

## ***Report of Findings***

### **Part 6**

#### **Statewide Survey of ATTORNEYS Staffing the New York State MENTAL HYGIENE LEGAL SERVICE**

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## Section I Introduction

### **Background:**

The Survey of Attorneys Staffing the NY State Mental Hygiene Legal Service (MHLS) is one of six statewide descriptive, exploratory studies conducted under the auspices of the *Legal Services Initiative's* four-member Partnership. The purpose of these surveys is to provide descriptive information about the provision of legal services in New York State, with specific emphasis on three population groups: older adults aged 60 and older; individuals of all ages with physical, mental, developmental, or intellectual disabilities; and the informal, unpaid caregivers of these population groups. The specific intent of the survey of MHLS attorneys is to gather information about the delivery of legal services to those individuals for whom the program, under New York State law, was established to serve.

Findings from the six surveys will help inform the work of the *Initiative's* Think Group by providing background information for the Think Group to better understand the limitations and barriers in legal services that have an impact on the availability, affordability, and accessibility of legal assistance for the three population groups and to suggest strategies, actions, and recommendations for addressing these limitations and barriers.

The survey of MHLS Attorneys was implemented in each of the NY State Unified Court System's four Departments by the MHLS Directors in those Departments in June and July of 2014, and respondents' answers provide information for what occurred during the 12-month period of January 1, 2013, through December 31, 2013.

### **Methodology:**

**Survey instrument:** The survey Questionnaire was collaboratively developed by the New York State Office for the Aging (NYSOFA) and the MHLS Department Directors. NYSOFA converted the instrument into a Survey Monkey Web application, for completion on-line. The four MHLS Directors made the specific Web link to the instrument available only to the 170 attorneys staffing the MHLS program, which were identified by the Directors as the population universe for this survey.

**Survey implementation and response rate:** Each of the four Department Directors implemented the survey in his/her Department, sending explanatory information about the *Legal Services Initiative* to the 170 attorneys in the four Judicial Departments, and including the survey's Web link and a Statement of Assurances describing the survey's sponsorship, use of the survey's findings, anonymity of survey findings, and the voluntary nature of the survey.

79 completed surveys were received, for a 46% response rate. All four of the MHLS Departments are represented among the 79 survey respondents; and all five counties comprising New York City, as well as 50 of the remaining 57 counties in the Rest of the State, are represented among the 79 respondents. The margin of error for the sample of 79 respondents is +/- 8.09 percentage points with a 95% confidence level.

**Presentation of findings:**

- Frequencies and cross tabulations are used for comparisons among variables, and survey findings are presented in charts and tables.
- Findings are primarily presented in *proportions* rather than *numbers* in order to provide more meaningful comparisons among subsets of variables that vary in number-size.
- For some questions, respondents are asked to provide estimates because the information is not formally tracked or easily available.

**Context for Reviewing the Survey's Findings:**

**New York State Mental Hygiene Legal Service Program (MHLS):**<sup>1</sup> MHLS operates pursuant to Article 47 of NY State Mental Hygiene Law (MHL) and is an agency of the New York Supreme Court, Appellate Division. As a State agency within the Judicial branch of government, MHLS operates independently from Executive branch agencies. MHLS was originally created by the NY State Legislature in 1964 as the Mental Health Information Service, to act as the guardian of due process rights for institutionalized people with mental disabilities.

The agency became the Mental Hygiene Legal Service in 1986, evolving over the years into a legal advocacy program providing a broad range of protective legal services and assistance to individuals with mental, developmental, and/or intellectual disabilities who are under the care or jurisdiction of State-operated or licensed facilities. In the 1990s, MHLS' mandate was expanded to include critical roles in MHL Article 81 (Guardianships) and Section 9.60 (Assisted Out-Patient Treatment) proceedings. In 2007, MHLS was mandated by MHL Article 10 to provide representation and advocacy to sex offenders alleged to have mental abnormalities that make them likely to re-offend and are therefore in need of civil confinement or intensive supervision.

The objectives of the MHLS program are to: ensure that persons with mental, developmental, or intellectual disabilities are provided with the treatment services to which they are entitled by law, as well as due process and equal protection of the law; provide legal counsel (representation) for its clients in Judicial and administrative proceedings concerning admission, retention, transfer, care and treatment, and guardianship; investigate and take legal action in cases of abuse and mistreatment; make appropriate referrals for other needed legal services; and provide general day-to-day advocacy services in order to meet the varied needs of the hundreds of thousands of individuals who reside in, or pass through, the mental health system each year.

Currently, MHLS personnel are responsible for protecting the legal rights of people receiving care (voluntarily or involuntarily) in community-based mental health and mental retardation facilities; state, municipal, voluntary, and private hospitals for persons with mental illness; state developmental centers and private schools for persons with mental retardation; alcoholism or substance-abuse facilities; and individuals who are otherwise subject to institutional and/or court supervision. Under certain circumstances, MHLS also serves patients residing in health care facilities and/or independently in community settings.

**New York's Unified Court System:** The State's court system is divided into 13 Judicial Districts and four Judicial Departments. There is an MHLS program in each of the four Departments. The counties comprising each of the Departments are listed below.

<b>New York State Unified Court System Four Departments 62 Counties</b>		
<b>First Department:</b> New York (Manhattan) The Bronx	<b>Third Department:</b> Albany Broome Chemung Chenango Clinton Columbia Cortland Delaware Essex Franklin Fulton Greene Hamilton Madison	Montgomery Otsego Rensselaer Saratoga Schenectady Schoharie Schuyler St. Lawrence Sullivan Tioga Tompkins Ulster Warren Washington
<b>Second Department:</b> Dutchess Kings (Brooklyn) Nassau Orange Putnam Queens Richmond (Staten Island) Rockland Suffolk Westchester	<b>Fourth Department:</b> Allegany Cattaraugus Cayuga Chautauqua Erie Genesee Herkimer Jefferson Lewis Livingston Monroe	Niagara Oneida Onondaga Ontario Orleans Oswego Seneca Steuben Wayne Wyoming Yates

<sup>1</sup>(Received February, 2014) "History of the Mental Hygiene Legal Service," "Mission Statement of the Mental Hygiene Legal Service," and "Executive Summary of the Mission Statement," provided by Sheila Shea, Director, Mental Hygiene Legal Service, Third Judicial Department, New York State Unified Court System, Albany, NY.

<p><b>Section II</b>  <b>Key Findings</b></p>
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Detailed analysis of survey data is provided in Sections III – IX of Part 6. Following are 12 key findings taken from the detailed analysis:

- There are 170 attorneys staffing the NY State Mental Hygiene Legal Service program; 79 completed survey forms were received, for a 46% response rate.
- Among the 79 respondents:
  - 60% are women
  - 84% are White Non-Hispanic
  - 98% do not have a disability that compromises activities of daily living

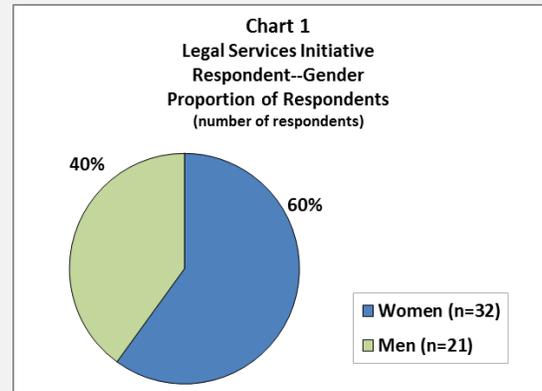
- The four MHLS Directors provided the following information:
  - The program's 170 attorneys handled a total of 173,775 cases during the survey's 12-month period, for an average of 1,022 cases per attorney.
  - Total statewide funding for the MHLS program for the 12-month survey period was \$29.5M; average program funds per client-case was \$170.
- Carrying out the MHLS program involves a variety of tasks. Among those tasks, the 79 respondents, on average, spend 18% of their total work time on client-representation in non-appellate or appellate proceedings.
- The largest proportion (72%) of MHLS clients are aged 18-59; 23% are aged 60 and older; 8% are aged 0-17.
- In categorizing clients by six separate types of disabilities, the largest proportion of MHLS clients are persons with *primarily* mental health disabilities (median proportion of clients=64%). However, some respondents commented that they found it difficult to categorize clients by one disability type, and 47 of the respondents reported that, on average, 63% of their clients had multiple disabilities.
- MHLS clients come from a variety of living environments, including psychiatric hospitals, residential facilities that are certified/licensed by various State agencies, correctional facilities, conventional community housing, as well as homeless individuals in shelters and on the streets.
- Comparatively, a greater proportion of respondents report that, over their MHLS tenure:
  - Older adult clients, clients with dementia, clients with mental health disabilities, and clients with developmental and/or intellectual disabilities have "increased somewhat";
  - Clients involved with the Criminal Justice System have "increased significantly" (assisting this clientele is a recent MHLS mandate);
  - An equal proportion of respondents report that the number of caregiver clients has "stayed the same" or has "increased somewhat"; however, a much greater proportion report that they "do not know" the trend in caregiver clients.
- When serving clients who have limitations in their ability to communicate effectively, 62% of the resources MHLS attorneys use to address these limitations are formal or official interpreter and translator services; however, a very substantial 38% use informal resources such as office colleagues, medical and health facility staff, social workers, client's family members or friends, ministers, other clients or patients, picture illustrations, etc.
- Major issues presented by MHLS clients center on:
  - Issues related to release/discharge from the psychiatric hospital or other institutional facility.
  - Objections to involuntary placement and retention, and to mandated medications, treatments, and medical procedures.
- "Access problems" are the primary reason why people who are eligible for MHLS services do not access the program, including their lack of knowledge about the program's existence and their unawareness of their entitlement to the program's services.
- The two primary areas of training respondents would like are:
  - Improved skills in a variety of areas related to "courtroom procedures."
  - Better understanding of numerous discrete topics, which are specified in Table 16.

