



November 8, 2017

Testimony before the Public Health Committee regarding:
CVH's Whiting Forensic Division and the mental health system

Senator Somers, Senator Gerratana, Representative Steinberg, and
members of the Public Health Committee:

As CEO of Mental Health Connecticut (MHC), a 109 year-old nonprofit focused on advocacy, community education, and direct service, and as board member of The Alliance: The Voice of Community Nonprofits in Connecticut, and board member of Mental Health America based in DC, I applaud the Public Health Committee for holding this public hearing. I hope that an enquiry into the abuses at Whiting and this opportunity for legislators and the public to learn more about the current state of Connecticut's mental health system will yield positive reform.

As the investigation unfolds and justice for the victim is sought, I implore legislators and state leaders to take a critical look at system reform and Connecticut's future. The path we are on must change if we are serious about supporting the long-term wellness of our friends and neighbors.

Developing a deep understanding of the environment is critical. Imagine the level of toxicity that is present in a workplace where, even when workers know they are being watched, they freely commit illegal and immoral crimes.

There is evidence of this cruelty through video footage of cameras. Equipment that was implemented to prevent or capture abuse or ill behavior so it could be resolved through training or disciplinary action.

In this case, disciplinary action is, of course, step one. The long-term solution will be complicated and will require change in multiple areas. The biggest area is training and education.

In this current fiscal climate, training and education have become threadbare. As a past CEO of Connecticut Valley Hospital, this is deeply concerning to me. We are pulling the foundational rug away from staff who are in desperate need of tools and resources to be effective and ethical at their job. Lack of training will lead – and clearly already has – to the deterioration of the efficacy and quality of services. It will also perpetuate compassion fatigue and burn out, two very real outcomes found in care workers who are not equipped to prevent them before they start.

Two years ago, the DMHAS training catalog stopped arriving at our door. Funding for training has been first on the chopping block. Training does exist but it is collegiate and sporadic. With cutbacks to training, education, and wellness programs, we are well on our way to developing a culture that lacks leadership and does not activate critical and effective evidence-based programs such as motivational interviewing, person-centered planning, and positive supports.



Unlike some industries where professional development training can occur as needed, training and support for mental health care workers must occur daily and weekly. It is not a bonus for the work, it *IS* the work.

The answer for change is not complicated but it will take guts. To prevent incidents like this, we need to reinvest in education, training, coaching, mentoring, and oversight.

A greater investment in the people who deliver the care is a long-term investment in the people who receive the care. Let's work together to prevent more tragedies and become champions of true change.

Regards,

Luis B. Pérez, LCSW
President & CEO