct assistance.
- Respondents noted there were eight (8) occasions when clients received help from an advocate.
- Of the DMHAS funded providers completing the survey:
  - 19 did not address any grievances during the fiscal year.
  - 7 did not address any complaints or grievances.

### **FY 2021-2022 COMMISSIONER REVIEWS:**

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While not included in the CRO Survey, between July 1, 2021 and June 30, 2022 the DMHAS Office of the Commissioner conducted four (4) "Commissioner Reviews" of grievances.

- Two (2) grievance reviews addressed grievances submitted to DMHAS funded providers and two (2) to a DMHAS state operated facility.
- There was one Commissioner Review conducted of a complaint covered under Fair Hearings, a Denial of Services which was not pursued by the person after receiving a Final Determination.

### **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 Essentials class is offered three times a year and features modules on: An Introduction to Rights, The Americans with Disabilities Act, Review of the Grievance Procedure and Overcoming Barriers to Resolving Complaints.

The 2021 survey posed two questions concerning the training experience of the responding Client Rights Officers:

1. Did the Client Rights Officer complete the Online DMHAS Workforce Development, Learning Management System (LMS) 'Client Grievance Procedure' class?

Thirty-nine (39) reported completing the LMS Class.

2. When did the Client Rights Officer participate in a 'Client Rights Officer's Essentials Class'.

Thirty-three (33) CRO reported completing the LMS Class.

- 11 reported they took the class before 2019
- 7 reported they either did not know when they took the class or did not know if they took the class.

### **PREVIOUS SURVEYS**

## **2022 FISCAL YEAR DMHAS CLIENT RIGHTS OFFICERS' SURVEY**

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The 2022 Survey was the eighth annual survey conducted by DMHAS and while this report does not compare statistics from the 2022 survey with previous responses the number of responses from DMHAS funded providers remains well under fifty percent. The only year responses exceeded fifty percent was for the 2021 survey (July 1, 2020-June 30, 2021) when sixty-eight (68) funded providers submitted responses. This was primarily due to the survey being combined with the initial distribution of revised Rights and Grievance Procedure notices.

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

### **CONCLUSION:**

Of the Client Rights Officers who responded, to the 2022 survey, nineteen reported not addressing grievances and eight responses noted the CRO addressed neither complaint nor grievance.

However, as the survey noted, the majority of grievances are addressed by the provider at the lowest possible level with the Client Rights Officer resolving over 80% of grievances with less than 2% of grievances being addressed by a Commissioner's Review.

### **RECOMMENDATIONS:**

Having a response of less than fifty percent along with an inordinate number of providers who reported not addressing grievances is problematic as given human nature, complaints occur.

The recommendations of this report include a continued effort by DMHAS to encourage providers in using the DMHAS Client Grievance Procedure this can best be done by educating staff and "clients" on how the procedure works.

1. Providers encourage all staff to complete the Workforce Development LMS Client Grievance Procedure class as well as its companion class on "Patient Rights"
2. Providers encourage Client Rights Officers to complete the LMS classes and participate in other training opportunities offered by DMHAS Office of the Commissioner.

3. Providers notify the DMHAS Office of the Commissioner when there are changes in the designation of their CRO and to make sure the CRO maintains statistics on the number of complaints and grievances and provide those statistics on request to the DMHAS Office of the Commissioner.
4. DMHAS Office of the Commissioner will continue to:
  - Assist providers in using the DMHAS Client Grievance Procedure
  - Continue to promote the use of grievance procedure by providers, staff and people receiving services through providing information and training.

Addressing complaints protects people's rights and offers opportunities for providers to improve services. When used, the DMHAS Client Grievance Procedure is an effective way for providers to work with 'clients' and by doing so allow complaints to be "*freely heard, deeply considered and speedily reformed.*"

Submitted by

William Pierce

DMHAS Client Rights and Grievance Specialist

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. Schri), 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:

<b>Advocacy Unlimited (AU):</b>	1-800-573-6929, 860-505-7581
<b>Connecticut Legal Rights Project (CLRP):</b>	1-877-402-2299, 860-262-5030
<b>Disability Rights Connecticut (DRCT):</b>	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 0304-21

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](http://www.ct.gov/dmhas)

**Attachment 3:**

**2022 Survey Responses from DMHAS providers**

• **DMHAS state operated Local Mental Health Authorities and inpatient facilities who completed the 2022 survey included:**

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. South West 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): Waterbury and Torrington sites
8. Whiting Forensic Hospital.

• **DMHAS funded providers who completed the 2022 survey included:**

1. Advanced Behavioral Health
2. BH Care
3. Bridges' Healthcare
4. Catholic Charities Archdiocese of Hartford
5. Catholic Charities of Fairfield (Danbury and Bethel)
6. Central Naugatuck Valley (CNV) Help, Inc.
7. Columbus House
8. Community Mental Health Affiliates
9. Connecticut Counseling Center (Waterbury)
10. Connecticut Counseling Center (Norwalk)
11. Connection (The)
12. Family and Children's Agency
13. Gilead Community Services
14. Hands on Hartford
15. Hartford Healthcare, Institute of Living
16. Kennedy Collective (The)
17. Laurel House
18. McCall Center for Behavioral Health
19. Mercy Housing and Shelter Corporation
20. My Sisters' Place
21. Perception Programs, Inc.
22. Recovery Network of Programs
23. Reliance Health Inc.
24. Southeastern Council on Alcoholism and Drug Dependence (SCADD);
25. Sound Community Services Inc.



## 2022 FISCAL YEAR DMHAS CLIENT RIGHTS OFFICERS' SURVEY

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26. St. Vincent DePaul Mission of  
Waterbury Inc.

27. Supportive Environmental Living  
Facility, Inc. (SELF, Inc.)

28. Thames River Community Services

29. Waterbury Hospital Health Center

30. Wheeler Health