**Section III**  
**Respondent—Characteristics**

**Age:** Age was calculated for the 49 survey respondents who reported their birth year. Their ages range from 30 – 70, with a median age of 49.

**Gender:** 53 of the 79 respondents provided information about their gender.

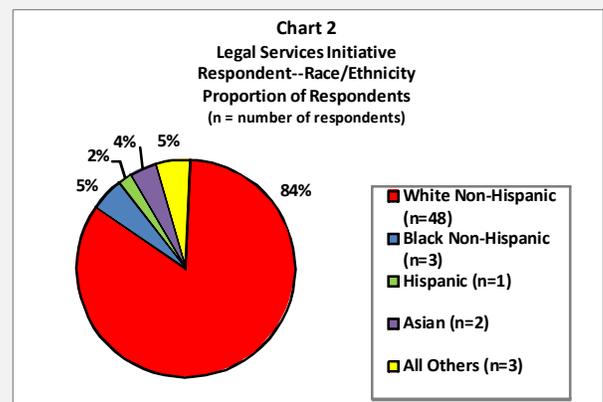
Chart 1 shows that the majority (60%) of respondents are female.



**Race/ethnicity:** 57 respondents provided information about their race or ethnicity.

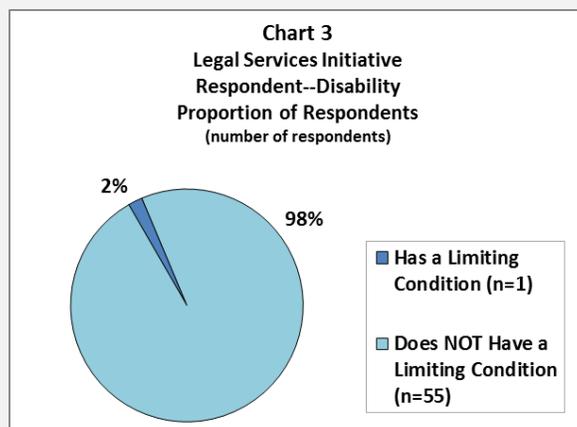
Chart 2 shows that the overwhelming proportion (84%) of these respondents are White-Non-Hispanic, with minimal proportions of other races/ethnicities.

"Other" included 2 respondents of mixed race and one unidentified "other." No respondents identified themselves as Native American.



**Disability:** Respondents were asked, "Do you have any kind of condition that limits your ability to do one or more activities of daily living without assistance from another person, equipment, or device . . . or are perceived by others as having such a limitation or disability."

Of the 56 respondents who answered this question, Chart 3 shows that almost all (98%) reported that they do NOT have these limitations.

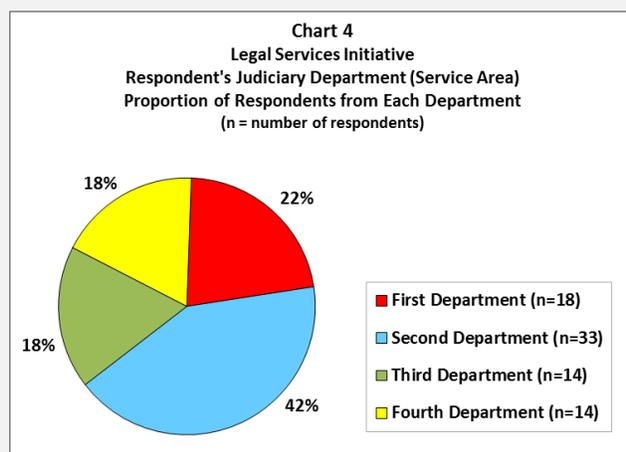


**Years as MHLS employee:** All 79 respondents reported their tenure (in all positions) in the MHLS program. The number of years ranged from 1 – 42 years, with a median of 11 years (median: half the respondents worked in MHLS less than 11 years and half worked in the program more than 11 years).

**Respondent's Judicial department:** Chart 4 shows the distribution of the 79 respondents by Judicial Departments (service area).

Respondents were asked to list the counties in which they provided MHLS services; many cover multiple counties within their Department's service area.

All counties in the State are represented in the survey except for 4 counties in the Third Department and 3 counties in the Fourth Department.



**Section IV**  
**Mental Hygiene Legal Service (MHLS)**

**Number of cases:** From their files, the MHLS Department Directors provided complete data on the number of cases handled by the MHLS program statewide. During the survey's 12-month period (January 1 through December 31, 2013), the program served clients in a total of 173,775 cases. Table 1 shows the geographic distribution of these cases across the four MHLS Departments.

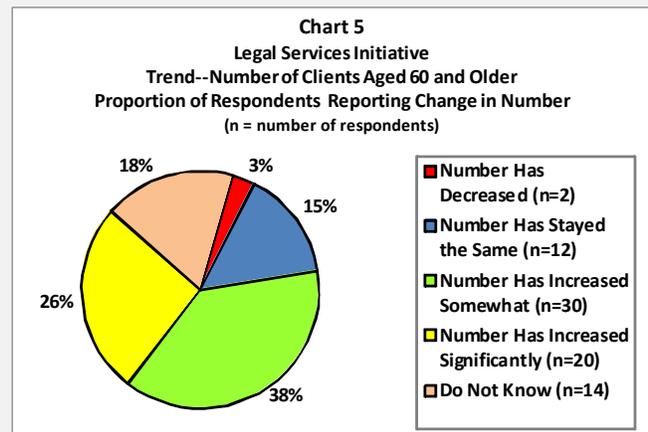
The Second Department (which includes three boroughs in NY City, both Long Island counties, and five counties in the mid and lower Hudson Valley) handled the greatest proportion (53%) of MHLS' total cases statewide.

<b>Table 1</b> <b>Legal Services Initiative</b> <b>Statewide Distribution of Cases, by Department</b> <b>Number of MHLS Cases; Proportion of Total Cases</b> <b>(n = number of survey respondents)</b>		
<b>MHLS Department</b>	<b>Number of Cases</b>	<b>Proportion of 173,775 Total Cases Statewide</b>
First (n=18)	29,914	17%
Second (n=33)	92,177	53%
Third (n=14)	23,122	13%
Fourth (n=14)	28,562	17%
Total (n=79)	173,775	100%

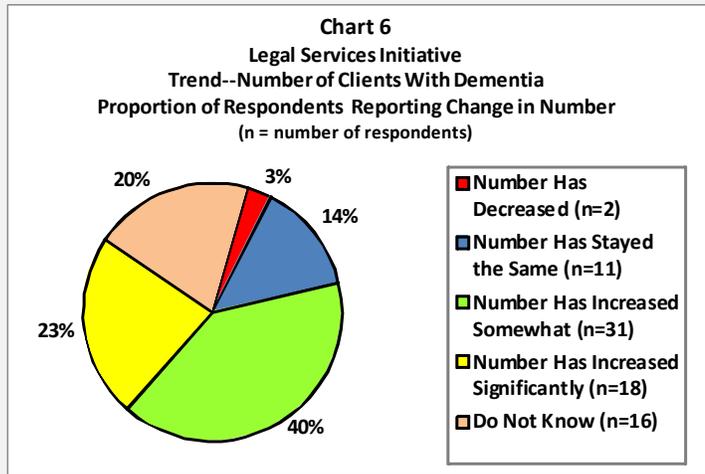
**Trends in Number of Cases:**

Respondents were asked for their opinion of whether, over their total tenure with MHLS, the number of different client groups requesting MHLS assistance had changed. 78 respondents provided their assessments in Charts 5 – 10.

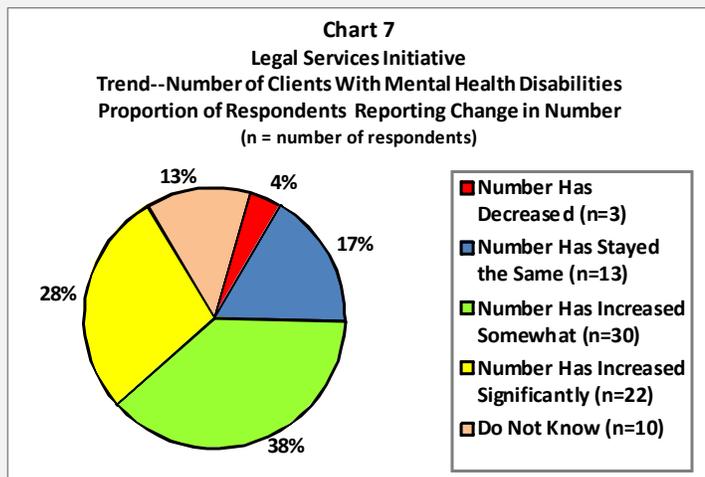
**Older adults (aged 60 and older):** Chart 5 shows that the greatest proportion (38%) of respondents believes the number of older adults asking for assistance has increased somewhat, and a substantial proportion (26%) believes this group of clients has increased significantly.



**Individuals with Alzheimer's or other dementia:** Chart 6 shows that the greatest proportion (40%) of respondents believes the number of people with Alzheimer's or other dementia asking for assistance has increased somewhat, and 23% believes this group of clients has increased significantly.

