
NORTHWEST REGIONAL MENTAL HEALTH BOARD, INC.

Central Naugatuck Valley Catchment Area Council #20
Housatonic Mental Health Catchment Area Council #21
Northwest Mental Health Catchment Area Council #22

969 WEST MAIN ST., Suite 1B
WATERBURY, CONNECTICUT 06708
TEL./FAX (203) 757-9603
jsw@nwrmbb-ct.org website: www.nwrmbb.org

Testimony for the Public Health Committee Hearing regarding the operational practices and procedures of The Department Of Mental Health & Addiction Services Whiting Forensic Division of the Connecticut Valley Hospital. **November 13, 2017**

Good morning Senator Gerratana, Senator Somers, Rep. Steinberg and members of the committee. Thank you for convening this public hearing today.

My name is Janine Sullivan-Wiley and I am the Executive Director of the Northwest Regional Mental Health Board, Inc. - Region Five in Connecticut. As background, the Regional Boards were **established by state statute (Sec. 17a-484) 42 years ago to provide a community-based assessment, planning and oversight entity for mental health services.** Our region covers the 43 towns of Northwest Connecticut. We represent all stakeholders, and work in collaboration with other entities and regions, assuring that we understand the scope of an issue, whether it is local, regional or state-wide.

The focus today is on DMHAS services, particularly the Whiting Forensic Division of CVH and the distressing abuse that occurred there.

Beyond the violations of safety and dignity against the victim, that such abuse continued for so long against that individual in Whiting is disturbing because it reflects a culture that tolerated and hid such behavior. I am glad that your committee saw that these issues were worthy of this a public hearing. It is regrettable that the voices we might most want to hear today cannot be heard. They are the patients who – because of their mental status and what they might have done – cannot be here today. It is up to the rest of us to listen to others who may shed some insight on the situation.

The general values promoted by DMHAS run completely counter to what happened in Whiting, but that it did happen reflects a breakdown in the implementation of those values.

How could this happen? How could it run unchecked for so long? How can it be prevented in the future? These are questions that I hope DMHAS – with the support of this legislature and DMHAS' advisory structure – is able to address promptly.

The Regional Boards were meeting with DMHAS staff to implement their evaluation of CVH when we agreed to the request to put that process on hold while the allegations were investigated and other processes were allowed to proceed.

But that brings me to an additional concern. The Regional Boards have a long (42 years) history of being the statutorily enabled and community based structure which included in its responsibilities the evaluation of mental health services in the community.

The legislature established one Regional Board per region with local councils under them – the catchment area councils.



I can assure you that in our region the reviews we conducted under that mandate have both identified where change or improvement was needed, and– perhaps just as importantly - also identified strengths. We have long recognized that consumer needs and viewpoints are critical to be heard, and that the staff need to be heard as well. Our process provided both stakeholders a clear voice.

Our evaluations created a process of continuous quality improvement in an extraordinarily cost effective manner.

Our regional board did this work with a total of 2.5 FTEs, utilizing our minimal staff combined with our strong and dedicated volunteers. Together we were thereby able to conduct evaluations for a region of 43 towns.

However, this year when the slashed funding (our budget was cut by 50%) and programmatic changes chosen by DMHAS in a planned consolidation of our five Boards with 13 Regional Action Councils, DMHAS eliminated that review and evaluation function. We were forced to lay off our Evaluation Coordinator.

Community based oversight and review will be gone as of December 31st.

DMHAS plans to amend the statutes to codify that in the new Regional Behavioral Health Action Organizations. The suspended review of CVH by the five boards is also therefore now eliminated.

This is a time of stress and turmoil, not only at CVH but in community services as well. The extraordinary constraints of the state budget and rapid changes make this a time when oversight is needed more, not less.

Your consideration of this is deeply appreciated.