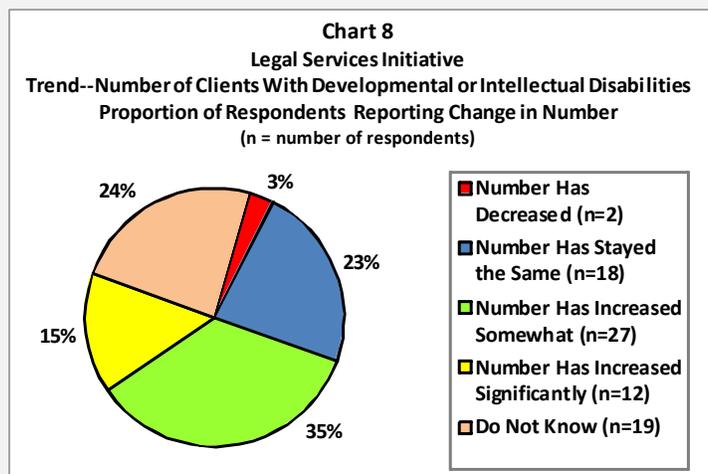


**Individuals with mental health disabilities:** Chart 7 shows that the greatest proportion (38%) of respondents believes the number of people with mental health impairments asking for assistance has increased somewhat, and 28% believes this group of clients has increased significantly.



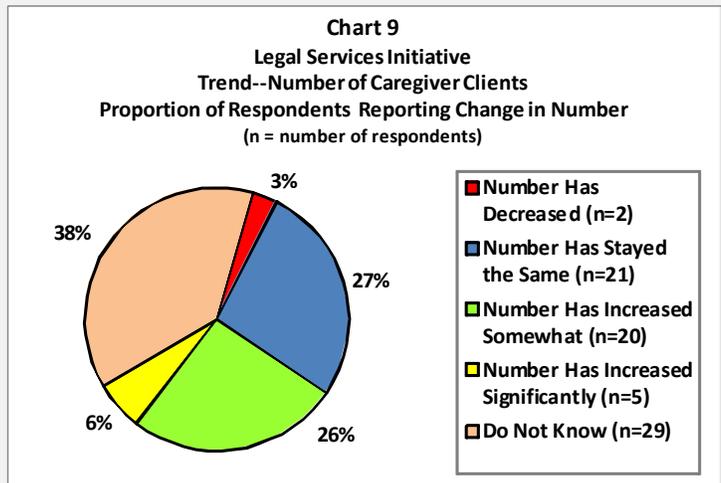
**Individuals with developmental and/or intellectual disabilities:** Chart 8 shows that the greatest proportion (35%) of respondents believes the number of people with developmental and/or intellectual disabilities asking for assistance has increased somewhat, and 23% believes the number of this group of clients has stayed about the same.

24% of respondents report that they do not know what the trend is for this population.



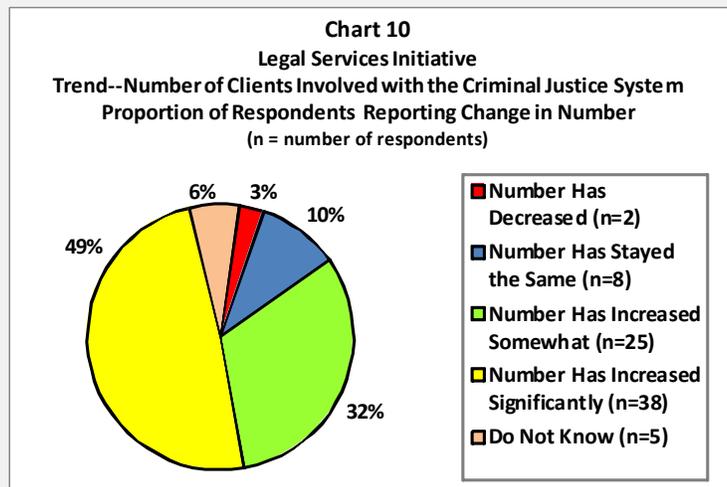
**Informal caregivers:** Chart 9 shows that the greatest proportion (38%) of respondents reports that they do not know the trend in caregiver numbers.

Equal proportions believe the number of people requesting assistance regarding their caregiving responsibilities has stayed about the same (27%) or has increased somewhat (26%).



**Individuals involved with the Criminal Justice System:** Chart 10 shows that just under half (49%) of respondents believes the number of people asking for assistance who are involved with the Criminal Justice System has increased significantly.

32% of respondents believes this group has increased somewhat.



In comparing *trends* among population groups in Charts 5-10 above:

- The groups that respondents feel they are *least* aware of regarding trends are:
  - Caregivers: largest proportion (38%) of respondents reporting they "do not know" the trend.
  - Individuals with developmental or intellectual disabilities: second largest proportion (24%) of respondents reporting they "do not know" the trend.
- The group that respondents feel they are *most* aware of regarding trends is individuals involved with the Criminal Justice System: smallest proportion (6%) of respondents reporting they "do not know" the trend.

**Number of MHLS Attorneys:** According to the four MHLS Department Directors, the MHLS program employs a total of 170 attorneys statewide. Table 2 shows that the greatest proportion (42%) of attorneys is employed in the Second Department; the smallest proportion (15%) is employed in the Third Department.

<b>Table 2</b> <b>Legal Services Initiative</b> <b>Statewide Distribution of MHLS Staff Attorneys, by Department</b> <b>Number of MHLS Attorneys; Proportion of Total Attorneys</b> <b>(n = 170 attorneys)</b>		
<b>MHLS Department</b>	<b>Number of Attorneys</b>	<b>Proportion of 170 Total Attorneys Statewide</b>
First	40	23%
Second	71	42%
Third	25	15%
Fourth	34	20%

**Average number of cases per attorney:** Statewide, across all four Departments for the 12-month survey period, the average number of cases handled per attorney is 1,022.

Table 1 above shows that the Second Department handled the largest number of cases (more than three times the number of each of the other Departments), and Table 3 shows that the Second Department's average number (1,298) of cases per attorney is both higher than the statewide average (1,022) and higher than each of the other three Departments.

Further study would clarify the differences in *types* of cases handled by the four Departments and the differing amounts of time required to handle different types of cases.

<b>Table 3</b> <b>Legal Services Initiative</b> <b>For 12-Month Period: Average Number of Cases</b> <b>Per Attorney, by Department</b> <b>(n = number of attorneys)</b>	
<b>MHLS Department</b>	<b>Average Number of Cases Per Attorney</b>
First (n=40)	748
Second (n=71)	1,298
Third (n=25)	925
Fourth (n=34)	840
Statewide	1,022

**Program Funding:** Information about the program's funding was provided by the four program Directors.

Total statewide funding for the MHLS program for the 12-month survey period was \$29,491,236. Among the four Departments, total annual funding ranged from \$4.6M - \$12.8M. Statewide, the average amount of total MHLS program funds per case was \$170. Among the four Departments, average program funding per case ranged from \$139 - \$221.

**Section V**  
**Respondent—Legal Practice**

**Respondent's work time:** All 79 respondents reported working full time. Respondents were further asked, "On average, how many actual hours did you work per week, including any additional hours beyond your regular paid work schedule." For 78 respondents, actual work hours ranged from 35 – 56 hours per week, for an average of 39 hours per week among these 78.

**Program tasks:** Carrying out the MHLS program involves a variety of tasks. Among those tasks, the 79 respondents, on average, spend 18% of their total work time on client-representation in non-appellate or appellate proceedings.

**Where clients receive MHLS legal services:** Respondents were asked to specify what proportion of their *direct legal services* was provided to clients in 10 different locations. 66 respondents provided this information.

Table 4 shows the proportion of respondents who *did* use each type of location for delivering legal services and the proportion who *did not*. Findings show that MHLS attorneys provide services in a variety of locations.

Table 4 also shows that the proportion of a respondent's direct legal services provided in each site varies. The greatest proportions of respondents' direct legal services are provided in psychiatric hospitals (average proportion of case load: 43%) and in court or hearing rooms (average proportion of case load: 22%).

<b>Table 4</b> <b>Legal Services Initiative</b> <b>Where Respondent Provided Direct Legal Services to Clients</b> <b>Proportion of Respondents; Proportion of Direct Legal Services</b> <b>(n = 66 respondents)</b>				
<b>Service Delivery Site</b>	<b>Proportion of 66 Respondents Who:</b>		<b>Proportion of Respondent's Direct Legal Services Provided in Each Site</b>	
	<b>DID Use the Site Listed</b>	<b>Did NOT Use the Site Listed</b>	<b>Range: Proportion</b>	<b>Average Proportion</b>
Psychiatric hospital	94%	6%	0% - 100%	43%
Court room or hearing room	88%	12%	0% - 80%	22%
General hospital	61%	39%	0% - 50%	4%
Client's licensed residence or facility	56%	44%	0% - 85%	8%
Client's home in the community	50%	50%	0% - 21%	3%
Correctional facility	48%	52%	0% - 90%	5%
MHLS <i>field</i> office	48%	52%	0% - 60%	8%

Temporary shelter, on the street, or other non-permanent setting or non-housing	21%	79%	0% - 5%	.6%
MHLS <i>central</i> office	18%	82%	0% - 99%	5%
Other (including telephone, including from respondent's home; secure treatment facility; State Office of Mental Health offices; Assisted Outpatient Treatment offices; outpatient psychiatric office; State Department of Health offices; Sex Offender Treatment program offices)	11%	89%	0% - 60%	2.5%

**Referrals to Other Resources for Legal Assistance:**

When requests for assistance fall outside the MHLS program's mission or mandate or outside the respondent's area of expertise, or when a request for assistance is perceived as a conflict of interest, respondents refer these requests to alternative resources for help.

**Referral resources:** Respondents were asked to list up to five resources they use when making referrals. 74 respondents reported a total of 236 referral sources, which are sorted into five categories in Table 5. The greatest proportion (37%) of all resources relied upon by respondents was "statewide, regional, or local organizations providing free legal services."

<p align="center"><b>Table 5</b>  <b>Legal Services Initiative</b>  <b>74 Respondents: Resources Used for Making Referrals for Requests for Assistance</b>  <b>Proportion of 236 Resources Reported</b>  <b>(n = number of times referral resource is listed)</b></p>	
Referral Resources	Proportion of 236 Total Referral Resources Reported
<p><b>Statewide, regional, or local organizations providing free legal services,</b> including:</p> <ul style="list-style-type: none"> <li>• Legal Aid Society (n = 34)</li> <li>• Other organizations (n = 53), including Nassau/Suffolk Law Services; Legal Services of the Hudson Valley; MYF Legal Services, Inc.; Neighborhood Legal Services; Legal Services for the Elderly, Disabled, or Disadvantaged of Western NY; Pro Bono Project; New York Legal Assistance Group; Volunteer Lawyers Project; Area Agency on Aging Ombudsman Program; Volunteer Legal Services Project of Monroe County; Area Agency on Aging Legal Assistance Program.</li> </ul>	37%
<p><b>State or local government agency</b> (n = 48), including:  New York State Empire Justice Center; local Department of Social Services, including Adult Protective Services; Urban Justice Center; an alternative MHLS Department; other attorneys in respondent's MHLS Department; State Office for People with Developmental Disabilities; State Department of Health; Justice Department; State Office of Mental Health; County Office of Mental Health; U. S. Social Security Administration; Court system clerk; Bronx Supreme Court; Family Court; and including reports by 11 respondents of making referrals for court-ordered assignment of counsel (public defender) under County Law 18-b.</p>	20%

<b>Community or regional non-profit multi-service organization</b> (n = 42), including: National Alliance on Mental Illness; Disability Advocates; Disability Rights New York; New York Lawyers for the Public Interest; Civilian Complaint Review Board; Mental Health America; United Tenants; Developmentally Disabled Service Office; Assisted Outpatient Treatment program; Self Help; People, Inc.; and various other community-based multi-service providers or hospitals—for social workers, social services, housing issues, landlord/tenant issues, home health aide services, mental health and mental retardation services, medical provider services, drug and alcohol treatment, immigration services, public benefit programs.	18%
<b>Bar Associations</b> (n=35), including: State, regional, county, or local Bar Association	15%
<b>Miscellaneous resources</b> , including: <ul style="list-style-type: none"> <li>• Private attorney (n = 8)</li> <li>• Law school clinics, including Touro College Law Center, Hofstra University Law School, Pace University School of Law, SUNY-Albany Law School (n = 7)</li> <li>• Internet, including LAW-Help (n = 3)</li> <li>• Referred to client's treatment team (n = 2)</li> <li>• Federal protection and advocacy organizations (n = 1)</li> <li>• Facility's Quality Management unit (n = 1)</li> <li>• Hospital's patient services department (n = 1)</li> <li>• Referral to family members or friends (n = 1)</li> </ul>	10%

**Resources available for addressing communication limitations:** Respondents were asked to report up to five resources they are aware of and rely upon for more effective interaction with clients who have communication limitations (for example, speech or cognitive disability, hearing impairment, English-speaking limitations). 63 respondents reported a total of 160 resources, which are sorted into two categories in Table 6.

Table 6 shows that the greatest proportion (62%) of resources used are official, formal, or professional services.

38% of resources relied upon by respondents are "informal" sources, such as workplace colleagues; facility and medical staff; clients' family members and friends, ministers, community agency staff, or other facility patients. A concern voiced (see Table 7) about informal resources is the lack of privacy inherent in the use of these sources.

<b>Table 6</b> <b>Legal Services Initiative</b> <b>63 Respondents: Resources Used When Serving Clients with Communication-Limitations</b> <b>Proportion of 160 Resources Reported</b> <b>(n = number of times resource is reported)</b>	
<b>Communication Resources</b>	<b>Proportion of 160 Total Communication Resources Reported</b>
<b>Formal or official interpreter/translator services</b> (n=100), including: the MHLS Department's language bank, hospital's language bank or translation service, court-appointed interpreters/translators, telephone Language Line translation	62%

services, Department of Social Services interpreter services, association providing assistance for hearing-impaired persons, TTY technology (tele-typewriter text-like system for hearing-impaired individuals to communicate over the phone), International Institute, sign language interpreters, and CyraCom phone interpreter service.	
<b>Informal assistance with communication limitations</b> (n=60), including: Office staff/colleagues for assistance with non-language communication limitations, bi-lingual/multi-lingual staff for English-speaking limitations, State Office of Mental Health employees, developmental center staff, hospital nurses or doctors, non-verbal communication techniques such as pictures or writing, light writer, client's family member or caregiver, client's friend, facility or direct care staff, social workers, other patients or clients, Office for the Aging staff, Legal Aid providers, minister/priest, client's treatment team, and the respondent him/herself.	38%

**Comments—communication resources:** In Table 7, additional comments by 24 respondents are provided regarding resources for individuals with various communication limitations.

<b>Table 7</b> <b>Legal Services Initiative</b> <b>Additional Comments Regarding the Availability of Resources for</b> <b>Clients with Communication Limitations</b> <b>(n = 24 respondents)</b>
<p>This is an area where there is a compelling need for such resources to be made available in the community as it is very difficult for the advocates who represent these individuals with such limitations to discern their wishes.</p> <p>Often, when clients are already in a facility, accommodations to address this issue are not provided, and our agency does not have the resources to bridge this gap. For example, individuals who are hard-of-hearing, or speak English as a second language, or have trouble seeing due to needing eye surgery, etc., need assistance in communication. The current regulations provide for a minimum per diem regarding interpreters—it is not enough.</p>
<p>Individuals on in-patient units often have to rely on the kindness of staff to enable them to communicate with the outside world, particularly deaf individuals.</p> <p>Individuals with foreign language issues run into similar problems, having to wait for interpreters to communicate issues to doctors, therapists, etc.</p>
<p>Many of my clients have severe developmental disabilities such that their ability to communicate their preferences is limited, at best.</p>
<p>MHLS should have access to an interpreter service.</p>
<p>It would be helpful to have access to an interpreter service.</p>
<p>There are not enough court interpreters in Suffolk County.</p> <p>There are not enough Spanish-speaking employees/interpreters in both State and private hospitals.</p>
<p>Mental retardation clients often wish to have familiar, preferred staff present, and those staff are attuned to their communication limitations. However, there is no privacy for this.</p>
<p>A sign language interpreter could be helpful at times.</p> <p>The Unified Court System has a pool on interpreters—allowing MHLS to access this pool would be beneficial and cost-saving.</p>
<p>Resources exist if the individual does not speak English. But, if the communication issue is related to an individual who has a cognitive or developmental disability, I depend on family members and caregivers to</p>

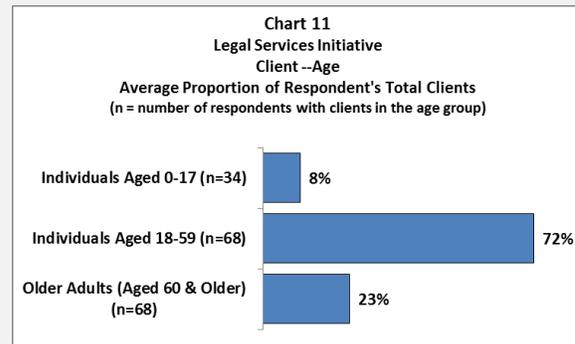
help "translate" gestures or the individual's limited oral communication. The majority of the communication limitations I encounter are due to cognitive/developmental issues.
I only know of 2 resources.
There are woefully inadequate support services in or out of hospitals. I had a blind inmate client not long ago who had better assistance in the correctional facility than ANYTHING apparently available in the community.
There are virtually no resources available for non-English-speaking individuals who are also non-Spanish-speaking individuals.
The expense and availability of an interpreter depends on circumstances and is not always a practical or affordable alternative.
It would be helpful to learn how to speak Spanish.
I would very much like to take a Spanish class to help me communicate with clients.
Some of my clients are nonverbal due to profound mental retardation.
Many times it is not appropriate to use the services of someone other than an "official" interpreter; however, important or emergency situations arise where other individuals, such as employees or other clients, are the only resource available.
Many of the people I work with are mentally ill, but speak English. Communication with them requires an understanding of their illness and how to approach someone who is in crisis and may not be thinking clearly. When my clients seek community legal services, they are often misunderstood due to delusions or paranoia.
Availability of interpreters for MHLS staff-client contact needs to be greatly improved.
I have no idea how to get an interpreter to come to a counsel visit in a jail/prison setting. I have used other staff (i.e., secretaries or our process server) who speak the language but who are not professional interpreters. This was not adequate.
Most communication limitations are related to symptoms of mental illness. Some language interpreters from the court have been requested but have not been available at times—e.g., Bengali interpreter.
The facilities are slow to obtain proper interpreter services for non-English-speaking clients, and, on occasion, a court order is required to force the facility to comply with governing laws and regulations regarding treatment of non-English-speaking patients.
Not many resources available—I had to fight for phone-translation services.
During my tenure with MHLS, this has not been a major issue for me in my practice.

**Section VI**  
**Client—Characteristics**

***Client characteristics:***

**Age:** The greatest proportion of respondents' clients are adults aged 18-59. Chart 11 shows that:

- Among the 34 respondents whose cases included clients aged 0-17, these young clients averaged 8% of their case load.
- Among the 68 respondents whose cases included adults aged 18-58, these adult clients averaged 72% of their case load.
- Among the 68 who reported that their case load included clients aged 60 and older, these older adult clients averaged 23% of their case load.



**Disability:** The survey attempted to discern the extent to which the program’s clients differed by “type of disability.” In Table 8, respondents estimated and categorized their clients as “*primarily*” having one disability or another. Many respondents were unable to make that distinction as many clients have multiple disabilities.

For those respondents who categorized their clients’ type of disabilities, Table 8 shows that the greatest proportion (median=64%) were clients whose primary disability was related to mental health issues.

Disability Type	Median Proportion of Clients with the Listed Disability
Clients with <b>primarily mental health</b> disabilities (n=64)	64%
Clients with <b>primarily intellectual disabilities</b> , cognitive impairments, Alzheimer's Disease, or other dementia (N=48)	9%
Clients <b>primarily</b> involved with the <b>Criminal Justice System</b> (mental health issues) (n=46)	9%
Clients with <b>primarily developmental disabilities</b> (N=45)	8%
Clients with <b>primarily physical disabilities</b> (n=30)	5%
Clients with <b>primarily end-of-life</b> issues (N=31)	5%

**Multiple disabilities:** Among 47 respondents who reported the proportion of their clients that had more than one of the six traits listed in Table 8, the average proportion of their clients with *multiple* disabilities was 63%.

**Type of Living environment:** In Table 9, respondents reported on where their clients were living when they requested assistance from the MHLs program.

The greatest proportion (median=50%) of respondents’ clients are residing in psychiatric hospitals. Table 10 also reflects that the program serves clients from a wide variety of living environments, including those living alone or with others in the community in conventional housing, as well as those who are homeless.

<b>Table 9</b> <b>Legal Services Initiative</b> <b>Client—Living Environment</b> <b>Proportion of Respondent's Clients</b> <b>(n = number of respondents reporting that they had clients residing in the listed living environment)</b>		
<b>Type of Living Environment</b>	<b>Range: Proportion of Respondent's Clients Residing in the Listed Living Environment</b>	<b>Median Proportion of Respondents' Clients Residing in the Listed Living Environment</b>
Psychiatric hospital (n=54)	15% - 100%	50%
NYS Office of Mental Health certified or licensed residential facility (n=39)	1% - 100%	14%
NYS Office for People with Developmental Disabilities certified or licensed residential facility (n=30)	1% - 60%	10%
Correctional facilities (n=37)	1% - 80%	5%
NYS Department of Health licensed facility, long-term care facility, or general hospital (n=45)	1% - 58%	5%
Alone in own home or apartment (n=40)	1% - 25%	5%
Independently in the community with other non-relatives (n=31)	1% - 15%	5%
In the community with parents or other family members (n=42)	1% - 14%	5%
Temporary shelters, in their cars, on the streets, or other non-permanent setting or non-housing (n=30)	1% - 13%	5%

**Communication limitations:** Physical, mental, developmental, cognitive, or intellectual disabilities, as well as limited English-language proficiency, have an impact of a client's ability to adequately communicate his needs and preferences, to sufficiently understand legal procedures and discussions, and to interact effectively with his attorney or guardian.

Respondents were asked to estimate how many of their clients had limited communication skills that were due to their disabilities and how many had limited communication skills that were due to their lack of English-language proficiency.

In Charts 12, 12a, and 12b, "some clients" is defined as 1% - 50% of a respondent's case load, and "many clients" is defined as 51% - 100% of a respondent's case load.

In Chart 12, 64% of respondents report that "some" of their clients had communication problems that were due to their disabilities, and 27% of respondents reported that "many" of their clients had limited communication skills because of their disabilities.

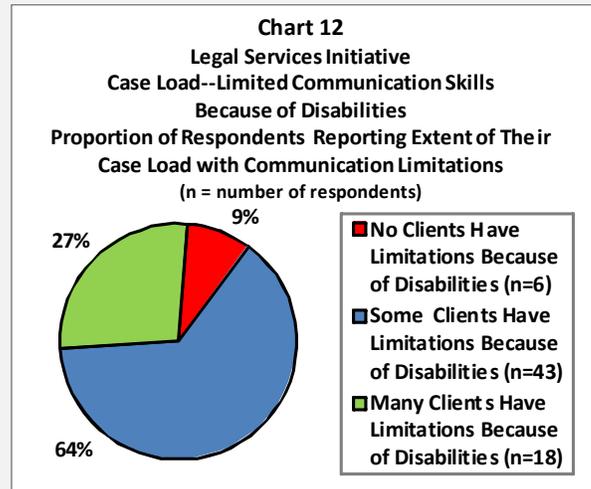
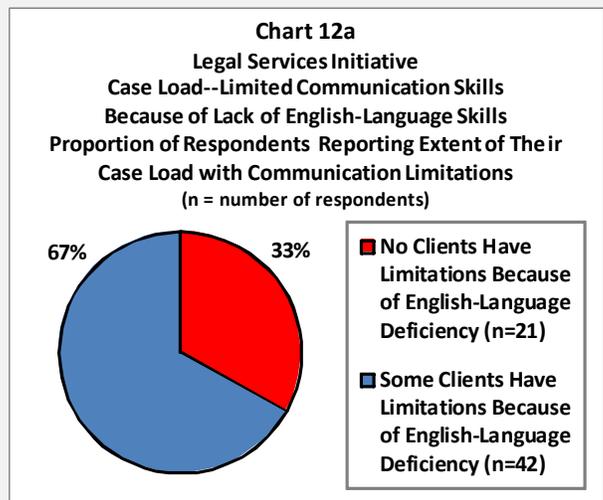
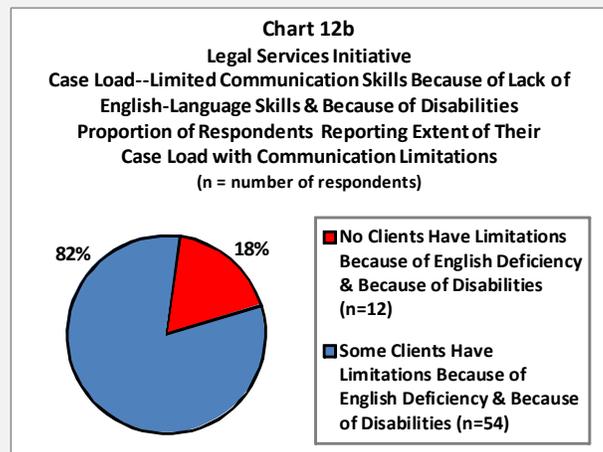


Chart 12a shows that 33% of respondents report that "none" of their clients have communication limitations that are due to lack of English-language proficiency, but 67% report that "some" of their clients have communication limitations because of a lack of English-language proficiency.



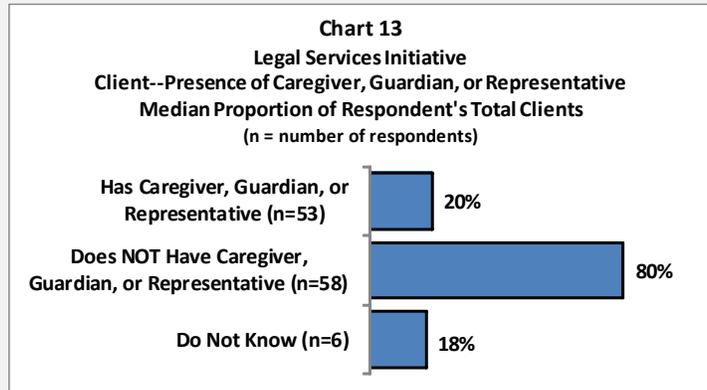
None of the respondents report having "many" clients with communication limitations because of a lack of English-language proficiency.

Chart 12b shows that 82% of respondents report that "some" of their clients have communication limitations because of *both* English-language deficiencies and because of their disabilities.



**Presence of a caregiver, guardian, or legal representative:** Respondents were asked how many of their clients had a caregiver, guardian, or representative who was available to advocate for and assist them.

In Chart 13, respondents report that the largest proportion (median=80%) of clients did NOT have a caregiver, guardian, or representative.



**Non-Access to MHLS Program or to Alternative Community Resources:**

**Reasons residents do not access the MHLS program:** Respondents listed the five main reasons why individuals and families who are eligible or entitled to MHLS assistance do NOT use the program's legal services. 50 respondents provided a total of 116 reasons, which are sorted into 10 categories in Table 10.

A large majority (total of 71%) of reasons are related to various aspects affecting a client's "access" to the MHLS program, with access sorted into six sub-categories. The largest proportion of access issues is related to unawareness of the program and its services.

Reasons	Proportion of 116 Reasons Reported	
<b>Access—unaware of MHLS</b> (n=36), including: Unaware of MHLS agency or its service; lack knowledge of MHLS agency's existence; facility or hospital staff do not inform clients about MHLS or give them poor information; clients/patients are not given direct information from providers; mental condition results in lack of awareness of the MHLS program or lack of understanding that they are entitled to MHLS services; clients can be stuck on psychiatric units and may not be informed of MHLS until MHLS staff visit the unit; lack of awareness of MHLS services despite notification; lack of knowledge regarding the law; unaware that MHLS can make referrals; MHLS services are unknown to the general public.	31%	Total of all reasons related to 6 categories of Access: 71%
<b>Access—client's distrust of program or dissatisfaction with program</b> (n=18), including: MHLS staff conduct their work in hospitals and clients mistakenly think they work for the hospital and mistrust them; do not believe MHLS is independent from the hospital; belief that MHLS is part of, or works for, the hospital; do not trust "free" legal services; do not	16%	

trust "government" services; general trust issues; no confidence in a just outcome—a belief that judges always side with the hospital anyway; clients say they are promised discharge and not given it; court is a joke.  Client dislikes the MHLS attorney; clients do not have confidence in the attorneys; client is weary of the system; clients feel defeated; client blames MHLS for losing a previous hearing despite circumstances; some attorneys do not follow up with clients.		
<b>Access—client's capacity</b> (n=10), including: Mental illness or cognitive limitation prevents self-advocacy; patient lacks capacity to agree to MHLS services; mental illness interferes with the individual's ability to work with MHLS; the challenges of mental illness often make the individual too disorganized to access resources or navigate systems of any kind without direct assistance; individual's dysfunctional life makes anything beyond survival nearly impossible; clients are so ill they believe they do not want counsel.	9%	
<b>Access—inability to contact MHLS</b> (n=8), including: Do not know how to contact the MHLS office or program; contact information is not available; unable to, or too difficult to, communicate/contact the office; lack access to a telephone; individuals are homeless or penniless and have no way to access by phone or other means; client lives in a residential facility and does not call; language problem; inability to communicate.	7%	
<b>Access—client intimidation</b> (n=6), including: General fear of retribution; fear of retaliation from doctors; intimidation by in-patient doctors; psychiatric staff discourages patients from contacting MHLS; paranoia; afraid to ask for services; belief that everyone is against them.	5%	
<b>Access—MHLS resources</b> (n=4), including: MHLS staff are too busy to accommodate all requests; insufficient resources to fulfill all MHLS mandates; limited representation; MHLS lacks the resources to meet the demand	3%	
<b>Lack of eligibility</b> (n=13), including: Current living environment (in a 1.03 facility, at home, an out-patient, in jail, discharged and living in transitional living residence); lives outside the county or geographic service area; client's issue is not covered by MHLS mandate or goes against MHLS mission; elderly people are stuck in nursing homes and are not subject to guardianship issues; client's request is refused; client's issue is outside of agency's scope of knowledge; client's issue present a conflict of interest for MHLS staff; client needs Office for People With Developmental Disabilities services that are not provided by MHLS program.	11%	
<b>Declines assistance</b> (n=9), including: Client feels he has no need for help or representation; client rejects MHLS services; client wants to take care of the issue himself; client is satisfied with, or has accepted, their current services (in-patient or community).	8%	
<b>Client prefers/chooses alternative assistance</b> (n=5), including: Client retains private counsel; client can afford private counsel.	4%	
<b>Miscellaneous</b> (n=7), including: <ul style="list-style-type: none"> <li>• Fear of the cost of services</li> <li>• Client has no legal issue</li> <li>• Client believes they are not mentally ill</li> <li>• Privacy concerns</li> <li>• Non-access of services is extremely rare</li> <li>• Do Not Know (2)</li> </ul>	6%	

**Reasons residents do not access community legal resources:** Aside from the MHLS program, various community-based programs and organizations, as well as private law practitioners, provide legal assistance. 42 respondents reported a total of 87 reasons why individuals who would be eligible for the type of assistance provided by MHLS do NOT access legal assistance from these alternative community-based resources.

Table 11 shows that the greatest proportions of all reasons individuals do not use community-based resources are related to access issues (30%) and to money issues (28%).

<b>Table 11</b> <b>Legal Services Initiative</b> <b>Reasons Why Clients/Families Do Not Use Community-Based Programs or Practitioners Providing Legal Assistance</b> <b>Proportion of 87 Reasons Reported</b> <b>(n = number of respondents reporting the reason)</b>		
Reasons	Proportion of 87 Reasons Reported	
<b>Access—bias; lack of expertise; lack of resources</b> (n=17), including: Many private attorneys are reluctant to take clients with mental health or developmental disability issues (or consistently deny assistance); often, such clients are ignored or turned away; some community agencies deny assistance to MHLS-type cases; legal services agencies limit what type of cases they handle; many private attorneys are not familiar with mental hygiene law, Article 9, or related issues; not a lot of attorneys practice in this area of law; not many experts in mental health law; no one else does Article 10 work; some providers have strict intake rules and strict intake times; many community-based legal practitioners and agencies are under-funded, lack sufficient staffing and other resources, and are too overwhelmed to take on these cases; appropriate resources are not available; some resources are illusory (for example, public guardian).	20%	Total reasons related to 2 categories of Access: 30%
<b>Access--miscellaneous</b> (n=9), including: Divergent interests (or disagreements and conflict) between the client and family members regarding the issue interfere with taking steps to seek legal assistance; client's inability to contact professionals in the community; logistical obstacles; transportation issues; client is unable to communicate effectively; language barriers; additional illnesses interfere with ability to effectively access services; referral services are not helpful.	10%	
<b>Money issues</b> (n=24), including: Individuals have NO money for private attorneys; individuals who have some money are too poor to afford the costs of private practitioners or legal services organizations, or they <i>believe</i> they cannot afford them; fear of high costs; private legal service fees are too high/prohibitive; for some legal service programs, clients must be indigent to qualify; clients are often ineligible because they either have too much or too little money to qualify for various community-based legal service programs.	28%	
<b>Unaware of community resources</b> (n=16), including: Clients are unaware of, or unfamiliar with, community-based legal services; they don't know these services exist; lack of information about these resources; hospital or agency fails to inform clients of their rights to these resources; they don't know <i>how</i> to successfully find/contact these resources.	18%	
<b>Client's capacity</b> (n=7), including: <ul style="list-style-type: none"> <li>• Clients' mental health or cognitive limitations prevent them from contacting community resources, navigating the network of legal services, effectively communicating with service providers, or understanding the legal information provided or outcomes reached; often, they are unaware of how to properly frame their legal issues; some clients have difficulty following up with the intake process.</li> </ul>	8%	

<p><b>Miscellaneous</b> (n=14), including:</p> <ul style="list-style-type: none"> <li>• Clients' distrust of attorneys, government services, the courts, or "free" services (5).</li> <li>• Some clients who <i>do</i> engage with community-based resources discontinue because they are non-compliant with medications, have substance abuse problems, or do not follow-up on referrals or the intake process (4).</li> <li>• Clients have limited confidence in the legal service organization's reputation (1).</li> <li>• Clients are embarrassed by their mental health disability (1)</li> <li>• The stigma related to mental illness inhibits individuals from reaching out for legal services (1).</li> <li>• Clients choose to decline available legal assistance (1).</li> <li>• Clients wish to represent themselves (1).</li> </ul>	16%
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<p><b>Section VII</b> <b>Issues Presented by Consumers</b></p>
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**Clients' top issues:**

**All clients:** Respondents were asked to report up to five of the top issues presented by clients who requested assistance from the MHLS program. 74 of the survey's 76 respondents reported a total of 335 main issue/topic areas, which are sorted into nine categories in Table 12.

Findings from the various statewide surveys conducted under the *Legal Services Initiative* consistently show that *all* New York residents experience a great variety of issues that can benefit from legal assistance, and findings in Table 12 show that this consistent characteristic holds true for clients of the MHLS program.

Table 12 shows that the greatest proportions of issues presented were related to: residents' objections to medications or treatments that are ordered or mandated for them (16% of all reported issues); assistance requested for community-based housing, services, and treatment (15%); and guardianship issues and procedures (12%).

<p style="text-align: center;"><b>Table 12</b> <b>Legal Services Initiative</b> <b>Top Issues Presented by Clients Who Receive Services From the MHLS Program</b> <b>Proportion of 335 Issues/Topics Reported</b> (n = number of respondents reporting the topic or issue)</p>	
<p style="text-align: center;"><b>Issue/Topic Presented for Assistance</b></p>	<p style="text-align: center;"><b>Proportion of 335 Total Issues or Topics Reported</b></p>
<p><b>Objections to medications or treatment (n=52), including:</b> Medication ordered over objections by the resident/patient; assistance or representation for client's involuntary transfer to state facilities or patient's involuntary retention, commitment, or hospitalization; patient's objection to care or treatment; issues related to patient's compliance with treatment; patient's feeling they are being held against their will; electro-convulsive therapy; patient's request for a different psychiatrist; dispute between family members and treatment providers</p>	16%

<p><b>Community-based housing, services, and treatment (n=51), including:</b>  General assistance with housing problems for clients living in community housing; assistance with transfers to assisted living or nursing homes; issues related to lack of housing for people with mental illness; finding proper community housing alternatives for individuals discharged from facilities and placing these individuals; difficulties finding housing and services for individual with a mental health diagnosis after 21 years of age; evictions; assistance with housing benefits; out-patient housing for sex offenders; finding supportive housing alternatives; home care issues. Finding out-patient community support services and addressing follow-up issues; addressing treatment access and problems; Assisted Out-Patient Treatment Program, Enhanced Services Contracts, and representing clients at Program hearings; help adult persons with mental health issues receive services through the Wellness Recovery Action Plan program; assist with Kendra's Law cases, which provides for court-ordered out-patient treatment (AOT) for individuals with mental illness who are unlikely to survive safely in the community without supervision; advocacy for clients living in nursing homes; assisting with safety issues for clients living in the community; clients' requests for release from supervision in the community.</p>	<p>15%</p>
<p><b>Guardianship (n=41), including:</b>  Issues related to Articles 81 and 17-A; guardianship applications, petitions, and defense; guardianship issues—as counsel or court evaluator; patients in nursing homes against their will through guardianship; post-trial hearings; incapacity; guardianship—nursing home payment; substitute decision-making for medical treatment; guardianship—desire to remain in the community; family trying to control mentally ill family member.</p>	<p>12%</p>
<p><b>Discharge (n=36), including:</b>  Issues, planning, assistance, or representation related to release or discharge from a psychiatric ward, hospital, or institution; issues, assistance, planning or representation related to discharge from general hospitals; in-patients' requests for discharge or release from various secure and non-secure facilities; individuals warehoused in state hospitals because of no suitable discharge plan; court retention of psychiatric patients, including re-hearings by jury trial; assistance with transfer applications or process; assistance for individuals discharged to an inappropriate community setting.</p>	<p>11%</p>
<p><b>Quality of life (n=30), including:</b>  General assistance and services to patients in psychiatric facilities; counsel or information to patients in mental health units regarding their rights; advocacy and assistance regarding programs licensed or operated by the State Office for People with Developmental Disabilities; assistance or representation in matters of hospital treatment; care and treatment issues at a specific treatment facility—including for elderly patients; allegations of abuse in a secure treatment facility; continued advocacy requests by past mental health inpatients; assistance for requests to change treatment units; assistance to allow independence/freedom for the patient; assistance with complaints about conditions/violations of rights; negotiation with staff regarding care and treatment; general quality of life issues; patients' complaints/allegations of abuse, mistreatment, or neglect by staff; protection of civil rights; issues related to conditions of confinement; complaints about hospital conditions; patients' requests for greater privileges; patient-to-patient violence; issues regarding care of patients with disabilities; issues related to Article 33.03 of the New York State Mental Health Law (rights of patients and quality of care and treatment of patients with mental illness).</p>	<p>9%</p>
<p><b>Issues related to sex offenders (n=30), including:</b>  Issues and proceedings related to Article 10—Sex Offenders Requiring Civil Commitment or Supervision (Title B of the Mental Health Act, Chapter 27 of the Consolidated Laws of New York State); representation in issues, petitions, and hearings related to the 2007 Sex Offender Management and Treatment Act (SOMTA); finished criminal sentence and referred for civil confinement; annual review of cases; sex-offender commitment; civil management of sex offenders; filing Article 10 appeals following hearings and following orders for continued civil confinement; sex-offender confinement; Strict and Intensive Supervision and Treatment orders; Hospital Forensic Committee evaluations; issues related to the Sex Offender Registration Act.</p>	<p>9%</p>

<p><b>Hospitalization of individuals with mental illness (n= 22), including:</b>  Issues related to Article 9—Hospitalization of the Mentally Ill (Title B of the Mental Health Act, Chapter 27 of the Consolidated Laws of New York State); defining mental illness; commitment and retention of individuals with mental illness; involuntary admission, medical certification, and patients' rights to a court hearing; retention and treatment over the client's objection; release and discharge; emergency admission for immediate observation and treatment; issues related to medications, medication applications, and medication-management of individuals living in facilities and living in community settings.</p>	<p>7%</p>
<p><b>Criminal matters (n=22), including:</b>  Issues related to Section 330.20, Criminal Procedure Law, New York State Codes (procedure following a verdict or plea of an individuals' not being responsible for their actions because of mental disease or defect); issues related to criminal activities, matters, problems, and charges; assistance with parole issues; assistance for clients seeking advancement through the court system; legal and forensic evaluations; retention applications under Section 330; issues related to increased furloughs; assistance and representation at hearings; issues and information related to Section 730 of Criminal Procedure Law (individuals judged incompetent to stand trial for criminal matters) and Section 730.50 (orders of commitment); advocacy/assistance regarding a Department of Corrections facility.</p>	<p>7%</p>
<p><b>Miscellaneous matters (n=51), including:</b></p> <ul style="list-style-type: none"> <li>• Assistance with government benefits and programs, including Medicaid/Medicare, Social Security and Social Security Disability, Supplemental Security Income (n=8)</li> <li>• General legal or personal questions/services/information (n=6)</li> <li>• Issues related to civil commitment; general placement matters; placement assistance for people with developmental disabilities; placement in psychiatric units of people with Alzheimer's or Traumatic Brain Injury (n=6)</li> <li>• End-of-life matters, including notifications and investigations; advance directives; Do Not Resuscitate and Do Not Intubate orders (n=6)</li> <li>• Job placement; employment issues; employment discrimination (n=3)</li> <li>• Community education and in-service trainings; community requests for information (n=3)</li> <li>• Supplemental Needs Trust; estate planning (n=2)</li> <li>• Requests for assistance at court hearings (n=2)</li> <li>• Bed/facility capacity issues, including individuals transferred to state hospital from short-term hospitals because nowhere else for them to go (n=2)</li> <li>• In-patient request for assistance; patient request to talk to family or doctor (n=2)</li> <li>• Communications with, and requests for information from, the State Office for People with Developmental Disabilities and the State Office of Mental Health (n=2)</li> <li>• Dangerous clients (n=1)</li> <li>• Family/domestic issues (n=1)</li> <li>• Financial issues (n=1)</li> <li>• Family Health Care Decisions Act (n=1)</li> <li>• Representation for insanity acquitees (n=1)</li> <li>• Representation or services for people with developmental disabilities (n=1)</li> <li>• Request to see patient in hospital (n=1)</li> <li>• Help patients' relatives navigate the system (n=1)</li> <li>• Communications with doctors and treatment providers (n=1)</li> </ul>	<p>15%</p>

**Issues presented—older adult clients:** 61 respondents reported a total of 219 issues that were presented by clients aged 60 and older. The issues presented most often were:

- 21% of all 219 issues: Issues related to: release/discharge from hospital or other facilities, return to prior living arrangement or residence, Assisted Outpatient Treatment program, in-home services and care, case management, community support services, appropriate

community placement (finding housing and services; housing issues), placement in least restrictive environment, transfer to nursing home.

- 19% of issues presented: Objections—to mandated medications, various types of treatments (including electroconvulsive therapy), nursing-home placement, involuntary hospitalization or retention, medical procedures.
- 18% of issues presented: Issues related to guardianship.

**Issues presented—clients aged 18 – 59:** 61 respondents reported a total of 239 issues that were presented by clients or patients aged 18-59. The issues presented most often were:

- 30% of all 239 issues: Objections—to mandated medications, various types of treatments (including electroconvulsive therapy), treatment over objection in prison, involuntary treatment, involuntary hospital and facility retention, unwanted Assisted Outpatient Treatment, intrusive behavioral management practices.
- 23% of all issues: Issues related to: release/discharge from hospital or other facilities, community care—Assisted Outpatient Treatment program, outpatient mandated treatment, discharge requests, appropriate community placement, residence illegally refusing client returning from facility, housing issues, case management.

**Issues presented—clients aged 0 - 17:** 31 respondents reported a total of 72 issues that were presented by clients or patients aged 0 – 17. The issues presented most often were:

- 35% of all 72 issues: Issues related to commitment, appropriate confinement, retention, and guardianship.
- 13% of issues: Issues related to: advocacy, client's rights, conditions of confinement

**Issues presented—clients involved with the criminal justice system:** 45 respondents reported a total of 115 issues that were presented by clients or patients who were/are involved with the Criminal Justice System. The issues presented most often were:

- 36% of all 115 issues: Issues related to aspects of Article 10 (Sex Offenders Requiring Civil Commitment or Supervision), Sex Offender Management and Treatment Act, retention under Article 10, civil management issues, dismissal of indictments, sex offender status, fitness to stand trial.
- 17% of all issues: Objections—to mandated medications, various types of treatments, treatment over objection in prison, involuntary treatment, involuntary hospital and facility retention, advocacy in issues related to objections and client's rights, advocacy regarding communication with assigned counsel, orders of conditions.

**Section VIII**  
**MHLS Program Feedback**

**Respondent's informal program feedback:**

Consumer satisfaction surveys have NOT been conducted about the MHLS program. For this survey of attorneys, respondents were asked about any informal feedback they are aware of.

**Positive feedback:** 46 respondents reported elements they are aware of that consumers particularly like about the program. 120 positive elements are sorted into seven categories in Table 13.

The greatest proportions of positive aspects are: the "program's strong advocacy" (25% of all program aspects reported), the "attorney's level of knowledge and expertise" (22%), and client's "easy and ready access to the program's legal assistance" (20%).

<b>Table 13</b> <b>Legal Services Initiative</b> <b>Positive Elements of the Program</b> <b>Proportion of 120 Positive Elements</b> <b>(n = number of respondents reporting program aspects)</b>	
<b>Positive Program Aspects</b>	<b>Proportion of 120 Program Aspects Reported by Respondents</b>
<b>Advocacy</b> (n=30), including: Strength of advocacy provided; advocacy with hospitals; zealous advocacy for client's needs; advocacy to prevent problems from getting worse; staff's visible presence in hospitals; seeing the attorney on the ward each week; attorney's ability to reach the treatment team quickly to advocate on client's behalf; having someone protect client's rights; attorney advises clients of their rights; oversight of client's rights; having someone on client's side in issues; having someone to represent their position; MHLS attorneys are present in scenarios where clients are being viewed as incapacitated and, thus, their opinions are being disregarded; attorneys who show care and concern and the willingness to defend clients who are unpopular; clients feel that the attorney fights for what the client wants.	25%
<b>Attorney's knowledge level</b> (n=26), including: Specialized, knowledgeable, experienced attorneys; questions about legal status and rights answered; information and answers to questions provided to clients; explains applicable laws and legal rights to clients; advice and counsel provided; expertise and legal opinions in the subject matter; knowledge of the subject matter; knowledge base—mental health laws and mental health issues; guardianship knowledge base; knowledge of the legal system; having an attorney who will find answers to questions about other issues; attorney's courtroom performance; attorneys are prepared; competent attorneys; professionalism; legal intervention produces positive results.	22%
<b>Access to legal assistance</b> (n=24), including: Access to legal assistance; clients have easy access to attorneys; the availability of attorneys; attorney's responsiveness; clients have someone to call when a problem begins; client can call MHLS when they are under constant observation on the mental health unit; clients know they can call the attorney on the phone; client knows they can ask the attorney for a retention hearing; clients know we can talk to their doctors for them; client's access to court process to assert their due process rights; program staff's	20%

willingness to listen to clients; attorneys take the time to understand client's issues; the attorney will go to where the client is—in the hospital, prison, or wherever they are; clients know that the attorney will go to them in person; attorney's ability to reach the treatment team quickly; client knows they have an attorney who will communicate with their family.	
<b>Care and commitment of staff</b> (n=15), including: The services provided; commitment of staff; sensitivity to client's needs; caring and understanding providers; attorney's willingness to help; the attorney was the only one who listened to the client; attorney takes the client seriously; attorney is concerned about the client; attorney attends to their case and cares about their problem; the attorney has good people skills; the attorney listens and takes time with the client; attorney is dedicated.	12%
<b>Legal assistance is free of charge</b> (n=10), including: Free representation; free legal service; no fees; access to free legal services about in-patient rights.	8%
<b>Legal representation</b> (n=8), including: On-site representation; persistence of representation; court work; competent representation in court; trial work.	7%
<b>Trust</b> (n=7), including: Client gets to know and like the individual attorney in their particular area—builds a relationship; attorney builds a long-term relationship with the client and the families; long-term relationship builds trust; the independence of the attorney; having an independent voice for the client; attorney provides client with honest legal advice; having an attorney who does not work for the hospital.	6%

**Negative feedback:** 37 respondents reported elements they have become aware of that consumers do NOT like about the program. 66 negative elements are sorted into six categories in Table 14. The greatest proportions of negative aspects are related to "access to the service" (23%) and "program's scope—limits to eligibility" (20%).

<b>Table 14</b> <b>Legal Services Initiative</b> <b>Negative Elements of the Program</b> <b>Proportion of 66 Negative Elements</b> <b>(n = number of respondents reporting program aspects)</b>	
Negative Program Aspects	Proportion of 66 Program Aspects Reported by Respondents
<b>Access</b> (n=15), including: Unreturned phone calls; phone calls not answered immediately; difficulty contacting attorney when he is in the field; client can't reach the attorney; client wants faster/earlier response time to the client's location; phone system and message system needs improved; clients want more/better access to attorneys; insufficient support staff for direct phone contact; attorney was not able to spend more time on client's case; attorneys don't see clients often enough.	23%
<b>Program mandate/scope too narrow</b> (n=13), including: Allow MHLS attorneys to broaden their area/scope of legal work; expand services to include individuals not residing in Mental Health Law 1.03 facilities; community-based clients fall outside MHLS mandate; expansion of program's community scope; client's problem involves legal matters that are not currently part of MHLS mandate; attorney can't help with legal issues outside the hospital; limitations on what services can be provided; statutory limitations; cannot represent clients in all aspects of life; client wants representation in matters outside of mental health.	20%

<p><b>Quality of services</b> (n=11), including: Vertical representation—client wants the same attorney throughout the case; assigned attorney is changed prior to court hearing; changing the client's attorney when client prefers not to; ability to change attorneys when client wishes to; client doesn't like the attorney assigned to him; discharge takes too long; being stuck in a nursing home or transitional residence; dissatisfied with legal representation, including representation for 1983 or Article 78 lawsuits (declaratory or injunctive relief); client wants freedom to "just leave the hospital."</p>	17%
<p><b>Increased amount of services</b> (n=11), including: Clients want more MHLS presence at the hospital; want more help with public benefits; want more services provided—for example, criminal and family court; want more advice and counsel provided; want more legal help in the community; frustration that attorney cannot do more for them; clients want attorneys to spend more time with them; court is only once a week; want social workers to talk to.</p>	17%
<p><b>Inability to effect change</b> (n=10), including: Inability or unwillingness to effect changes in the conditions in secure treatment facility; attorney doesn't win often enough; doesn't prevail in request for release; want more positive results/outcomes in court; client's feeling that attorney can't do anything for him; feeling that attorney can't really help them in court (will lose anyway); client want attorney to do what client says even when there is no legal basis for taking the action; frustration that the attorney cannot authorize discharge; MHLS is not fighting the hospital hard enough.</p>	15%
<p><b>Trust</b> (n=6), including: Attorney becomes complacent/burned out; client feels that judges seem prejudiced against them; judges at retention and medication hearings are biased; attorney is lazy and/or doesn't care; lawyers are part of the whole mental health system; change the name of the agency so community providers do not know of their mental health issues.</p>	9%

**Section IX  
Training**

**Training for respondents:** Respondents were asked to list areas of training they feel would be most useful for advancing the mission and goals of the MHLS program. 51 respondents listed a total of 153 topics, which are sorted into eight categories in Table 15.

The topic areas requested most often were: (1) training about various aspects of courtroom procedures (26% of all topics requested), and (2) training on discrete topics (25% of topics). In addition, one respondent reported that "no training was needed" and one reported being "unsure of what training was needed."

**Table 15**  
**Legal Services Initiative**  
**Training Topics Requested by Respondents for Themselves**  
**Proportion of 153 Topics Reported**  
**(n = number of respondents requesting training in the topic area)**

Training Topic	Proportion of 153 Training Topics Requested
<p><b>Courtroom procedures</b> (n=40), including:            Trial preparation, advocacy, practice skills and techniques; trial litigation, motion practice, cross-examination and direct examination skills; evidence and evidence law updates; evidentiary case law—specifically how to argue various issues, evidentiary objections, preserving a record; civil procedure; criminal procedure; court evaluator training, training on CPLR Article 78 proceedings (appealing state or local court decisions); jury selection; law of expert witnesses; appellate advocacy; reviewing corrections and parole records.</p>	26%
<p><b>Discrete topics</b> (n=38), including:            Article 81 (guardianship) issues; guardianship CE protective measures; Article 78 proceedings (Civic Practice Law rules—appealing decisions of state or local court decisions); understanding mental illness; medical advances in mental health treatment; updated training on developmental disabilities; medical conditions and treatment options; classes on DSM (Diagnostic and Statistical Manual) diagnoses, DSM topics, and DSM V; negotiating skills for <i>non-courtroom</i> advocacy; emerging programs and funding initiatives from State Office of Mental Hygiene and State Office for People With Developmental Disabilities; secondary trauma; housing options; subsidized housing; public assistance and entitlement programs, including financial requirements for eligibility; Medicaid benefits and application process; Social Security; Supplemental Security Income; end-of-life training; Alzheimer's Disease; dementia; trusts and estate planning.</p>	25%
<p><b>Forms, rules, manuals, laws</b> (n=19), including:            Develop uniform rules; develop a handbook, with forms, covering the work MHLS staff does, including major case laws related to most common issues MHLS attorneys deal with; updates on State Office of Mental Hygiene laws, rules, regulations, and policies regarding areas of practice; provide in-house systematic updates on legal developments affecting clients, such as the SAFE Act; constitutional issues of due process; forensic risk assessment; use of Merit (Medical Coding and Billing system); Public Health Law; federal Civil Rights Law; Criminal Justice system.</p>	12%
<p><b>Basic psychiatry, psychology, and psychotropic drugs</b> (n=15), including:            Basic psychiatry and psychology; medical psychiatry and psychiatric illnesses; new psychotropic drugs; dangers of psychotropic drugs; biology of psychopharmacology; medication issues and protocols; how medications are tested.</p>	10%
<p><b>Resources available for clients</b> (n=11), including:            For elderly clients/patients and non-elderly clients/patients; information on social work resources; discharge planning process and resources, particularly for homeless clients; alternative treatment programs for mental health clients; NY State Justice Center.</p>	7%
<p><b>Difficult clients and safety issues</b> (n=8), including:            How to work with difficult or agitated clients; more support and therapy offered for MHLS attorneys—considering the population they work with; safety training; self defense; safety when representing individuals with impairments.</p>	5%
<p><b>Management and supervisory issues</b> (n=7), including:            Management issues; issues related to supervising; managing time; organizational skills; training on ethics issues; ethical challenges faced by MHLS staff.</p>	5%

<p><b>Issues related to sex offenders</b> (n=7), including:  Article 10 (Sex Offenders Requiring Civil Commitment or Supervision); SOTP issues (Sex Offender Treatment Programs); Article 10 best practices; training on specific aspects of Article 10; SOMTA civil commitment (Sex Offender Management and Treatment Act).</p>	<p>5%</p>
<p><b>Miscellaneous</b> (n=8), including:  Spanish language classes, including legal Spanish training (3)  Secondary language education  Advocacy in the community  More involvement with treatment team decisions and meetings  CMS' (Centers for Medicare and Medicaid) authority over New York State facilities  More communication with doctors and social workers</p>	<p>5%</p>